

OFFER OF ALTERNATIVE EMPLOYMENT

AWCB Case Number:

INSTRUCTIONS: This form must be used if the employer in #7 below wants to offer alternative employment to the employee under AS 23.30.041(f)(1). It should accompany an Eligibility Evaluation Checklist and the evaluation report for reemployment benefits.

1. Employee's Name (Last, First, Middle Initial)			2. Date of Injury				
3. Address			4. Social Security Number				
City	State	Zip Code	5. Telephone		6. Date of Birth		
7. Employer			8. Insurer/Adjusting Company				
9. Address			10. Address				
City	State	Zip Code	Telephone	City	State	Zip Code	Telephone

TO BE COMPLETED BY THE EMPLOYER:

<p>11. Employer or a direct subsidiary offers alternative employment to Employee. The title of the offered job is _____ DOT No. _____</p>	
<p>12. The job is scheduled to being on (date) _____</p>	
<p>13. The gross hourly wage for the job is \$ _____</p>	
<p>14. The job location is _____</p>	
<p>15. <input type="checkbox"/> This offer of alternative employment is made in good faith because the job will prepare the employee to be employable in other jobs that exist in the labor market at a comparable wage and physical demands.</p>	
16. Name of Employer/Subsidiary Representative	17. Representative's Title
18. Representative's Signature	19. Date Signed

TO BE COMPLETED BY THE REHABILITATION SPECIALIST:

<p>20. <input type="checkbox"/> This job is within Employee's predicted permanent physical capacities based on a physician's approval of the attached job analysis</p> <p><input type="checkbox"/> The employee's gross hourly wage at the time of the injury was _____</p> <p><input type="checkbox"/> The wage in #13 above is equivalent to at least the state minimum wage under AS 23.10.065 or 75% of the employee's gross hourly wages at the time of injury, whichever is greater.</p> <p><input type="checkbox"/> This job prepares the Employee to be employable in other jobs that exist in the labor market as defined in AS 23.30.041(r)(3) at the required wage and within the employee's physical capacities (Labor market documentation is attached)</p> <p><input type="checkbox"/> Employee was informed of this job offer on _____</p> <p><input type="checkbox"/> Employee _____ accept this offer</p>	
21. Name of Rehabilitation Specialist	22. Signature
23. Rehabilitation Specialist's Address and Phone Number	24. Date Mailed