

PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/subagency DHS/USCS		OMB Control Number _____ 1615 _____ - 0092 _____	
<i>Enter only items that change</i>			
		Current record	New record
Agency form number (s) (No Form Number) E-Verify Program			
Annual reporting and recordkeeping hour burden			
Number of respondents			
Total annual responses			
Percent of these responses collected electronically	%		%
Total annual hours			
Difference		0	
Explanation of difference			
Program change Adjustment		0	
Annual reporting and recordkeeping cost burden (in thousands of dollars)			
Total annualized Capital/Startup costs	0.00		0.00
Total annual costs (O&M)	0.00		0.00
Total annualized cost requested	0.00		0.00
Difference		0.00	
Explanation of difference			
Program change Adjustment		0.00	
Other changes** ** See attached screen and justification.			
Signature of Senior Official or designee:	Date:	For OIRA Use	
Evadne Hagigal	10/21/2015	_____ _____	

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