

PART II: PAPERWORK REDUCTION ACT SUBMISSION WORKSHEET

Please fill out and include with your Information Collection Request (ICR) submission to the Information Collection Review Office (ICRO). A separate Part II Worksheet is required for each information collection instrument or activity including recruitment, records abstraction, training, spirometry testing, etc. This information **must** match information in the Supporting Statement and Burden Table (Sections 12.A & 12.B). Be sure to provide the Title and Attachment ID for the instrument associated with each Part II Worksheet.

Information Collection (IC) Title: _____

Attachment ID: _____

Agency IC Tracking Number: _____

Is this a Common Form? Yes No

Obligation to Respond (check one)

Voluntary

Required to obtain or retain benefits

Mandatory

Frequency of Reporting (check all that apply)

Hourly (40 per week)

Daily

Weekly

Monthly

Quarterly

Yearly

Every Decade

Semi-Annually

Biennially

Once

Occasionally

Code of Federal Regulation (CFR) Citation(s) for this Information collection form if applicable:

Title: _____ Part: _____ Section: _____

Title: _____ Part: _____ Section: _____

Title: _____ Part: _____ Section: _____

Federal Enterprise Architecture Business Reference Model (select one Services for Citizens Line of Business and one Sub-Function from its group)

Services for Citizens Line of Business	Sub-Function
Disaster Management	Disaster Monitoring and Predication
	Disaster Preparedness and Planning
	Disaster Repair and Restore
	Emergency Response
	None
Health	Illness Prevention
	Population Health Mgmt. and Consumer Safety
	Public Health Monitoring
	Health Care Services
	Community Health and Safety
Workforce Management	Training and Employment
	Labor Rights Management
	Worker Safety

Privacy Act System of Records

Privacy Act (when applicable) provide the System of Records Notice (SORN) Name and Number and the date the SORN published in the Federal Register

Title: _____

Federal Register Citation:

Volume: _____ Page Number: _____ Publication Date: _____ (mm/dd/yyyy)

Number of Respondents: _____

Number of Respondents for Small Entity: _____

Affected Public: Choose only one category

Individuals and Households

Private Sector

State, Local, or Tribal Governments

Federal Government

If affected Public is Private Sector check all the following that apply:

Business or other for-profits

Not-for-profits institutions

Farms

Percentage of Respondents Reporting Electronically: _____ %

Annual IC Time Burden (Hours): _____

Annual IC Cost Burden (Dollars): _____

Calculated: Annual Frequency = _____ times per year (per respondent)

Calculated: Annual Number of Responses = _____ a year

Does this IC request a Change in Net Burden? Yes No

Annual Response Hours and Cost Burden:

Enter the hours and cost (per response) broken out by reporting, record keeping, and third-party disclosure.

Hours and Cost Per Response

	Time Per Response	Hours Per Response	Annual Hour Burden	Cost Per Response	Annual Cost Burden
Reporting					
Record Keeping					
Third Party Disclosure					
Total					

Explanation of Changes in Hours and Costs (due to revisions or change requests)

	Requested	Program Change Due to New Statute	Program Change Due to Agency Discretion	Change Due to Adjustment in Agency Estimate	Change Due to Potential Violation in PRA	Previously Approved
Annual Number of Responses for this IC						
Annual IC Time Burden (Hours)						
Annual IC Cost Burden (Dollars)						

Purpose of information collection (check one)

<p>Application for Benefit Program Evaluation General Purpose Statistics Regulatory/Compliance Program Planning/Management Public Health/Emergency Response Research Surveillance Service Delivery/Customer Feedback Administrative Audit</p>
