Title of Collection: Application to Employ Homeworkers; Piece Rate Measurements; and Homeworker Handbooks.

OMB Control Number: 1215–0013.

Agency Form Numbers: WH–46 and WH–75.

Affected Public: Private Sector— Businesses and other for-profits.

Total Estimated Number of Respondents: 302,080.

Total Estimated Annual Burden Hours: 614,241.

Total Estimated Annual Costs Burden (does not include hourly wage costs): \$11.

Description: The reporting and recordkeeping requirements for employers and employees in industries employing homeworkers are necessary to insure employees are paid in compliance with the Fair Labor Standards Act (29 U.S.C. 211(d)). For additional information, see related notice published at Volume 74 FR 17544 on April 15, 2009.

Agency: Office of Workers' Compensation Programs.

Type of Review: Extension without change of a currently approved collection.

Title of Collection: Overpayment Recovery Questionnaire.

OMB Control Number: 1215–0144.

Agency Form Number: OWCP-20.

Affected Public: Individuals and households.

Total Estimated Number of Respondents: 4,020.

Total Estimated Annual Burden Hours: 4,020.

Total Estimated Annual Costs Burden (does not include hourly wage costs): \$1,889.

Description: Information collected on OWCP 20 is used to evaluate the financial profile of OWCP beneficiaries who have been overpaid benefits, and their ability to repay. OWCP beneficiaries are typically retired coal miners disabled by black lung disease, Federal employees injured on the job, and their survivors. For additional information, see related notice published at Volume 74 FR 15004 on April 2, 2009.

Darrin A. King,

Departmental Clearance Officer. [FR Doc. E9–21362 Filed 9–3–09; 8:45 am] BILLING CODE 4510–27–P

DEPARTMENT OF LABOR

Office of the Secretary

Submission for OMB Review: Comment Request

September 1, 2009.

The Department of Labor (DOL) hereby announces the submission of the following public information collection request (ICR) to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13, 44 U.S.C. chapter 35). A copy of this ICR, with applicable supporting documentation; including among other things a description of the likely respondents, proposed frequency of response, and estimated total burden may be obtained from the RegInfo.gov Web site at *http://www.reginfo.gov/ public/do/PRAMain* or by contacting Darrin King on 202–693–4129 (this is not a toll-free number)/e-mail: DOL PRA PUBLIC@dol.gov.

Interested parties are encouraged to send comments to the Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for the Department of Labor—Employee Benefits Security Administration (EBSA), Office of Management and Budget, Room 10235, Washington, DC 20503, Telephone: 202–395–7316/Fax: 202–395–5806 (these are not toll-free numbers), E-mail:

OIRA_submission@omb.eop.gov within 30 days from the date of this publication in the **Federal Register.** In order to ensure the appropriate consideration, comments should reference the OMB Control Number (see below).

The OMB 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 submission of responses.

Agency: Employee Benefits Security Administration.

Type of Review: Revision of a currently approved collection.

- *Title of Collection:* National Medical Support Notice—Part B.
- ÖMB Control Number: 1210–0113. Affected Public: Businesses or other
- for-profits.

Estimated Number of Respondents: 433,000.

Total Estimated Annual Burden Hours: 896,207.

Total Estimated Annual Costs Burden (excludes hourly wage costs):

\$5,807,421. Description: Section 609 of the

Employee Retirement Income Security Act of 1974 (ERISA) and 29 CFR 2590.609–2 establish a National Medical Support Notice. Part B of which is used to implement coverage of children under ERISA covered group health plans pursuant to "Qualified Medical Child Support Orders." For additional information, see related notice published at Vol. 74 FR 13476 on March 27, 2009.

Darrin A. King,

Departmental Clearance Officer. [FR Doc. E9–21361 Filed 9–3–09; 8:45 am] BILLING CODE 4510-29–P

DEPARTMENT OF LABOR

Office of the Secretary

Submission for OMB Emergency Review: Comment Request

August 27, 2009.

The Department of Labor has submitted the following (see below) information collection request (ICR), utilizing emergency review procedures, to the Office of Management and Budget (OMB) for review and clearance in accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104–13, 44 U.S.C. Chapter 35) and 5 CFR 1320.13. OMB approval has been requested by 9/28/2009. A copy of this ICR, with applicable supporting documentation; including among other things a description of the likely respondents, proposed frequency of response, and estimated total burden may be obtained from the RegInfo.gov Web site at http://www.reginfo.gov/ public/do/PRAMain or by contacting Darrin King on 202–693–4129 (this is not a toll-free number)/e-mail: DOL PRA PUBLIC@dol.gov. Interested parties are encouraged to send comments to the Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for the Department of Labor-ESA, Office of Management and Budget,