

NOTE TO REVIEWER

Date: March 28, 2018

Request Type: Non-substantive change to a currently approved collection

Employing Agency: Office of Workers' Compensation Programs (OWCP)

Form Number/Name: LS-203 Employee's Claim for Compensation

OMB/Expiration Date: 1240-0014

Justification:

We need to make a minor change to the form:

We need to process a non-material change to the LS-203 form associated instructions, page 2.

Instead of providing two separate addresses for the form to be submitted, the form can now be either faxed or mailed to one District Office address.

If this is a new claim, and you do not have an OWCP Case Number, please submit the form through the Case Create Fax Number (202) 513-6814. Alternatively, to submit the "case create" form by mail, please send it to the address below:

*U.S. Department of Labor
Office of Workers' Compensation Programs
Division of Longshore and Harbor Workers' Compensation
400 West Bay Street, Suite 63A, Box 28
Jacksonville, FL 32202*

This change does not impact the content or the information being requested.