



**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.