



**UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF MANAGEMENT  
CHIEF PRIVACY OFFICE  
INFORMATION COLLECTION CLEARANCE DIVISION**

**PAPERWORK REDUCTION ACT CHANGE WORKSHEET**

**Agency/Subagency:**

**OMB Number:**

Enter only items that change.

<b>Annual reporting and recordkeeping hour burden:</b>	<b>Current Record</b>	<b>New Record</b>
Agency form number(s)	<input type="text"/>	<input type="text"/>
Annual reporting and recordkeeping hour burden:		
Number of respondents	<input type="text"/>	<input type="text"/>
Total annual responses	<input type="text"/>	<input type="text"/>
Percent of these responses collected electronically	<input type="text"/>	<input type="text"/>
Total annual hours	<input type="text"/>	<input type="text"/>
Difference:		<input type="text"/>
Explanation of Difference:		<input type="text"/>
Program Change		<input type="text"/>
Adjustment		<input type="text"/>

<b>Annual reporting and recordkeeping cost burden (in thousands of dollars):</b>	<b>Current Record</b>	<b>New Record</b>
Total annualized capital/startup costs	<input type="text"/>	<input type="text"/>
Total annual costs (O&M)	<input type="text"/>	<input type="text"/>
Total annualized costs requested	<input type="text"/>	<input type="text"/>
Difference		<input type="text"/>
Explanation of Difference:		<input type="text"/>
Program Change		<input type="text"/>
Adjustment		<input type="text"/>

**Other Change:\*\* (2,000 characters max).** An attachment may be included with this form to provide additional information.

**Signature of Senior Officer or Designee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For OIRA Use:**

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