

STATE OF ALASKA

SEAN PARNELL, GOVERNOR

DEPARTMENT OF ADMINISTRATION

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VIOLENT CRIMES COMPENSATION BOARD

EMPLOYMENT INFORMATION FORM

Full Name of Employee: _____

Social Security #: / /

Date of Birth: / /

Position Description: _____

Rate of Pay: \$ per

Date the employee was hired: / /

Date the employee was terminated from employment (if applicable) : / /

Reason for termination: _____

1. Did the employee miss work due to the injury and/or death that occurred? Yes No Unknown
2. What was the date the employee was first unable to report to work? _____
3. What date did the employee return to work part time, if applicable? _____
4. What date did the employee return to work full time, if applicable? _____
5. Average number of hours worked per week: _____
- Average overtime hours per week, if applicable _____ Average overtime hourly wage _____
6. The employee was off work: _____ HOURS
7. Was the employee compensated for time absent from work for the time above? Yes No Unknown
8. If yes, amount received: _____ hours days weeks months
9. Was the employee eligible for company insurance? Yes No Unknown
- Name and Address of the insurance carrier: _____
10. Was the employee eligible for Workman's Compensation if the injury occurred on the job? Yes No

Employer: _____

Person completing form (print): _____ Title: _____

Address: _____

Phone No. (_____) _____

Date: _____ Signature: _____

Comments? _____