


Date: Double click here to enter today's date

		PAPERWORK REDUCTION ACT (PRA) EXECUTIVE SUMMARY FORM	
TITLE OF COLLECTION:	Longitudinal Employer-Household Dynamics (LEHD) Program		
OMB CONTROL NUMBER:	0607-XXXX		
DIVISION/PROGRAM OFFICE:	Center for Economic Studies (CES)/LEHD Program		
AGENCY CONTACT:	Robert Sienkiewicz		
TYPE OF INFORMATION COLLECTION REQUEST:			
<input type="checkbox"/>	New collection		
<input type="checkbox"/>	Revision of a currently approved collection	[current expiration date:]
<input type="checkbox"/>	Extension, without change, of a currently approved collection	[current expiration date:]
<input type="checkbox"/>	Reinstatement, without change, of a previously approved collection for which approval has expired		
<input type="checkbox"/>	Reinstatement, with change, of a previously approved collection for which approval has expired		
<input checked="" type="checkbox"/>	Existing collection in use without an OMB Control Number		
PURPOSE OF COLLECTION:			
A 21st century statistical system must provide information about the dynamic economy quickly, using data assets efficiently while minimizing the burden of collecting and providing data and fully preserving confidentiality. The Census Bureau's Longitudinal Employer-Household Dynamics (LEHD) program has demonstrated the power and usefulness of linking multiple business and employee data sets with state-of-the-art confidentiality protections to build a longitudinal national frame of jobs.			
DATA COLLECTION START DATE:	1/2/1997		
REQUESTED OMB EXPIRATION DATE:	<input type="checkbox"/> Three years from approval date	<input type="checkbox"/> Other date: []
60-DAY FEDERAL REGISTER CITATION:	81 FR 88662		DATE PUBLISHED: 12/8/2016
MANDATORY OR VOLUNTARY COLLECTION?	<input type="checkbox"/> Mandatory	<input checked="" type="checkbox"/> Voluntary	<input type="checkbox"/> N/A
IS THIS A REIMBURSABLE COLLECTION CONDUCTED BY CENSUS ON BEHALF OF ANOTHER AGENCY/ENTITY?			
<input type="checkbox"/>	Yes [Specify agency/entity:]		
<input checked="" type="checkbox"/>	No		
<input type="checkbox"/>	Shared Sponsorship [Specify agency/entity:]		
LEGAL AUTHORITY(IES) FOR INFORMATION COLLECTION:			

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Title 13 U.S.C., Section 6 and Section 9.

SURVEY INFORMATION:

What is the source of the sampling frame for this collection? **State Wage Records, Federal and Census Administration records**

What are the mode(s) for collection? Paper Internet Computer Assisted Personal Interviewing (CAPI)

Computer Assisted Telephone Interviewing (CATI) Other **Secure File Transfer Protocol**

PUBLIC BURDEN:

Average Estimated Time per Response: **0** Hours **0** Minutes

ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN:

Number of Respondents **52**

Number of Responses **108**

Requested Annual Burden Hours **1,664**

Current Annual OMB Inventory **0**

Difference (+, -) [Click to enter difference](#)

Reason for Difference in Burden Hours: Program Change Adjustment No Difference

Explanation of Difference (if applicable):

PRIVACY ACT (PA):

Is this collection a Privacy Act System of Records?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - <i>If yes, a Privacy Act Statement that identifies the appropriate Systems of Records Notice (SORN) is required.</i>
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TITLE 13 CONFIDENTIALITY:

Is this collection of information confidential under Title 13, Section 9? Yes No

If yes, has the confidentiality pledge been updated per the Federal Cybersecurity Enhancement Act of 2015¹? Yes No

Has the respondent messaging been reviewed and updated in the collection materials per the "Updates to Census Bureau Confidentiality Messaging and PRA Required Language" memo, if applicable? Yes No

¹ Please refer to the "[Updates to Census Bureau Confidentiality Messaging and PRA Required Language](#)" Memo

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PLACEMENT OF REQUIRED PAPERWORK REDUCTION ACT AND PRIVACY ACT LANGUAGE: In the table below, please indicate where the following PRA/PA statement requirements are located in the respondent materials:								
Required PRA/PA Language	PRA	PA Statement	Invitation letter	FAQs	Collection Instrument	Instructions	Other	N/A
Reason/purpose for the information collection, including the way the information will be used.	X	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
The legal authority(ies) that authorize the collection of information.	X	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Whether responses are mandatory or voluntary (citing the authority)	X	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
The nature and extent of confidentiality to be provided (if any) citing authority	X		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
An estimate of the average respondent burden together with a request that the public direct to the agency any comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden	X		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
OMB control number	X		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
A statement that an agency may not conduct (and a person is not required to respond to) an information collection request unless it displays a currently valid OMB control number.	X		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Published routine use for which information is subject and citation to relevant SORN		X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
The effects on the individual for not providing the requested information		X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Comments: LEHD is not a traditional survey and all agreements are defined in partnership MOUs								
ADDITIONAL INFORMATION: Please include any special circumstances or other information that would help expedite the review of this package (ex. if the collection is at the request of a congressional inquiry).								