

## PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/Subagency  <a href="#">Department of Education - FSA</a>	OMB Control Number  <a href="#">1845-0045</a> <del>v.</del> <del>53</del>
Enter only items that change Current Record <span style="float: right;">New Record</span>	
Agency form number(s)	
<b>Annual reporting and record keeping hour burden</b>	
Number of respondents	<u>15,300</u>
Total annual responses	<u>15,300</u>
Percent of these responses collected electronically	<u>100%</u>
Total annual hours	<u>8,400</u>
Difference	NA
Explanation of difference	
Program Change	NA
Adjustment	
<b>Annual reporting and record keeping cost burden (in thousands of dollars)</b>	
Total annualized capital/startup costs	NA
Total annual costs (O&M)	<del>NA</del>
Total annualized cost requested	NA
Difference	NA
Explanation of difference	
Program Change	NA
Adjustment	NA
Other change**  <u>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. These surveys fall under the master plan guidelines.</u>	
Signature of Senior Officer or designee:	Date:
	<u>10/22/2009</u>
	For OIRA Use  _____ _____

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