PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/subagency		OMB Control Number
		-
Enter only items that change		
	Current record	New record
Agency form number (s)		
Annual reporting and recordkeeping hour		
burden		
Number of respondents		
Total annual responses		
Percent of these responses	o/	<i><i>a</i>/</i>
collected electronically	%	%
Total annual hours		
Difference		
Explanation of difference		
Program change		
Adjustment		
burden (in thousands of dollars)		
Total annualized Capital/Startup costs		
Total annual costs (O&M)		
Total annualized cost requested		
Difference		
Explanation of difference		
Program change Adjustment		
Other changes		
Signature of Senior Official or designee:	Date:	For OIRA Use
** This form cannot be used to extend an expiration date		