

# 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;"> <span>Current record</span> <span>New record</span> </div>			
Agency form number (s)			
Annual reporting and recordkeeping hour burden  <div style="padding-left: 20px;">Number of respondents</div> <div style="padding-left: 20px;">Total annual responses</div> <div style="padding-left: 40px;">Percent of these responses collected electronically</div> <div style="padding-left: 20px;">Total annual hours</div> <div style="padding-left: 20px;">Difference</div> <div style="padding-left: 20px;">Explanation of difference</div> <div style="padding-left: 40px;">Program change Adjustment</div>			
	%	%	
Annual reporting and recordkeeping cost burden (in thousands of dollars)  <div style="padding-left: 20px;">Total annualized Capital/Startup costs</div> <div style="padding-left: 20px;">Total annual costs (O&amp;M)</div> <div style="padding-left: 20px;">Total annualized cost requested</div> <div style="padding-left: 20px;">Difference</div> <div style="padding-left: 20px;">Explanation of difference</div> <div style="padding-left: 40px;">Program change Adjustment</div>			
Other changes**			
Signature of Senior Official or designee:  		Date:	For OIRA Use  _____ _____

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