

Self-Certification Medical Statement									OMB Control No. 0579-0196
Form Number or Other Identification	Total Annual Responses	Avg. Time Per Response	Total Hours Per Year	Persons Involved in the Information Collection*		Program Costs	Overhead Costs	Total Costs	Remarks
			(B x C)	Grade (GS)	Avg. Hourly Rate (Step 4)	(D x (E.2))	(F x 0.139)	(F + G)	
(A)	(B)	(C)	(D)	(E.1)	(E.2)	(F)	(G)	(H)	(I)
Self-Certification Medical Statement (MRP Form 5-R)	606	0.167	101	11	\$ 35.06	\$ 3,548.14	\$ 493.19	\$ 4,041.33	
Request for Waiver of Standards and Requirements	1	1.000	1	11	\$ 35.06	\$ 35.06	\$ 4.87	\$ 39.93	
<b>TOTALS</b>								\$ 4,081.27	