

PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/subagency		OMB Control Number _____ - _____
<i>Enter only items that change</i> <div style="display: flex; justify-content: space-between;"> Current record New record </div>		
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 _____ _____

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