

OMB CONTROL NO.	TITLE OF INFORMATION COLLECTION REQUEST Self-Certification Medical Statement	DATE PREPARED
TYPE OF REQUEST Renewal		PUBLIC COMMENT DOCKET NO.
POINT OF CONTACT		FEDERAL REGISTER NOTICE
TELEPHONE NO.		FEDERAL REGISTER DATE

PART I - SUMMARY

TOTAL RESPONDENTS 0	TOTAL ANNUAL RESPONSES 0	% ELECTRONIC 100%	RESPONSES PER RESPONDENT #DIV/0!	TOTAL BURDEN HOURS 0	HOURS PER RESPONSE #DIV/0!	% SMALL ENTITIES 0%
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PART II - LIST OF ACTIVITIES

TYPE OF CHANGE	TYPE OF RESPONDENT	FIRST OCCURENCE	TYPE OF RESPONSE	AUTHORITY (U.S.C., CFR, or Manual)	ACTIVITY DESCRIPTION (title, respondent type, and type of change if discretionary)	FORM NO.	FORMAT	ESTIMATED ANNUAL NUMBER OF RESPONDENTS or RECORDKEEPERS	ESTIMATED ANNUAL RESPONSES	ESTIMATED HOURS PER RESPONSE or ANNUAL HOURS PER RECORDKEEPER	ESTIMATED ANNUAL BURDEN HOURS
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
											0
											0

TITLE OF INFORMATION COLLECTION REQUEST Self-Certification Medical Statement	OMB CONTROL NO.
	0579-0409
	DATE PREPARED
	11/17/2020

	OPM PAY TABLE	FRINGE BENEFITS	OVERHEAD COST FACTOR	TOTAL FEDERAL GOVERNMENT COSTS
	(A)	(B)	(C)	
	2020 DCB	0.613	0.139	\$103,678

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)	
VS Form 17-146	6,402	0.100	640	6	23.08	\$ 25,887
VS Form 17-146a	56	0.100	6	6	23.08	\$ 226
VS Form 17-131	19,182	0.100	1,918	6	23.08	\$ 77,565

Collection Number	0
Expiration Date	03/2020
Formula Check for Information Collections	Summary
A = Respondents (given)	-
B = Responses per Respondent	#DIV/0!
C = Annual Responses (given)	-
D = Total Burden Hours (given)	-
Estimate of Burden (hours/ response)	#DIV/0!

	<u>Respondents</u>	<u>Total</u>
FG, Foreign Government	-	-
S1, State Government	-	-
S2, Local Government	-	-
S3, Tribal Government	-	-
P1, Business	-	-
P2, Farm	-	-
P3, Non, Not-for-Profit	-	-
I, Individual or Household	-	-
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Formula Check for Information Collections	Foreign Government	Reporting	Record Keeping	3d Party
A = Respondents (given)	-			
B = Responses per Respondent	#DIV/0!			
C = Annual Responses (given)	-			
D = Total Burden Hours (given)	-	-	-	-
E1 = Estimate Adjustments (Responses)	-			
E2 = Estimate Adjustments (Hours)	-			

Formula Check for Information Collections	State, Local, Tribal Gov't	Reporting	Record Keeping	3d Party
A = Respondents (given)	-			
B = Responses per Respondent	#DIV/0!			
C = Annual Responses (given)	-			
D = Total Burden Hours (given)	-	-	-	-
E1 = Estimate Adjustments (Responses)	-			
E2 = Estimate Adjustments (Hours)	-			

Formula Check for Information Collections	Private	Reporting	Record Keeping	3d Party
A = Respondents (given)	-			
B = Responses per Respondent	#DIV/0!			
C = Annual Responses (given)	-			
D = Total Burden Hours (given)	-	-	-	-
E1 = Estimate Adjustments (Responses)	-			
E2 = Estimate Adjustments (Hours)	-			

Formula Check for Information Collections	Individual	Reporting	Record Keeping	3d Party
A = Respondents (given)	-			
B = Responses per Respondent	#DIV/0!			
C = Annual Responses (given)	-			
D = Total Burden Hours (given)	-	-	-	-

E1 = Estimate Adjustments (Responses)		-			
E2 = Estimate Adjustments (Hours)		-			

Question 12 calculations?