

## PAPERWORK REDUCTION ACT CHANGE WORKSHEET

<b>Agency/Subagency</b>  Department of Education - FSA	<b>OMB Control Number</b>  1845-0045v. 45	
Enter only items that change <b>Current Record</b>		
<b>Agency form number(s)</b>		<b>New Record</b>
<b>Annual reporting and record keeping hour burden</b>		
Number of respondents	15,300	15,300
Total annual responses	15,300	15,300
Percent of these responses collected electronically	100%	100%
Explanation of difference		NA
Program Change		NA
Adjustment		NA
<b>Annual reporting and record keeping cost burden (in thousands of dollars)</b>		
Total annualized capital/startup costs	NA	NA
Total annual costs (O&M)	NA	NA
Total annualized cost requested	NA	NA
Difference		NA
Explanation of difference		NA
Program Change		NA
Adjustment		NA
<b>Other change**</b>  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. The only change to this survey from the previously approved survey is the addition of one question, which is added at the end of the survey, question 23 a. It reads, "In the past year, has any adult helping to support your family lost a job or had to work fewer hours than they would have liked?"		
Signature of Senior Officer or designee:	Date:  8/3/2009	For OIRA Use  _____ _____

\*\*This form cannot be used to extend an expiration date  
OMB 83-C