

PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/subagency		OMB Control Number _____ - _____
<i>Enter only items that change</i>		
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 _____ _____

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