

PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/subagency	OMB Control Number
	<div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> - <div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div>

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 collected electronically	%	%
Total annual hours		
Difference		
Explanation of difference		
Program change		
Adjustment		
Annual reporting and recordkeeping cost 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
		<hr style="border: 0; border-top: 1px solid black; width: 80%; margin: 0 auto;"/> <hr style="border: 0; border-top: 1px solid black; width: 80%; margin: 0 auto;"/>

** This form cannot be used to extend an expiration date.