

TITLE OF INFORMATION COLLECTION REQUEST Self-Certification Medical Statement	OMB CONTROL NO.
	0579-0337
	DATE PREPARED
	October 6, 2020

	OPM PAY TABLE	FRINGE BENEFITS	OVERHEAD COST FACTOR	TOTAL FEDERAL GOVERNMENT COSTS
	(A)	(B)	(C)	
	2020-DCB	0.613	0.139	\$592

ACTIVITY DESCRIPTION (incl form number)	TOTAL ANNUAL RESPONSES (D)	AVG TIME PER RESPONSES (E)	TOTAL HOURS PER YEAR (F)	SALARY		TOTAL COSTS (1+B+C) X F X H
				GRADE (G)	WAGE (Step 4) (H)	
Compliance Agreement (PPQ 519)	3	1.250	4	12	45.51	\$ 182
Federal Certificate (PPQ 540)	30	0.200	6	12	45.51	\$ 273
Limited Permit (PPQ 530)	1	0.200	1	12	45.51	\$ 46
Appeal of Limited Permit or Certificate	1	0.150	1	12	45.51	\$ 46
Appeal of Cancelled Compliance Agreement	1	0.150	1	12	45.51	\$ 46