

Frequency: Annually.

Affected Public: Business or other for-profit; State, Local or Tribal Government.

Number of Respondents: 82,250.

Estimated Time Per Respondent: 30 minutes.

Total Burden Hours: 36,425.

Total Annualized Capital/Startup Costs: \$0.

Total Annual (operating/maintaining): \$0.

Description: The 1999 OSHA Data Collection will request 1998 injury and illness data from 82,250 establishments throughout the Nation. The data are needed by OSHA to carry out intervention and enforcement activities to guarantee workers a safe and healthful workplace. The data will also be used for measurement purposes in compliance with the Government Performance and Results Act of 1995 and multiple research purposes. The data collected are already maintained by employers as required by 29 CFR Part 1904.

Agency: Employment and Training Administration.

Title: Attestations by Employers Using Alien Crewmembers for Longshore Activities at Locations in the State of Alaska.

OMB Number: 1205-0352 (extension).

Agency Number: ETA 9033-A.

Frequency: Annually.

Affected Public: Business or other for-profit.

Estimated Time Per Respondent: 3 hours.

Number of Respondents: 350.

Total Burden Hours: 1,050 hours.

Total Annualized Capital/Startup Costs: \$0.

Total Annual (operating/maintaining): \$0.

Description: The information provided on this form by employers seeking to use alien crewmembers to perform longshore activities at locations in the State of Alaska will permit the Department to meet federal responsibilities for program administration, management and oversight.

Agency: Employment Standards Administration.

Title: Application for Continuation of Death Benefit for Student.

OMB Number: 1215-0073 (extension).

Frequency: On Occasion.

Agency Number: LS-266.

Affected Public: Individuals or households; Business or other for-profit.

Number of Respondents: 43.

Estimated Time Per Respondent: 30 minutes.

Total Burden Hours: 22 hours.

Total Annualized Capital/Startup Costs: \$0.

Total Annual (operating/maintaining): \$0.

Description: The Form LS-266 is submitted by the parent or guardian of the dependent for whom the benefit is sought and is used by the Department of Labor to determine if the continuation of benefits is justified.

Todd R. Owen,

Departmental Clearance Officer.

[FR Doc. 98-31193 Filed 11-20-98; 8:45 am]

BILLING CODE 4510-26-M

DEPARTMENT OF LABOR

Employment Standards Administration

Proposed Collection; Comment Request

ACTION: Notice.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) (44 U.S.C. 3506(c)(2)(A)). This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Employment Standards Administration is soliciting comments concerning the proposed extension of seven information collections. Four of the information collections are conducted by the Office of Workers' Compensation Programs, and three are conducted by the Wage and Hour Division. The collections are: (1) Claim for Continuance of Compensation, CA-12; (2) Pre-Hearing Statement, LS-18; (3) Miner's Claim for Benefits Under the Black Lung Benefits Act, CM-911, Employment History, CM-911A, Miner Reimbursement Form, CM-915; (4) Overpayment Recovery Questionnaire, OWCP-20; (5) Housing Occupancy Certificate Under the Migrant and Seasonal Worker Protection Act, WH-520; (6) Application for Special Industrial Homemaker's Certificate, WH-2, Application for Authority to Employ Workers with Disabilities at Special Minimum Wages, WH-226-MIS, Supplemental Data Sheet for Application for Authority to Employ

Workers with Disabilities at Special Minimum Wages, WH-226A-MIS; and (7) Worker Information-Terms and Conditions of Employment, WH-516 English and Spanish Versions. A copy of the proposed information collection requests can be obtained by contacting the office listed below in the addressee section of this notice.

DATES: Written comments must be submitted to the office listed in the addressee section below on or before January 25, 1999. The Department of Labor 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 submissions of responses.

ADDRESSES: Contact Ms. Patricia Forkel at the U.S. Department of Labor, 200 Constitution Avenue, N.W., Room S-3201, Washington, D.C. 20210, telephone (202) 693-0339. The Fax number is (202) 219-6592. (These are not toll-free numbers.)

SUPPLEMENTARY INFORMATION:

Claim for Continuance of Compensation, CA-12

I. Background

Under the provisions of the Federal Employees' Compensation Act, eligible dependents of deceased Federal employees receive compensation on account of the employee's death. The Office of Worker's Compensation Programs monitors death benefits for criteria which qualify the beneficiary as the employee's dependent under the law. The CA-12 is designated for this purpose.

II. Current Actions

The Department of Labor (DOL) seeks approval of the extension of this information collection in order to carry out its responsibility to ensure that

death benefits are being paid correctly, and that no payments are being made to ineligible survivors.

Type of Review: Extension.

Agency: Employment Standards Administration.

Title(s): Claim for Continuance of Compensation.

OMB Number: 1215-0154.

Agency Number(s): CA-12.

Affected Public: Individuals or households.

Total Respondents: 6,054.

Frequency: Annually.

Average Time per Response: 5 minutes.

Total Burden Hours: 505.

Total Burden Cost (capital/startup): \$0.

Total Burden Cost (operating and maintenance): \$2,118.90.

Pre-Hearing Statement, LS-18

I. Background

The Longshore and Harbor Workers' Compensation Act provides benefits to certain workers injured in maritime employment. Title 20, CFR 702.317 provides for the referral of claims under the Longshore Act for formal hearings. Before a case is transferred to the Administrative Law Judge, each of the parties or their representatives must be provided with a copy of a pre-hearing statement form, which they must complete and return to Longshore. Longshore then transmits them to the Office of the Chief Administrative Law Judge with all available evidence which the parties intend to submit at the hearing. The LS-18 is the form used to refer cases for formal hearing.

II. Current Actions

The Department of Labor (DOL) seeks approval of the extension of this information collection in order to carry out its responsibility to prepare cases for hearing and to establish and clarify the issues involved.

Type of Review: Extension.

Agency: Employment Standards Administration.

Title(s): Pre-Hearing Statement.

OMB Number: 1215-0085.

Agency Number(s): LS-18.

Affected Public: Individuals or households, Business or other for-profit.

Total Respondents: 6,800.

Frequency: On occasion.

Average time per Response: 10 minutes.

Estimated Total Burden Hours: 1,088.

Total Burden Cost (capital/startup): \$0.

Total Burden Cost (operating and maintenance): \$2,456.50

Miner's Claim for Benefits Under the Black Lung Benefits Act (CM-911), Employment History CM-911a, Miner Medical Reimbursement Form (CM-915)

I. Background

Title IV of the Federal Mine Safety and Health Act of 1977, and its subsequent amendments, provide for the payment of benefits to a coal miner who is totally disabled by black lung disease, and to certain eligible survivors of the miner. The CM-911 is the application form. The CM-911a, which is completed along with the CM-911, renders a complete history of employment and is used to establish employment criteria for benefit eligibility. Under the program, miner payees are eligible for reimbursement of out-of-pocket medical expenses for treatment and for medical expenses incurred in the development of a claim. The CM-915 is used to request such reimbursement.

II. Current Actions

The Office of Workers' Compensation Programs seeks the extension of this currently approved information collection in order to carry out its responsibility to pay benefits to eligible claimants.

Type of Review: Extension.

Agency: Employment Standards Administration.

Title(s): Miner's Claim for Benefits Under the Black Lung Benefits Act (CM-911), Employment History (CM-911a), Miner Medical Reimbursement Form (CM-915).

OMB Number: 1215-0052.

Agency Numbers: CM-911, CM-911a, CM-915.

Affected Public: Individuals or households; Business or other for-profit.

Frequency: On occasion.

Form	No. of respondents	Average Min. per response	Burden hours
CM-911	4,800	45	3,600
CM-911a	5,900	40	3,933
CM-915	9,500	10	1,583

Total Respondents: 20,200.

Estimated Total Burden Hours: 9,116.

Total Burden Cost (capital/startup): \$0.

Total Burden Cost (operating and maintenance): \$3,841.30

Overpayment Recovery Questionnaire, OWCP-20

I. Background

Both the Federal Coal Mine Health and Safety Act and the Federal

Employees' Compensation Act provide for the recovery, waiver, compromise, or termination of overpayment of benefits to beneficiaries. The OWCP-20 collects information used to ascertain the financial condition of the beneficiary who has been overpaid to determine if the overpayment or any part can be recovered, to identify possible concealment or improper transfer of assets, and to identify and consider present and potential income and current assets for enforced collection proceedings. The form also provides a means for the beneficiary to explain why he/she is not at fault for the overpayment.

II. Current Actions

The Department of Labor seeks the extension of this currently approved information collection in order to carry out its responsibility under law to resolve overpayments made under the Acts.

Type of Review: Extension.

Agency: Employment Standards Administration.

Title(s): Overpayment Recovery Questionnaire.

OMB Number: 1215-0144.

Agency Number(s): OWCP-20.

Affected Public: Individuals or households.

Total Respondents: 4,500.

Frequency: On occasion.

Average Time per Response: 1 hour.

Estimated Total Burden Hours: 4,500.

Total Burden Cost (capital/startup): \$0.

Total Burden Cost (operating and maintenance): \$1,575.

Housing Occupancy Certificate Under the Migrant and Seasonal Agricultural Worker Protection Act, WH-520

I. Background

The Migrant and Seasonal Agricultural Worker Protection Act (MSPA) provides that owner or controller of a facility used for housing migrant agricultural workers must obtain and post on site, a certificate of occupancy. The WH-520 is a form used to gather information to determine whether or not the facility meets the applicable safety and health standards, and also serves as the certificate of occupancy.

II. Current Actions

The Department of Labor seeks the extension of this information collection in order to inspect and certify a migrant housing facility as meeting applicable safety and health standards under the law.

Type of Review: Extension.

Agency: Employment Standards Administration.
 Title(s): Housing Occupancy Certificate Under the Migrant and Seasonal Agricultural Worker Protection Act.

OMB Number: 1215-0158.
 Agency Number(s): WH-520.
 Affected Public: Farms; Individuals or households, Businesses or other for-profit.

Total Respondents: 60.
 Frequency: On occasion.
 Average Time per Response (Reporting): 3 minutes.

Average Time per Response (Recordkeeping): 1 minute.
 Estimated Total Burden Hours: 4.
 Total Burden Cost (capital/startup): \$0.

Total Burden Cost (operating and maintenance): \$0.

Application for Special Industrial Homemaker's Certificate (WH-2), Application for Authority to Employ Workers with Disabilities at Special Minimum Wages (WH-226-MIS), Supplemental Data Sheet for Application for Authority to Employ Workers with Disabilities at Special Minimum Wages (WH-226a-MIS)

I. Background

The Fair Labor Standards Act (FLSA) authorizes the Secretary of Labor to regulate, restrict, or prohibit industrial homework as necessary to prevent evasion of the minimum wage requirement of the Act. The FLSA also provides that the Secretary of Labor, to the extent necessary in order to prevent curtailment of opportunities for employment, shall provide for the employment of learners at subminimum wage rates. The FLSA also provides for the employment of workers with disabilities at subminimum wages in order to prevent curtailment of employment opportunities for such individuals. The WH-2 is used by employers to obtain certificates to employ individual homeworkers in one of the restricted homework industries: knitted outerwear, women's apparel, jewelry manufacturing, gloves and mittens, button and buckle manufacturing, handkerchief manufacturing, and embroideries. The WH-226 and WH-226a-MIS are used by employers to obtain authorization to employ workers with disabilities in competitive employment, in sheltered workshops, and in hospitals and institutions, at subminimum wages.

II. Current Actions

The Department of Labor seeks an extension of this information collection

in order to carry out its responsibility to make a determination whether to grant or to deny an employer's request for subminimum wage and/or homemaker employment authorization.

Type of Review: Extension.
 Agency: Employment Standards Administration.

Title(s): Application for Special Industrial Homemaker's Certificate (WH-2), Application for Authority to Employ Workers with Disabilities at Special Minimum Wages (WH-226-MIS), Supplemental Data Sheet for Application for Authority to Employ Workers with Disabilities at Special Minimum Wages (WH-226a-MIS).

OMB Number: 1215-0005.
 Agency Numbers: WH-2, WH-226-MIS, WH-226a-MIS.
 Affected Public: Businesses or other for-profit; Individuals or households; Not-for-profit institutions; Farms; State, local or Tribal government.
 Frequency: On occasion.

Form	No. of re-pondents	Average min. per re-sponse	Burden hours
WH-2	100	30	50
WH-226-MIS	8,500	45	6,375
WH-226a-MIS	8,500	45	15,000

Total Respondents: 8,600.
 Estimated Total Burden Hours: 21,425.
 Total Burden Cost (capital/startup): \$0.
 Total Burden Cost (operating and maintenance): \$3,010.

Worker Information-Terms and Conditions of Employment (WH-516, English and Spanish Versions)

I. Background

Various sections of the Migrant and Seasonal Agricultural Worker Protection Act (MSPA), requires each farm labor contractor, agricultural employer, and agricultural association to disclose in writing the terms and conditions of employment, to migrant and seasonal agricultural workers. Public Law 104-49 provides for the disclosure of certain information regarding State workers' compensation insurance to the employee. The information must be disclosed to workers in writing, but there is no particular format required. The WH-516 is provided as an optional form which a farm labor contractor, agricultural employer, or agricultural association may use to disclose the required information.

II. Current Actions

The Department of Labor seeks the extension of this information collection to carry out its statutory responsibility to ensure that farm labor contractors, agricultural employers and agricultural associations have disclosed to their migrant and seasonal agricultural workers the terms and conditions of employment as required by MSPA and its regulations.

Type of Review: Extension.
 Agency: Employment Standards Administration.
 Title(s): Worker Information-Terms and Conditions of Employment.
 OMB Number: 1215-0187.
 Agency Number(s): WH-516.
 Affected Public: Farms; Individuals or households, Businesses or other for-profit.

Total Respondents: 160,000.
 Frequency: Third Party Disclosure.
 Average Time per Response: 32 minutes.

Estimated Total Burden Hours: 85,333.
 Total Burden Cost (capital/startup): \$0.

Total Burden Cost (operating and maintenance): \$23,625.
 Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

Dated: November 17, 1998.
Margaret J. Sherrill,
 Chief, Branch of Management Review and Internal Control, Division of Financial Management, Office of Management, Administration and Planning, Employment Standards Administration.
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DEPARTMENT OF LABOR

Occupational Safety and Health Administration

[Docket No. H-372]

RIN: 1218-AB58

Metalworking Fluids Standards Advisory Committee: Notice of Meeting

AGENCY: Occupational Safety and Health Administration (OSHA), Labor.
 ACTION: Metalworking Fluids Standards Advisory Committee: Notice of meeting.

SUMMARY: The Metalworking Fluids Standards Advisory Committee (MWFSAC), established under Section 7 of the Occupational Safety and Health Act of 1970 to advise the Secretary of