

# PAPERWORK REDUCTION ACT

## CHANGE WORKSHEET

Agency/Subagency US Department of Education/FSA		OMB Control Number 1845-0020
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	24,940,153	25,317,115
Total annual responses	24,940,153	25,317,115
Percent of these responses collected electronically	85%	85%
Total annual hours	12,165,507	12,351,284
Difference		
Explanation of difference		
Program Change		
Adjustment		
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		
Adjustment		
Other change**		
This is a program change to migrate burden from a soon to be discontinued data collection 1845-0086 to currently approved 1845-0020.		
Signature of Senior Officer or designee:	Date:	For OIRA Use

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

ACTIVE (04049)  
CHANGE 04746

PAPERWORK REDUCTION ACT  
CHANGE WORKSHEET

Agency/Subagency US Department of Education/Federal Student Aid		OMB Control Number 1845-0020
		Enter only items that change Current Record
Agency form number(s)	NA	New Record NA
Annual reporting and record keeping hour burden		
Number of respondents	23,397,477	376,962
Total annual responses	24,940,153	376,962
Percent of these responses collected electronically	85%	0%
Total annual hours	12,165,507	185,777
Difference		185,777
Explanation of difference		
Program Change		
Adjustment		
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		
Program Change		
Adjustment		
Other change**		
This change is due to the migration of burden from a soon to be discontinued package (1845-0086) to this package as illustrated above.		
Signature of Senior Officer or designee: <i>Beth A. Brekeldinger</i>	Date: <i>10-28-11</i>	For OIRA Use _____ _____

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