ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Appellant, (party filing appeal) VS. AWCAC Appeal No AWCB Decision No AWCB Case No NOTICE OF CROSS-APPEAL Please take notice that I,	
AWCAC Appeal No AWCB Decision No Appellee(s). (all other parties) NOTICE OF CROSS-APPEAL	
AWCB Decision No Appellee(s). (all other parties) NOTICE OF CROSS-APPEAL	
AWCB Decision No Appellee(s). (all other parties) NOTICE OF CROSS-APPEAL	
NOTICE OF CROSS-APPEAL	
Please take notice that I,	
	, cross-
appeal a decision by the Alaska Workers' Compensation Board, in AWCB Case No.	·
The decision I cross-appeal is Decision No dated	
<u></u>	
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A copy of the Board decision that I am cross-appealing is attached to this notice	
STATEMENT OF GROUNDS FOR CROSS-APPEAL	_
The grounds (reasons) for this cross-appeal are:	
(Attach n	nore pages if needed.)
The person filing this document MUST sign below.	
☐ This form is being filed within 30 days after the date of the Alaska Workers' Compensation Board's decision,	
or no later than 15 days after receipt of the notice of	Date
appeal, whichever is later. Mailing Address	
City, State, Zip	
Telephone Number Fax N	Number and/or E-mail
CERTIFICATE OF SERVICE	
I certify that on this Notice of Cross-Appeal and Statement of Grounds for Cross documents were mailed, faxed, e-mailed, or hand delivered to the Alaska Worke Commission, and that on this same date copies of the documents filed with the Commission we	ers' Compensation Appeal ere
delivered to the following parties at the addresses listed below. (Attach additional pages if more of the party is a state of	
Alaska Workers' state agency: Compensation Division Attorney General's Office	
P.O. Box 115512 P.O. Box 110300	
Juneau, AK 99811 Juneau, AK 99811-0300	