

**PAPERWORK REDUCTION ACT**

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.**

1. Agency/Subagency originating request US Department of Labor Employment & Training Administration	2. OMB control number <span style="float:right">b. <input type="checkbox"/> None</span> a. <u>2105-0421</u>																																		
3. Type of information collection (check one) 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  <i>For b-f, note Item A2 of Supporting Statement instructions</i>	4. Type of review requested (check one) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by: ___/___/___ c. <input type="checkbox"/> Delegated  5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from the approval date <span style="float:right">b. <input type="checkbox"/> ___/___/___</span>																																		
7. Title Title <u>O*NET Data Collection Program</u>																																			
8. Agency form number(s) (if applicable)																																			
9. Keywords <u>O*NET, Occupation, Employment, statistics, skills</u>																																			
10. Abstract The O*NET Data Collection Program is yielding information from job incumbents/occupational specialists on worker and job characteristics to populate the O*NET (Occupational Information Network) database. The O*NET database information is used for a wide range of purposes related to career counseling and development, curriculum design, human resources functions and workforce development efforts. The data collection methodology will include contacting businesses/ associations to gain their cooperation, and collecting information from employees of cooperating businesses/associations as well as occupational specialists for some occupations.																																			
11. Affected public (Mark primary with "P" and all others with "X") a. <u>P</u> Individuals or households <span style="margin-left: 100px;">d. <input type="checkbox"/> Farms</span> b. <input checked="" type="checkbox"/> Business or other for-profit <span style="margin-left: 100px;">e. <input checked="" type="checkbox"/> Federal Government</span> c. <input checked="" type="checkbox"/> Not-for-profit institutions <span style="margin-left: 100px;">f. <input checked="" type="checkbox"/> State, Local, or Tribal Government</span>	12. Obligation to respond (Mark primary with "P" and all others that apply with "X") a. <input checked="" type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory																																		
13. Annual reporting and recordkeeping hour burden <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">a. Number of respondents</td> <td style="text-align: right;">28,593 (3 year total = 85,780)</td> </tr> <tr> <td>b. Total annual responses</td> <td style="text-align: right;"><u>28,593</u></td> </tr> <tr> <td>    1. Percentage of these responses collected electronically</td> <td style="text-align: right;"><u>20</u> %</td> </tr> <tr> <td>c. Total annual hours requested</td> <td style="text-align: right;"><u>15,393</u></td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;"><u>24,621</u></td> </tr> <tr> <td>e. Difference</td> <td style="text-align: right;"><u>(9,228)</u></td> </tr> <tr> <td>f. Explanation of difference</td> <td></td> </tr> <tr> <td>    1. Program change</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>    2. Adjustment</td> <td style="text-align: right;"><u>(9,228)</u></td> </tr> </table>	a. Number of respondents	28,593 (3 year total = 85,780)	b. Total annual responses	<u>28,593</u>	1. Percentage of these responses collected electronically	<u>20</u> %	c. Total annual hours requested	<u>15,393</u>	d. Current OMB inventory	<u>24,621</u>	e. Difference	<u>(9,228)</u>	f. Explanation of difference		1. Program change	_____	2. Adjustment	<u>(9,228)</u>	14. Annual reporting and recordkeeping cost burden(in thousands of dollars) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">a. Total annualized capital/startup costs</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>b. Total annual costs (O&amp;M)</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>c. Total annualized cost requested</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>e. Difference</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>f. Explanation of difference</td> <td></td> </tr> <tr> <td>    1. Program change</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>    2. Adjustment</td> <td style="text-align: right;">_____</td> </tr> </table>	a. Total annualized capital/startup costs	\$0	b. Total annual costs (O&M)	\$0	c. Total annualized cost requested	_____	d. Current OMB inventory	_____	e. Difference	_____	f. Explanation of difference		1. Program change	_____	2. Adjustment	_____
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15. Purpose of information collection (Mark primary with "P" and all others that apply with "X") a. <input type="checkbox"/> Application for benefits <span style="margin-left: 100px;">e. <input type="checkbox"/> Program planning or management</span> b. <input type="checkbox"/> Program evaluation <span style="margin-left: 100px;">f. <input checked="" type="checkbox"/> Research</span> c. <u>P</u> General purpose statistics <span style="margin-left: 100px;">g. <input type="checkbox"/> Regulatory or compliance</span> d. <input type="checkbox"/> Audit	16. Frequency of recordkeeping or reporting(check all that apply) a. <input checked="" type="checkbox"/> Recordkeeping <span style="margin-left: 100px;">b. <input type="checkbox"/> Third party disclosure</span> c. <input checked="" type="checkbox"/> Reporting: 1. <input type="checkbox"/> On occasion <span style="margin-left: 50px;">2. <input type="checkbox"/> Weekly</span> <span style="margin-left: 50px;">3. <input type="checkbox"/> Monthly</span> 4. <input type="checkbox"/> Quarterly <span style="margin-left: 50px;">5. <input type="checkbox"/> Semi-annually</span> <span style="margin-left: 50px;">6. <input type="checkbox"/> Annually</span> 7. <input type="checkbox"/> Biennially <span style="margin-left: 50px;">8. <input checked="" type="checkbox"/> Other (describe) <u>as sampled</u></span>																																		
17. Statistical methods	18. Agency contact (person who can best answer questions regarding the content of this submission)																																		

Does this information collection employ statistical methods?

Yes  No

Name: Pam Frugoli, Skill Assessment Team Lead

Phone: 202-693-3643

### 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 language that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping 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) about:
  - (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 (if applicable); 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

Date