

PAPERWORK REDUCTION ACT SUBMISSION

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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 -- 0 4 3 2</u></p> |
| <p>3. Type of information collection (<i>check one</i>) a. <input type="checkbox"/> New collection b. <input type="checkbox"/> Revision of a currently approved collection c. XX 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>) a. XX Regular b. <input type="checkbox"/> Emergency--Approval requested by: ___/___/___ 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 XX No</p> |
| | <p>6. Requested expiration date a. XX Three years from approval date b. <input type="checkbox"/> Other--Specify: ___/___/___</p> |
| <p>7. Title: Workforce Flexibility (Work-Flex) Program</p> | |
| <p>8. Agency form number(s) (<i>if applicable</i>) NA</p> | |
| <p>9. Keywords Workforce Flexibility, Work-Flex, Workforce Investment Act, Waivers</p> | |
| <p>10. Abstract Governors may request waiver authority from the Secretary of Labor to waive certain provisions of the Workforce Investment Act Title I programs. Applications are submitted to the ETA National Office on behalf of states and local areas to implement reforms of State Workforce Investment systems.</p> | |
| <p>11. Affected public (<i>mark primary with "P" and all others that apply with "X"</i>) a. ___ Individuals or households d. ___ Farms b. ___ Business or other for-profit e. ___ Federal Government c. ___ Not-for-profit institutions f. P State, Local, or Tribal govt.</p> | <p>12. Obligation to respond (<i>mark primary with "P" and all others that apply with "X"</i>) b. P Required to obtain or retain benefits</p> |
| <p>13. Annual reporting and recordkeeping hour burden a. Number of respondents <u>5</u> b. Total annual responses <u>25</u> 1. Percentage of those responses collected electronically <u>20%</u> c. Total annual hours requested <u>960</u> d. Current OMB inventory <u>960</u> e. Difference <u>0</u> f. Explanation of difference 1. Program change _____ 2. Adjustment</p> | <p>14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>) a. Total annualized capital/startup costs b. Total annual costs (O&M) c. Total annualized cost requested <u>\$0</u> d. Current OMB inventory e. Difference f. Explanation of difference 1. Program change 2. Adjustment</p> |
| <p>15. Purpose of information collection (<i>mark primary with "P" and all others that apply with "X"</i>) a. ___ Application for benefits e. P Program planning or management b. ___ Program evaluation c. ___ General purpose statistics f. ___ Research d. ___ Audit g. Regulatory or compliance</p> | <p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>) a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. XX Reporting 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. XX Quarterly 5. <input type="checkbox"/> Semi-annually 6. XX Annually 7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (<i>describe</i>) _____</p> |
| <p>17. Statistical methods Does this information collection employ statistical methods? <input type="checkbox"/> Yes X No</p> | <p>18. Agency contact (person who can best answer questions regarding the content of the submission) Name: <u>Sean Kelly</u> Phone: <u>202-693-3045</u></p> |