

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have particular utility;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

Agency: Employment Standards Administration.

Type of Review: Extension of currently approved collection.

Title: Rehabilitation Plan and Award.

OMB Number: 1215-0067.

Form Number: OWCP-16.

Frequency: On occasion.

Type of Response: Reporting.

Affected Public: Business and other for-profit and Individuals or households.

Number of Respondents: 7,000.

Annual Responses: 7,000.

Average Response Time: 30 minutes.

Total Annual Burden Hours: 3,500.

Total Annualized capital/startup costs: \$0.

Total Annual Costs (operating/maintaining systems or purchasing services): \$0.

Description: The Office of Workers' Compensation Programs (OWCP) is the agency responsible for administration of the Longshore and Harbor Workers' Compensation Act; 33 U.S.C. 901 *et seq.*, and the Federal Employees' Compensation Act, 5 U.S.C. 8101 *et seq.* Both of these Acts authorize OWCP to pay for approved vocational rehabilitation services to eligible workers with work-related disabilities. OWCP must receive the signatures of the worker and the rehabilitation counselor to show that the worker agrees to follow the proposed plan, and that the proposed plan is appropriate. The OWCP-16 is the standard format for the collection of information needed to approve proposed vocational rehabilitation services. Form OWCP-16 serves to document the agreed upon plan for rehabilitation services submitted by the injured worker and vocational rehabilitation counselor, the costs involved, and OWCP's award of

payment from funds provided for rehabilitation. Form OWCP-16 summarizes the costs of the rehabilitation plan to enable OWCP to make a prompt decision on funding.

Agency: Employment Standards Administration.

Type of Review: Extension of currently approved collection.

Title: Report of Changes That May Affect Your Black Lung Benefits.

OMB Number: 1215-0084.

Form Number: CM-929.

Frequency: Biannually.

Type of Response: Reporting.

Affected Public: Individuals or households.

Number of Respondents: 51,000.

Annual Responses: 51,000.

Average Response Time: 5 to 8 minutes.

Total Annual Burden Hours: 4,505.

Total Annualized Capital/Startup Costs: \$0.

Total Annual Costs (operating/maintaining systems or purchasing services): \$0.

Description: The Federal Mine Safety and Health Act of 1977 as amended, 30 U.S.C. 941, and 20 CFR 725.533(e) authorizes the Division of Coal Mine Workers' Compensation to pay compensation to coal miner beneficiaries. Once a miner or survivor is found eligible for benefits, the primary beneficiary is requested to report certain changes that may affect black lung benefits. The CM-929 is used to help determine continuing eligibility of primary beneficiaries receiving black lung benefits from the Black Lung Disability Trust Fund. The CM-929 is completed by the beneficiary to report factors that may affect his or her benefits, including income, marital status, receipt of state workers' compensation and dependents' status.

Agency: Employment Standards Administration.

Type of Review: Extension of currently approved collection.

Title: Housing Occupancy Certificate—Migrant and Seasonal Agricultural Worker Protection Act.

OMB Number: 1215-0158.

Form Number: WH-520.

Frequency: On occasion.

Type of Response: Reporting; Recordkeeping; and Third party disclosure.

Affected Public: Farms and Business or other for-profit.

Number of Respondents: 300.

Annual Responses: 300.

Average Response Time: 3 minutes to complete the form and 1 minute to post a certification.

Total Annual Burden Hours: 20.

Total Annualized Capital/Startup Costs: \$0.

Total Annual Costs (operating/maintaining systems or purchasing services): \$0.

Description: Section 203(b)(1) of the Migrant and Seasonal Agricultural Worker Protection Act, 29 U.S.C. 1801, *et seq.*, and Regulation 29 CFR 500.135(b) provide that any person who owns or controls a facility or real property to be used for housing migrant agricultural workers shall not permit such housing to be occupied by any worker unless a copy of the certificate of occupancy from the state, local, or federal agency that conducted the housing safety and health inspection is posted at the site of the facility or real property. Form WH-520 is both an information gathering form and the certificate of occupancy that the DOL issues when it is the federal agency conducting the safety and health inspection.

Ira L. Mills,

Departmental Clearance Officer.

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DEPARTMENT OF LABOR

Employment Standards Administration

Proposed Collection; Comment Request

ACTION: Notice.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) (44 U.S.C. 3506(c)(2)(A)). This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Employment Standards Administration is soliciting comments concerning the proposed collection: Representative Payee Report (CM-623), Representative Payee Report, Short Form (CM-623S), and Physician's/Medical Officer's Statement (CM-787). A copy of the proposed information collection request can be obtained by contacting the office listed below in the addresses section of this Notice.

DATES: Written comments must be submitted to the office listed in the addresses section below on or before [insert date 60 days from the date of publication].

ADDRESSES: Ms. Hazel M. Bell, U.S. Department of Labor, 200 Constitution Ave., NW., Room S-3201, Washington, DC 20210, telephone (202) 693-0418, fax (202) 693-1451, e-mail bell.hazel@dol.gov. Please use only one method of transmission for comments (mail, fax, or e-mail).

SUPPLEMENTARY INFORMATION

I. Background

The Office of Workers' Compensation Programs administers the Federal Black Lung Workers' Compensation Program. Under the Federal Mine Safety and Health Act (30 U.S.C. 901) benefits due a DOL black lung beneficiary may be paid to a representative payee on behalf of the beneficiary when the beneficiary is unable to manage his/her benefits due to incapability, incompetence, or minority. The CM-623, Representative Payee Report is used to collect expenditure data regarding the disbursement of the beneficiary's benefits by the representative payee to assure that the beneficiary's needs are being met. The CM-623S, Representative Payee Report, Short Form is a shortened version of the CM-623 that is used when the representative payee is a family member. The CM-787,

Physician's/Medical Officer's Statement is a form used by OWCP to gather information from the beneficiary's physician about the capability of the beneficiary to manage monthly benefits. It is used by OWCP to determine if it is in the beneficiary's best interest to have his/her benefits managed by another party. The regulatory authority for collecting this information is at 20 CFR 725.506, 510, 511, and 513. This information collection is currently approved for use through October 31, 2005.

II. Review Focus

The Department of Labor is particularly interested in comments which:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance the quality, utility and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other

technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

III. Current Actions

The Department of Labor seeks the extension of approval to collect this information in order to carry out its responsibility to determine if a beneficiary is capable and/or competent to manage his/her black lung benefits, and to ensure that the representative payee is using the benefits to meet the beneficiary's needs.

Type of Review: Extension.

Agency: Employment Standards Administration.

Title: Representative Payee Report (CM-623), Representative Payee Report, Short Form (CM-623S), and Physician's/Medical Officer's Statement (CM-787).

OMB Number: 1215-0173.

Agency Number: CM-623, CM-623S, and CM-787.

Affected Public: Individuals or households; Business or other for profit, Not-for-profit institutions.

Total Respondents: 5,339.

Total Annual responses: 5,399.

Estimated Total Burden Hours: 5,430.

Frequency: On occasion.

Total Burden Cost (capital/startup): \$0.

Total Burden Cost (operating/maintenance): \$0.

| Forms | Respondents/responses | Time per response | Burden hours |
|---------------|-----------------------|-------------------|--------------|
| CM-623 | 3,344 | 90 minutes | 5,016 |
| CM-623S | 1,015 | 10 minutes | 169 |
| CM-787 | 980 | 15 minutes | 245 |
| Total | 5,339 | | 5,430 |

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

Dated: April 27, 2005.

Bruce Bohanon,

Chief, Branch of Management Review and Internal Control, Division of Financial Management, Office of Management, Administration and Planning, Employment Standards Administration.

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DEPARTMENT OF LABOR

Employment Standards Administration

Proposed Collection; Comment Request

ACTION: Notice.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) (44 U.S.C. 3506(c)(2)(A)). This program helps to ensure that requested

data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Employment Standards Administration is soliciting comments concerning the proposed collection: Employee Polygraph Protection Act. A copy of the proposed information collection request can be obtained by contacting the office listed below in the **ADDRESSES** section of this Notice.

DATES: Written comments must be submitted to the office listed in the **ADDRESSES** section below on or before July 5, 2005.