

PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/subagency <div style="background-color: #d9e1f2; height: 40px; width: 100%;"></div>	OMB Control Number <div style="background-color: #d9e1f2; width: 100%; text-align: center; font-size: 24px; font-weight: bold;">-</div>
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Enter only items that change

	Current record	New record
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Agency form number (s)		
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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.