

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 <div style="display: flex; justify-content: space-between;"> Program change Adjustment </div>			
	%	%	
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 <div style="display: flex; justify-content: space-between;"> Program change Adjustment </div>			
Other changes**			
Signature of Senior Official or designee:		Date:	For OIRA Use _____ _____

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