

TITLE OF INFORMATION COLLECTION DOCUMENT				OMB NO.	DATE PREPARED	PREPARED BY	PAGE		
Plum Pox Compensation				0579- 0159	5/4/7	 OF		
FORM NO. OR OTHER IDENTIFICATION	TOTAL ANNUAL RESPONSES	AVE. TIME PER RESPONSE	TOTAL HOURS PER YEAR (B x C)	ESTIMATED ANNUAL PROGRAM COSTS FOR COLLECTING, PROCESSING, ANALYZING, TABULATING AND/OR PUBLISHING THE INFORMATION COLLECTED (Do NOT include administrative costs such as printing, and mailing of forms, etc.)		OVERHEAD COSTS (Col. F times .139)	TOTAL COSTS (F+G)	REMARKS	
				GRADE AND AVERAGE HOURLY RATE OF PROGRAM PERSON(S) INVOLVED IN THE INFORMATION COLLECTION (Include field AND headquarters personnel. Use step 4 for average hourly rate.)	PROGRAM COSTS (D X E)				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		
Application for Plum Pox Compensation	7	0.160	1	GS- 11	\$ 28.61	\$ 28.61	\$ 3.98	\$ 32.59	
					28.61		3.98	32.59	