

PAPERWORK REDUCTION ACT

CHANGE WORKSHEET

Agency/Subagency Department of Education – FSA – Federal Student Aid		OMB Control Number 1845-0045v. 47	
Enter only items that change Current Record			
		New Record	
Agency form number(s)	NA	NA	
Annual reporting and record keeping hour burden			
Number of respondents	100		
Total annual responses	100		
Percent of these responses collected electronically	100%		
Total annual hours	50		
Difference			
Explanation of difference			
Program Change	NA		
Adjustment	NA		
Annual reporting and record keeping cost burden (in thousands of dollars)			
Total annualized capital/startup costs	NA	NA	
Total annual costs (O&M)	NA	NA	
Total annualized cost requested	NA	NA	
Difference			
Explanation of difference			
Program Change	NA		
Adjustment	NA		
Other change** This collection does not increase the burden on the general public, as prior OMB approval has been received under the master plan for customer satisfaction surveys. This survey falls under the master plan guidelines.			
Signature of Senior Officer or designee:	Date: January 23, 2009	For OIRA Use _____ _____	

****This form cannot be used to extend an expiration date**

