

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 May 7, 2007.

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 (OWCP) administers the Federal Employees' Compensation Act (FECA). The Act provides that non-Federal law enforcement officers and/or their survivors injured or killed under certain circumstances are entitled to benefits of the Act to the same extent as employees in the Federal government. The Notice of Law Enforcement Officer's Injury or Occupational Disease (CA-721) and the Notice of Law Enforcement Officer's Death (CA-722) are the forms used by non-Federal law enforcement officers and their survivors to claim compensation under FECA. This information collection is currently approved for use through August 31, 2007.

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 to determine eligibility for benefits.

Type of Review: Extension.

Agency: Employment Standards Administration.

Title: Notice of Law Enforcement Officer's Injury or Occupational Disease (CA-721), Notice of Law Enforcement Officer's Death (CA-722).

OMB Number: 1215-0116.

Agency Number: CA-721 and CA-722.

Affected Public: Individuals or Households; Business or other for-profit; State, Local or Tribal Government.

Total Respondents: 30.

Total Annual Responses: 30.

Average Time per Response: 60 to 90 minutes.

Estimated Total Burden Hours: 40.

Frequency: On occasion.

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

Total Burden Cost (operating/maintenance): \$12.60.

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.

Ruben Wiley,

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

[FR Doc. E7-3865 Filed 3-5-07; 8:45 am]

BILLING CODE 4510-CH-P

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: Survivor's Form for Benefits (CM-912). 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 May 7, 2007.

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

This collection of information is required to administer the benefit payment provisions of the Black Lung Act for survivors of deceased miners. Completion of this form constitutes the application for benefits by survivors and assists in determining the survivor's entitlement to benefits. Form CM-912 is authorized for use by the Black Lung Benefits Act 30 U.S.C. 901, et seq., 20 CFR 410.221 and CFR 725.304 and is used to gather information from a survivor of a miner to determine if the survivor is entitled to benefits. This information collection is currently approved for use through August 31, 2007.

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 gather information to determine eligibility for benefits of a survivor of a Black Lung Act beneficiary.

Type of Review: Extension.

Agency: Employment Standards Administration.

Title: Survivor's Form for Benefits.

OMB Number: 1215-0069.

Agency Number: CM-912.

Affected Public: Individuals or households.

Total Respondents: 2,000.

Total Annual Responses: 2,000.

Average Time per Response: 8 minutes.

Estimated Total Burden Hours: 267.

Frequency: One time.

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

Total Burden Cost (operating/maintenance): \$672.00.

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.

Ruben Wiley,

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: Energy Employees Occupational Illness Compensation Program Act Forms (EE-1 English and EE-1 Spanish, EE-2 English and EE-2 Spanish, EE-3 English and EE-3 Spanish, EE-4 English and EE-4 Spanish, EE-7 English and EE-7 Spanish, EE-8, EE-9, EE-10, EE-12, EE-13, EE-20). A copy of the proposed information collection request can be obtained by contacting the office listed below in the addressee section of this Notice.

DATES: Written comments must be submitted to the office listed in the addressee section below on or before May 7, 2007.

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 (OWCP) is the primary agency responsible for the administration of the Energy Employees Occupational Illness Compensation Program Act of 2000 as amended (EEOICPA or Act), 42 U.S.C. 7384 *et seq.* The Act provides for timely payment of compensation to covered employees and, where applicable, survivors of such employees, who sustained either "occupational illnesses" or "covered illnesses" incurred in the performance of duty for the Department of Energy and certain of its contractors and subcontractors. The Act sets forth eligibility criteria for claimants for compensation under Part B and Part E of the Act, and outlines the various elements of compensation payable from the Fund established by the Act. The information collected is used to obtain demographic, factual and medical information needed to determine entitlement to benefits under the EEOICPA. Before benefits may be paid, the case files must contain medical and employment evidence showing the claimant's eligibility. The eight forms listed below are reporting requirements under the Act and are required to determine a claimant's eligibility for compensation and to receive benefits under the EEOICPA. The forms reporting requirements are:

EE-1, Claim for Benefits Under Energy Employees Occupational Illness Compensation Program Act is used to file notice of claim under Part B and/or E of the EEOICPA, and is to be completed by the living current or former employee; EE-2, Claim for Survivor Benefits Under Energy Employees Occupational Illness Compensation Program Act is used by the survivor of a covered employee to file notice of claim under Part B and/or E of the EEOICPA; EE-3, Employment History for Claim Under Energy Employees Occupational Illness Compensation Program Act is used to gather factual information regarding the employee's work history; EE-4, Employment History Affidavit for Claim Under the Energy Employees Occupational Illness Compensation Program Act is used to support the claimant's employment history by affidavit; EE-7, Medical Requirements Under the Energy Employees Occupational Illness Compensation Program Act informs an employee, survivor or physician of the medical evidence needed to establish a diagnosis of a covered condition; EE-8, Letter to Claimant is sent with enclosure EN-8 to obtain information on the employees' smoking history when lung cancer due to radiation is claimed; EE-9, Letter to Claimant is sent with enclosure EN-9 to obtain information concerning the race or ethnicity of the employee when skin cancer is claimed; EE-10, Claim for Additional Wage-Loss and/or Impairment Under the EEOICPA is used by the covered Part E employee who has received an award for wage-loss and/or impairment due to "covered illness" to claim for subsequent calendar year of wage-loss and/or any additional impairment; EE-12, Letter to covered Part B and E employees receiving medical benefits, sent with enclosure EN-12 and is used to collect updated information about settlements or awards in litigation and state workers' compensation benefits that impact continuing entitlement; EE-13, Letter to state workers' compensation authorities, sent with enclosure EN-13 and is used to identify covered Part E employees receiving medical benefits who have also been awarded state workers' compensation for their covered illnesses; and EE-20, Letter to Claimant is sent with enclosure EN-20 to verify acceptance of payment on approved claims. This information collection is currently approved for use through August 31, 2007.