

# PAPERWORK REDUCTION ACT

## CHANGE WORKSHEET

Agency/Subagency <u>Department of Education – FSA – Federal Student Aid</u>		OMB Control Number <u>1845-0045 v. 420</u>
<b>Enter only items that change</b>		
	<b>Current Record</b>	<b>New Record</b>
Agency form number(s)	<u>NA</u>	<u>NA</u>
<b>Annual reporting and record keeping hour burden</b>		
Number of respondents	<del>5,000</del> <u>12,000</u>	<del>5,000</del> <u>12,000</u> <u>12,000</u>
Total annual responses	<del>12,000</del> <u>5,000</u>	<del>125,000</del> <u>12,000</u>
Percent of these responses collected electronically	<u>100%</u>	<u>100%</u>
Total annual hours	<del>2,900</del> <u>417</u>	<del>2,900</del> <u>41.67</u>
Difference		<u>NA</u>
Explanation of difference		
Program Change		<u>NA</u>
Adjustment		<u>NA</u>
<b>Annual reporting and record keeping cost burden (in thousands of dollars)</b>		
Total annualized capital/startup costs	<u>NA</u>	<u>NA</u>
Total annual costs (O&M)	<u>NA</u>	<u>NA</u>
Total annualized cost requested	<u>NA</u>	<u>NA</u>
Difference		<u>NA</u>
Explanation of difference		
Program Change		<u>NA</u>
Adjustment		<u>NA</u>
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. This survey falls under the master plan guidelines.</u>		
Signature of Senior Officer or designee:	Date: <u>March 6, 2008</u> <u>July 3, 2008</u>	For OIRA Use _____ _____

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

