



**UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF MANAGEMENT
CHIEF PRIVACY OFFICE
INFORMATION COLLECTION CLEARANCE DIVISION**

PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/Subagency:

OMB Number:

Enter only items that change.

| Annual reporting and recordkeeping hour burden: | Current Record | New Record |
|--|-----------------------|----------------------|
| Agency form number(s) | <input type="text"/> | <input type="text"/> |
| Annual reporting and recordkeeping hour burden: | | |
| Number of respondents | <input type="text"/> | <input type="text"/> |
| Total annual responses | <input type="text"/> | <input type="text"/> |
| Percent of these responses collected electronically | <input type="text"/> | <input type="text"/> |
| Total annual hours | <input type="text"/> | <input type="text"/> |
| Difference: | | <input type="text"/> |
| Explanation of Difference: | | <input type="text"/> |
| Program Change | | <input type="text"/> |
| Adjustment | | <input type="text"/> |

| Annual reporting and recordkeeping cost burden (in thousands of dollars): | Current Record | New Record |
|--|-----------------------|----------------------|
| Total annualized capital/startup costs | <input type="text"/> | <input type="text"/> |
| Total annual costs (O&M) | <input type="text"/> | <input type="text"/> |
| Total annualized costs requested | <input type="text"/> | <input type="text"/> |
| Difference | | <input type="text"/> |
| Explanation of Difference: | | <input type="text"/> |
| Program Change | | <input type="text"/> |
| Adjustment | | <input type="text"/> |

Other Change: (2,000 characters max).** An attachment may be included with this form to provide additional information.

Signature of Senior Officer or Designee: _____ **Date:** _____

For OIRA Use:

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