

the Chief Information Officer, Attn: Departmental Information Compliance Management Program, Room N1301, 200 Constitution Avenue NW., Washington, DC 20210; or by email: [DOL\\_PRA\\_PUBLIC@dol.gov](mailto:DOL_PRA_PUBLIC@dol.gov).

**FOR FURTHER INFORMATION CONTACT:**

Contact Michel Smyth by telephone at 202-693-4129, TTY 202-693-8064, (these are not toll-free numbers) or by email at [DOL\\_PRA\\_PUBLIC@dol.gov](mailto:DOL_PRA_PUBLIC@dol.gov).

**Authority:** 44 U.S.C. 3507(a)(1)(D).

**SUPPLEMENTARY INFORMATION:** This ICR seeks to extend PRA authorization for the information collection requirements needed for the OLMS to administer Federal Transit Act section 5333(b) Urban Program worker protections. See 49 U.S.C. 5333(b). Section 5333(b) provides that the DOL must ensure that a recipient of Federal funds used to acquire, improve, or operate a transit system establishes arrangements to protect the rights of affected transit employees. Federal law requires such an arrangement to be fair and equitable, and the DOL must certify the arrangement before the U.S. Department of Transportation, Federal Transit Administration (FTA) can award certain funds to grantees. An employee protective arrangement must include provisions that may be necessary for the preservation of rights, privileges, and benefits under existing collective bargaining agreements or otherwise; the continuation of collective bargaining rights; the protection of individual employees against a worsening of their positions related to employment; assurances of employment to employees of acquired transportation systems; assurances of priority of reemployment of employees whose employment is ended or who are laid off; and paid training or retraining programs. See 49 U.S.C. 5333(b)(2).

Pursuant to regulations 29 CFR part 215, upon receipt of copies of applications for Federal assistance subject to 49 U.S.C. 5333(b) from the FTA, together with a request for DOL certification of employee protective arrangements, the DOL will process those applications, which must be in final form. The FTA will provide the DOL with information necessary to enable the DOL to process employee protections for certification of the project.

This information collection is subject to the PRA. A Federal agency generally

cannot conduct or sponsor a collection of information, and the public is generally not required to respond to an information collection, unless it is approved by the OMB under the PRA and displays a currently valid OMB Control Number. In addition, notwithstanding any other provisions of law, no person shall generally be subject to penalty for failing to comply with a collection of information that does not display a valid Control Number. See 5 CFR 1320.5(a) and 1320.6. The DOL obtains OMB approval for this information collection under Control Number 1245-0006.

OMB authorization for an ICR cannot be for more than three (3) years without renewal, and the current approval for this collection is scheduled to expire on March 31, 2014. The DOL seeks to extend PRA authorization for this information collection for three (3) more years, without any change to existing requirements. The DOL notes that existing information collection requirements submitted to the OMB receive a month-to-month extension while they undergo review. For additional substantive information about this ICR, see the related notice published in the **Federal Register** on November 26, 2014 (78 FR 70584).

Interested parties are encouraged to send comments to the OMB, Office of Information and Regulatory Affairs at the address shown in the **ADDRESSES** section within 30 days of publication of this notice in the **Federal Register**. In order to help ensure appropriate consideration, comments should mention OMB Control Number 1245-0006. The OMB is particularly interested in comments that:

- 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:** DOL-OLMS.

**Title of Collection:** Transit Worker Protections under Federal Transit Act Section 5333(b) Urban Program.

**OMB Control Number:** 1245-0006.

**Affected Public:** State, Local, and Tribal Governments.

**Total Estimated Number of Respondents:** 2,294.

**Total Estimated Number of Responses:** 2,294.

**Total Estimated Annual Time Burden:** 18,352 hours.

**Total Estimated Annual Other Costs Burden:** \$0.

Dated: February 11, 2014.

**Michel Smyth,**

*Departmental Clearance Officer.*

[FR Doc. 2014-03499 Filed 2-18-14; 8:45 am]

**BILLING CODE 4510-CP-P**

## DEPARTMENT OF LABOR

### Office of Federal Contract Compliance Programs

#### Proposed Extension of the Approval of Information Collection Requirements; Correction; OMB Number: 1250-0002

**AGENCY:** Office of Federal Contract Compliance Programs, Labor.

**ACTION:** Notice; correction.

**SUMMARY:** The Department of Labor, Office of Federal Contract Compliance Programs, published a document in the **Federal Register** on February 5, 2014 seeking comments on its information collection and revised complaint form. This form, "Complaint Form CC-4, Complaint of Employment Discrimination by Federal Government Contractors or Subcontractors," is OMB control number 1250-0002. Under the heading "Improved Information Technology" in column 3 on page 6926 the incorrect statement "The CC-4 is available on the Internet for downloading or electronic submission at <http://www.dol.gov/ofccp/regs/compliance/pdf/English.pdf>." is corrected to read "The current OMB approved CC-4 is available on the Internet for downloading or electronic submission at <http://www.dol.gov/ofccp/regs/compliance/pdf/English.pdf>."

The first page of the proposed information collection on page 6929 of the **Federal Register** failed to display information in three fields located in the left-hand column, the third block of the right-hand column and the bottom section of the form. The questions and

information included in these fields is posted below in a reformatted version of the form originally published on February 5, 2014.

**FOR FURTHER INFORMATION CONTACT:**  
Debra Carr, (202) 693-0103 (voice) or (202) 693-1337 (TTY).

Dated: February 11, 2014.

**Debra A. Carr,**

*Director, Division of Policy, Planning and Program Development, Office of Federal Contract Compliance Programs.*

**BILLING CODE 4510-CM-P**



## Complaint of Employment Discrimination by Federal Government Contractors or Subcontractors

OMB: 1250-0002  
Expires: XX/XX/XXXX

Please read all the instructions before completing this form.

<b>How can we reach you?</b>	Name (First, Middle, Last): _____ Street Address: _____ City, State, Zip Code: _____ Telephone Number: _____ Home _____ Work _____ Cell _____ Email: _____ Have you filed these allegations of employment discrimination with another federal or local agency? _____ Yes _____ No If yes, which agency: _____ Contact Name: _____ Phone Number: _____				
<b>Who can we contact if we cannot reach you?</b>	Name (First, Middle, Last): _____ Street Address: _____ City, State, Zip Code: _____ Telephone Number: _____ Home _____ Work _____ Cell _____ Email: _____				
<b>What company or employer do you believe discriminated against you?</b>	Company Name: _____ Street Address: _____ City, State, Zip Code: _____ Telephone Number: _____ Give the date(s) and times you believe you were discriminated against: _____				
<b>Why do you believe this company or employer discriminated against you?</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> <b>Race</b>  <input type="checkbox"/> American Indian/Alaskan Native                      Indicate Tribal affiliation: _____   <input type="checkbox"/> Asian  <input type="checkbox"/> Black/African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> White                 </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> <b>National Origin</b>  <input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Other   <input type="checkbox"/> <b>Color</b>   <input type="checkbox"/> <b>Religion</b> </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> <b>Sex/Gender</b>  <input type="checkbox"/> Female  <input type="checkbox"/> Male   <input type="checkbox"/> <b>Pregnancy</b>   <input type="checkbox"/> <b>Retaliation</b> </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> <b>Veteran Status</b>  <small>(See instructions for definitions) Note: you will be asked to provide a DD Form 214.</small>   <input type="checkbox"/> <b>Disability</b> </td> </tr> </table>	<input type="checkbox"/> <b>Race</b> <input type="checkbox"/> American Indian/Alaskan Native Indicate Tribal affiliation: _____  <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> <b>National Origin</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other  <input type="checkbox"/> <b>Color</b>  <input type="checkbox"/> <b>Religion</b>	<input type="checkbox"/> <b>Sex/Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <input type="checkbox"/> <b>Pregnancy</b>  <input type="checkbox"/> <b>Retaliation</b>	<input type="checkbox"/> <b>Veteran Status</b> <small>(See instructions for definitions) Note: you will be asked to provide a DD Form 214.</small>  <input type="checkbox"/> <b>Disability</b>
<input type="checkbox"/> <b>Race</b> <input type="checkbox"/> American Indian/Alaskan Native Indicate Tribal affiliation: _____  <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> <b>National Origin</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other  <input type="checkbox"/> <b>Color</b>  <input type="checkbox"/> <b>Religion</b>	<input type="checkbox"/> <b>Sex/Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <input type="checkbox"/> <b>Pregnancy</b>  <input type="checkbox"/> <b>Retaliation</b>	<input type="checkbox"/> <b>Veteran Status</b> <small>(See instructions for definitions) Note: you will be asked to provide a DD Form 214.</small>  <input type="checkbox"/> <b>Disability</b>		
Where did you learn you could file a complaint with OFCCP? <input type="checkbox"/> Internet <input type="checkbox"/> Poster <input type="checkbox"/> Local Community Organization <input type="checkbox"/> OFCCP Meeting or Event <input type="checkbox"/> Brochure <input type="checkbox"/> Fact Sheet <input type="checkbox"/> Other					

<p><b>Your Complaint:</b>  <b>Please describe below what you believe the employer did or failed to do to cause discrimination or retaliation.</b>                  Answer the following questions below and describe in detail the alleged discrimination or retaliation:                  -Why you believe the act(s) were (1) discriminatory based on your race, sex, color, religion, national origin, disability, veteran status; and/or (2) in retaliation for filing a complaint, participating in discrimination proceedings or otherwise opposing discrimination under any of the above listed bases;                  -Specific dates, places, names and titles of person(s) involved;                  -What harm, if any, was caused to you or others with whom you work as a result of the alleged discriminatory or retaliatory act(s);                  -What explanation, if any, was offered for the act(s) by the employer or their representatives; and                  -Any information you may have on federal contracts held by the company.  <b>Please attach additional pages, if needed.</b></p>	
<p><b>Do you think other people experienced the same discrimination you described?</b></p>	<p>Do you know if other employees or applicants were allegedly discriminated against in the same way as you indicated above?      _____ Yes*      _____ No</p> <p>Do you know if there were people outside of your protected class who were treated more favorably than you were?      _____ Yes*      _____ No</p> <p>*Note: If you answer yes, please be prepared to provide to OFCCP the names and titles of the individuals who faced similar discrimination.</p>
<p><b>Do you have an attorney or other representative?</b></p>	<p>If you are represented by an attorney or other person or organization, please provide their contact information below.</p> <p>Name (First, Middle, Last): _____</p> <p>Street Address: _____</p> <p>City, State, Zip Code: _____</p> <p>Telephone Number: _____      Email: _____</p> <p>If you have an attorney or other representative, who should we contact for additional information regarding your complaint?      ___ Me      ___ Representative</p>
<p><b>Signature and Verification</b></p>	<p>I declare under penalty of perjury that the information given above is true and correct to the best of my knowledge or belief. A willful false statement is punishable by law.</p> <p>I hereby authorize the release of any medical information needed for this investigation.</p> <p>Signature of Complainant: _____      Date: _____</p>

[FR Doc. 2014-03505 Filed 2-18-14; 8:45 am]

BILLING CODE 4510-CM-C

**NATIONAL AERONAUTICS AND SPACE ADMINISTRATION**

[14-019]

**Notice of Information Collection****AGENCY:** National Aeronautics and Space Administration (NASA).**ACTION:** Notice of information collection.**SUMMARY:** The National Aeronautics and Space Administration, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995.**DATES:** All comments should be submitted within 60 calendar days from the date of this publication.**ADDRESSES:** All comments should be addressed to Frances Teel, National Aeronautics and Space Administration, Washington, DC 20546-0001.**FOR FURTHER INFORMATION CONTACT:** Requests for additional information or copies of the information collection instrument(s) and instructions should be directed to Frances Teel, NASA PRA Officer, NASA Headquarters, 300 E Street SW., JF0000, Washington, DC 20546, (202) 358-2225.**SUPPLEMENTARY INFORMATION:****I. Abstract**

The KEEP is a job shadowing program designed to provide students with career exploration opportunities under the mentorship of a NASA Kennedy Space Center (KSC) subject matter expert. Participation in the program is limited to students who are U.S. citizens and 16 years or older. Interested students will submit a job shadowing application package, which includes recommendations from two separate science, math, or technology teachers associated with their current school of enrollment and designation of their top three choices for the job shadowing experience to include but not limited to biomedical, chemistry, computer science, engineering, meteorology, and physics. Students may request a shadowing opportunity for a period of 1-5 days. This information collection renewal includes updates to the application package for clarity and comprehensibility.

**II. Method of Collection**

Paper.

**III. Data***Title:* Kennedy Educational Experiences program (KEEP).*OMB Number:* 2700-0135.*Type of review:* Renewal, with change, of currently approved information collection.*Affected Public:* Individuals.*Estimated Number of Respondents:* 60.*Estimated Total Annual Burden**Hours:* 30.6.*Estimated Total Annual Cost to Respondents:* \$15.00 per respondent.**IV. Request for Comments**

Comments are invited on: (1) Whether the proposed collection of information is necessary for the proper performance of the functions of NASA, including whether the information collected has practical utility; (2) The accuracy of NASA's estimate of the burden (including hours and cost) of the proposed collection of information; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on respondents, including automated collection techniques or the use of other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the request for OMB approval of this information collection. They will also become a matter of public record.

**Frances Teel,***NASA PRA Clearance Officer.*

[FR Doc. 2014-03590 Filed 2-18-14; 8:45 am]

BILLING CODE 7510-13-P

**NATIONAL SCIENCE FOUNDATION****Notice of Intent To Seek Approval To Establish an Information Collection System****AGENCY:** National Science Foundation.**ACTION:** Notice and request for comments.**SUMMARY:** Under the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3501 *et seq.*), and as part of its continuing effort to reduce paperwork and respondent burden, the National Science Foundation (NSF) is inviting the general public or other Federal agencies to comment on this proposed continuing information collection.*Comments:* Comments are invited on: (a) Whether the proposed collection of

information is necessary for the proper performance of the functions of the Foundation, including whether the information will have practical utility; (b) the accuracy of the Foundation's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on those who are to respond, including through the use of automated collection techniques or other forms of information technology.

**DATES:** Written comments on this notice must be received by April 21, 2014, to be assured consideration. Comments received after that date will be considered to the extent practicable. Send comments to address below.**FOR FURTHER INFORMATION CONTACT:** Ms. Suzanne H. Plimpton, Reports Clearance Officer, National Science Foundation, 4201 Wilson Boulevard, Suite 1265, Arlington, Virginia 22230; telephone (703) 292-7556; or send email to [splimpto@nsf.gov](mailto:splimpto@nsf.gov). Individuals who use a telecommunications device for the deaf (TDD) may call the Federal Information Relay Service (FIRS) at 1-800-877-8339, which is accessible 24 hours a day, 7 days a week, 365 days a year (including federal holidays).**SUPPLEMENTARY INFORMATION:***Title of Collection:* Engineering Program Monitoring Data Collections.  
*OMB Number:* 3145-NEW.*Expiration Date of Approval:* Not applicable.*Type of Request:* Intent to seek approval to establish an information collection for post-award output and outcome monitoring system.*Abstract:**Proposed Project:*

NSF provides nearly 20 percent of federal funding for basic research to academic institutions.<sup>1</sup> Within NSF, the Directorate for Engineering (ENG) has primary responsibility for promoting the progress of engineering in the United States in order to enable the Nation's capacity to perform. Its investments in engineering research and education aim to build and strengthen a national capacity for innovation that can lead over time to the creation of new shared wealth and a better quality of life. Most NSF programs in engineering are funded through the Directorate for Engineering, which also sponsors the NSF's Industrial Innovation and Partnerships (IIP) Division. To these ends, ENG

<sup>1</sup>National Science Foundation. (2012). *NSF at a glance*. Retrieved from <http://www.nsf.gov/about/glance.jsp>.