SUPPORTING STATEMENT CLAIM FOR REIMBURSEMENT-ASSISTED REEMPLOYMENT FORM CA-2231 1240-0018

A. Justification

1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collections. Attach a copy of the appropriate section of each statute and of each regulation mandating or authorizing the collection of information.

The Office of Workers' Compensation Programs (OWCP) administers the Federal Employees' Compensation Act (FECA) under 5 U.S.C. 8101 et seq. Section 8104(a) of the FECA provides vocational rehabilitation services to eligible injured workers to facilitate their return to work. The costs of providing these vocational rehabilitation services are paid from the Employees' Compensation Fund. Annual appropriations language under the Consolidated Appropriations Act of 2016 (currently in Public Law 114-113), provides OWCP with legal authority to use amounts from the Fund to reimburse private sector employers for a portion of the salary of reemployed FECA claimants hired through OWCP's assisted reemployment program.

2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.

Information collected on **Form CA-2231** provides OWCP with the necessary remittance information for the employer, documents the hours of work, certifies the payment of wages to the claimant for which reimbursement is sought, and summarizes the nature and costs of the wage reimbursement program for a prompt decision by OWCP.

Failure to collect this information would prevent timely and accurate reimbursement to employers, hinder the documentation of disbursements from the Fund, and obstruct implementation of the assisted reemployment program.

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3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g. permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.

In accordance with the Government Paperwork Elimination Act (GPEA), the United States (US) Department of Labor (DOL) recognizes the requirement that all Office of Management and Budget (OMB) Forms be made electronically interactive. CA-2231 is currently posted on the internet at https://www.dol.gov/owcp/regs/compliance/ca-2231.pdf for downloading by private sector employers.

The employer should fill out applicable items on the digital version of the form found on-line on the DOL website. The form must be printed out in order to obtain the certifications of the employer and the injured worker. The form may then be submitted by mail, secure fax or uploaded directly to the OWCP's online case management system for further processing by the Rehabilitation Specialist.

4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.

The information collected on this form is not duplicative of any information available elsewhere. The respondent is the only source of the data needed to process the reimbursement request.

5. If the collection information impacts small businesses or other small entities, describe any methods used to minimize burden.

This information collection does not have a significant economic impact on a substantial number of small entities.

6. Describe the consequence of Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.

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Please refer to nos. 1 and 2 above. The information collected from private sector employers is the minimum needed to evaluate whether a reimbursement request meets the requirements of OWCP's assisted reemployment program. Reimbursement requests cannot be processed by OWCP without the information collected.

7. Explain any special circumstance required in the conduct of this information collection.

There are no special circumstances for the collection of this information.

8. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the agency's notice, required by 5 CFR 1320.8 (d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments.

A Federal Register Notice inviting public comment was published on May 10, 2019 (84FR 20661). No comments were received.

9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.

No payment or gift are made to respondents.

10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulations, or agency policy.

All information collected by and submitted with Form CA-2231 is protected under the Privacy Act in the system of records known as DOL/GOVT-1, http://www.dol.gov/sol/privacy/dol-govt-1.htm.

DOL/GOVT- The FECA establishes the system for processing and adjudicating claims that federal employees and other covered individuals file with the Department of Labor's OWCP, seeking monetary, medical and similar benefits for injuries or deaths sustained while in the performance of duty. The records maintained in this system are created as a result of and are necessary to this process. The records provide information and verification about the individual's employment-related injury and the resulting disabilities and/or impairments, if any, on which decisions awarding or denying benefits provided under the FECA must be based.

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary; the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

The form requests the respondent to supply a taxpayer identification number (TIN), which falls under the personally identifiable information. As noted above, the TIN may be used for identification, to support debt collection efforts carried on by the federal government and for other purposes required or authorized by law.

- 12. Provide estimates of the hour burden of the collection of information. The statement should:
 - Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Unless directed to do so, agencies should not make special surveys to obtain information on which to base burden estimates.
 Consultation with a sample of potential respondents is desirable. If the burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated burden and explain the reason for the variance. Generally, estimates should not include burden hours for customary and usual business practices. Provide estimates of the hour burden of the collection of information.

According to the records maintained by OWCP, there are approximately 16 respondents involved in the assisted reemployment program at any one time. During the past three years, an average of 64 Forms CA-2231 have been processed annually. This form is submitted quarterly from each employer requesting partial wage reimbursement. It is estimated that it takes ½ hour for a respondent to collect the information from its payroll records, fill in Form CA-2231, and return it to OWCP. The total annual hour burden, therefore, is estimated to be 32 hours (64 responses x 0.5 hours/response).

Activity	Number of Respondent s	Frequenc y	Total Annual Response s	Time Per Respons e	Total Annual Burden (Hours	Hourl y Rate*	Monetized Value of Responden t Time
Claim for Reimbursemen t Assisted							
Reemployment	16	4	64	.5	32	21.66	\$693.12
Unduplicated							
Totals	16	4	64		32		\$693.12

Using the current median hourly wage for payroll and timekeeping clerks (\$21.66) as reported by the Bureau of Labor Statistics, the respondent annualized cost estimate for this collection is \$693.00(\$21.66 X 32) = \$693.12 or \$693.00 (rounded down).

https://www.bls.gov/oes/current/oes433051.htm

13. Annual Costs to Respondents (capital/start-up & operation and maintenance).

There is no capital/startup or ongoing operation/maintenance costs associated with this information collection. Operation and maintenance costs consist solely of mailing costs. With 64 mailed responses, the estimated annual operation and maintenance costs is \$37.00 (64 X \$0.58 (based on \$0.55 for postage + \$0.03 for an envelope)), or \$37.12 or \$37.00 (rounded down).

14. Provide estimates of annualized cost to the Federal Government.

The estimated costs to the Federal government of collecting the information on Form CA-2231 are set out below:

- o Printing costs: Due to the small number of respondents that use Form CA-2231 to request reimbursement from OWCP, there are no plans to print the form in bulk for distribution.
- o Mailing/Developmental costs: Private sector employers who wish to request reimbursement under the assisted

reemployment program can download Form CA-2231 directly from the internet. For that reason, no mailing costs for the form are incurred. There are also no developmental costs associated with this collection information.

o Processing/Reviewing costs: Reimbursement requests are evaluated by OWCP Rehabilitation Specialists employed at the GS-12, step 6 levels. It takes them an average of 10 minutes to review the form. Based on the estimated number of responses, the total time spent reviewing all 64 responses to Form CA-2231 is 640 minutes, which equates to 10.66 hours or 11 hours (rounded up)(640 minutes divided by 60 minutes/hour) annually.

It costs \$458.70 to process 64 reimbursement requests (\$41.70 per hour at the GS-12, step 6 level) x 11 hours = \$458.70 or 459.00 rounded up.

https://www.opm.gov/policy-data-oversight/pay-leave/salarieswages/salary-tables/pdf/2019/RUS_h.pdf

15. Explain the reasons for any program changes or adjustments.

The adjustments in the burden hours are due to a decrease in the number of participating employers. The previous approved number of annual respondents (32) decreased to approximately (16), which represents a decrease of 16 respondents. The previously approved number of burden hours was 64; the requested number of hours is 32, which is a decrease of 32 hours. In addition, postage and envelope costs, the maintenance and reporting costs is now \$37.00, which is a reduction of \$30.00, from the previous amount of \$67.00

16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection information, completion of report, publication dates, and other actions.

There are no plans to publish data collected under this request.

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17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

The agency plans to display the expiration date for OMB approval of the information collection on all instruments.

18. Explain each exception to the certification statement in ROCIS.

There are no exceptions to the certification statement.

B. Collections of Information Employing Statistical Methods:

Statistical methods are not used in these collections of information.