

## PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/Subagency  <a href="#">Department of Education - FSA</a>	OMB Control Number  <a href="#">1845-0045-v. 36</a>	
Enter only items that change Current Record <span style="float: right;">New Record</span>		
Agency form number(s)		
Annual reporting and record keeping hour burden		
Number of respondents	15,300	15,300
Total annual responses	15,300	15,300
Percent of these responses collected electronically	100%	100%
Total annual hours	8,400	8,400
Difference		NA
Explanation of difference		NA
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		NA
Explanation of difference		NA
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. The requested changes are to the third survey (the content depth survey) of the three included in this package. They are a result of lessons learned, having a more educated survey population, and better survey logic.
Signature of Senior Officer or designee:	Date:	For OIRA Use
_____	_____	_____

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