

TITLE OF INFORMATION COLLECTION REQUEST Self-Certification Medical Statement	OMB CONTROL NO.
	0579-0196
	DATE PREPARED
	March 17, 2021

	OPM PAY TABLE	FRINGE BENEFITS	OVERHEAD COST FACTOR	TOTAL FEDERAL GOVERNMENT COSTS
	(A)	(B)	(C)	
	2021-MSP	0.613	0.139	\$6,612

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)	
Self-Certification Medical Statement	608	0.167	102	11	36.64	\$ 6,548
Request for Waiver	1	1.000	1	11	36.64	\$ 64