

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.

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| <p>1. Agency/Subagency originating request: Department of Labor, Employment and Training Administration</p> | <p>2. OMB control number: b. <input type="checkbox"/> None a. <u>1 2 0 5</u> -- <u>0 1 3 2</u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3. Type of information collection (<i>check one</i>)</p> <p>a. <input type="checkbox"/> New collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input checked="" type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number</p> <p><i>For b.- f., note item A2 of Supporting Statement instructions</i></p> | <p>4. Type of review requested (<i>check one</i>)</p> <p>a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency--Approval requested by: <u> </u>/<u> </u>/<u> </u> c. <input type="checkbox"/> Delegated</p> <p>5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. Requested expiration date</p> <p>a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other--Specify: <u> </u>/<u> </u>/<u> </u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>7. Title Unemployment Insurance (UI) State Quality Service Plan (SQSP)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>8. Agency form number(s) (<i>if applicable</i>) ETA Handbook No. 336, 18th Edition</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>9. Keywords: Unemployment Insurance, State Quality Service Plan, SESA</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>10. Abstract: The State Quality Service Plan is one of several implementing documents for UI PERFORMS, that allows for an exchange of information between the Federal and State partners to enhance the ability of the program to reflect the joint commitment to continuous improvement and client centered services.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>11. Affected public (<i>mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Individuals or households d. <input type="checkbox"/> Farms b. <input type="checkbox"/> Business or other for-profit e. <input type="checkbox"/> Federal Government c. <input type="checkbox"/> Not-for-profit institutions f. <input checked="" type="checkbox"/> State, Local, or Tribal govt.</p> | <p>12. Obligation to respond (<i>mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Voluntary b. <input checked="" type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> P Mandatory</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>13. Annual reporting and record keeping hour burden</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. Number of respondents</td> <td style="text-align: right;"><u>53</u></td> </tr> <tr> <td>b. Total annual responses</td> <td style="text-align: right;"><u>583</u></td> </tr> <tr> <td> 1. Percentage of those responses collected electronically</td> <td style="text-align: right;"><u>100%</u></td> </tr> <tr> <td>c. Total annual hours requested</td> <td style="text-align: right;"><u>1829</u></td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;"><u>1829</u></td> </tr> <tr> <td>e. Difference</td> <td style="text-align: right;"><u>0</u></td> </tr> <tr> <td>f. Explanation of difference</td> <td></td> </tr> <tr> <td> 1. Program change</td> <td></td> </tr> <tr> <td> 2. Adjustment</td> <td></td> </tr> </table> | a. Number of respondents | <u>53</u> | b. Total annual responses | <u>583</u> | 1. Percentage of those responses collected electronically | <u>100%</u> | c. Total annual hours requested | <u>1829</u> | d. Current OMB inventory | <u>1829</u> | e. Difference | <u>0</u> | f. Explanation of difference | | 1. Program change | | 2. Adjustment | | <p>14. Annual reporting and record keeping cost burden (<i>in thousands of dollars</i>)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. Total annualized capital/startup costs</td> <td style="text-align: right;"><u>none</u></td> </tr> <tr> <td>b. Total annual costs (O&M)</td> <td style="text-align: right;"><u>\$0</u></td> </tr> <tr> <td>c. Total annualized cost requested</td> <td style="text-align: right;"><u>\$0</u></td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;"><u>\$0</u></td> </tr> <tr> <td>e. Difference</td> <td style="text-align: right;"><u>\$0</u></td> </tr> <tr> <td>f. Explanation of difference</td> <td></td> </tr> <tr> <td> 1. Program change</td> <td></td> </tr> <tr> <td> 2. Adjustment</td> <td style="text-align: right;"><u>\$0</u></td> </tr> </table> | a. Total annualized capital/startup costs | <u>none</u> | b. Total annual costs (O&M) | <u>\$0</u> | c. Total annualized cost requested | <u>\$0</u> | d. Current OMB inventory | <u>\$0</u> | e. Difference | <u>\$0</u> | f. Explanation of difference | | 1. Program change | | 2. Adjustment | <u>\$0</u> |
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| <p>15. Purpose of information collection (<i>mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Application for benefits e. <input checked="" type="checkbox"/> Program planning or management b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research c. <input type="checkbox"/> General purpose statistics g. <input type="checkbox"/> Regulatory or compliance d. <input type="checkbox"/> Audit</p> | <p>16. Frequency of record keeping or reporting (<i>check all that apply</i>)</p> <p>a. <input type="checkbox"/> Record keeping b. <input type="checkbox"/> Third party disclosure c. <input checked="" type="checkbox"/> Reporting</p> <p> 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input checked="" type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input checked="" type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input checked="" type="checkbox"/> Other (<i>describe</i>) <u>Only the UI-3 is quarterly</u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>17. Statistical methods Does this information collection employ statistical methods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>18. Agency contact (person who can best answer questions regarding the content of the submission)</p> <p>Name: <u>Delores Mackall</u> Phone: <u>(202) 693-3813</u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9 and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and record keeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3);
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee

Ira L. Mills
Departmental Clearance Officer/Team Leader

Date

04/08/05