OMB CONTROL NO. 0579-0196				DATE PREPARED		01/14/2025	
TITLE OF INFORMATION COLLECTION REQUEST (ICR)	Self-Certification Medical Statement						
Additional line for ICR Title if title is too long	i			1			
	OPM PAY TABLE		OVERHEAD COST FACTOR			FED GOVEF	OTAL DERAL RNMENT OSTS
	(A)	FRINGE BENEFITS	(C)				
Activity descriptions and calculations are below.	2025-MSP	0.613	0.139			\$	2,250
	TOTAL ANNUAL RESPONSES	AVG TIME PER RESPONSES	TOTAL HOURS PER YEAR	GRADE	WAGE (Step 4)	TOTA	L COSTS
ACTIVITY DESCRIPTION (incl form number)	(D)	(E)	(F)	(G)	(H)	(1+B+C) x F x H	