

## 0584-0479 Burden Table

Respondent Category	Type of respondents* (see below)	Instruments	Form	Number of respondents* (see below)	Frequency of response	Total Annual responses** (see below)	Hours per response	Annual burden (hours)
State Agency	State Program Managers and Program Staff	ABAWD Waiver Request Based on Labor Market Data	N/A	33	1	33	35	1,155
State Agency	State Program Managers and Program Staff	ABAWD Waiver Request Based on Labor Surplus Area Designation	N/A	8	1	8	4	32
State Agency	State Program Managers and Program Staff	ABAWD Waiver Request Based on DOL trigger notice	N/A	2	1	2	4	8
	<b>TOTAL</b>			<b>43</b>	<b>1.00</b>	<b>43</b>	<b>27.79</b>	<b>1,195</b>

\* Please note that each State Agency is considered a single respondent regardless of the number of Staff involved

\*\* Please note that each ABAWD waiver request is considered a single response regardless of the number of Staff involved