

PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/subagency		OMB Control Number _____ - _____	
<i>Enter only items that change</i> <div style="display: flex; justify-content: space-between;"> Current record New record </div>			
Agency form number (s)			
Annual reporting and recordkeeping hour burden			
Number of respondents			
Total annual responses			
Percent of these responses collected electronically	%	%	
Total annual hours			
Difference			
Explanation of difference			
Program change Adjustment			
Annual reporting and recordkeeping cost burden (in thousands of dollars)			
Total annualized Capital/Startup costs			
Total annual costs (O&M)			
Total annualized cost requested			
Difference			
Explanation of difference			
Program change Adjustment			
Other changes**			
Signature of Senior Official or designee: <div style="text-align: center; font-family: cursive; font-size: 1.2em;">John Ramsay</div>		Date:	For OIRA Use <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>

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