

Dated: March 17, 1999.

**John H. King,**

*Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.*

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**DEPARTMENT OF LABOR**

**Office of the Secretary**

**Submission for OMB Review; Comment Request**

April 2, 1999.

The Department of Labor (DOL) has submitted the following public information collection requests (ICRs) to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13, 44 U.S.C. Chapter 35). A copy of each individual ICR, with applicable supporting documentation, may be obtained by calling the Department of Labor, Acting Departmental Clearance Officer, Pauline Perrow (202-219-5096 ext. 165) or by E-Mail to Perrow-Pauline@dol.gov.

Comments should be sent to Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for BLS, DM, ESA, ETA, MSHA, OSHA, PWBA, or VETS, Office of Management and Budget, Room 10235, Washington, DC 20503 (202-395-7316), within 30 days from the date of this publication in the **Federal Register**.

The OMB 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 submission of responses.

*Agency:* Employment Standards Administration (ESA).

*Title:* Certification of Funeral Expenses.

*OMB Number:* 1215-0027 (Revision).  
*Frequency:* On-occasion.

*Affected Public:* Business or other for-profit.

*Number of Respondents:* 195.

*Estimated Time Per Respondent:* LS-265 15 minutes.

*Total Burden Hours:* 49.

*Total Annualized capital/startup costs:* \$0.

*Total annual costs (operating/maintaining systems or purchasing services):* \$70.00.

*Description:* This form is used to request basic information relative to the amount of funeral expenses incurred. The information is submitted to OWCP district offices that have responsibility for monitoring and processing death cases. The information is usually incorporated into a compensation order at the time death benefits are ordered paid in a case.

*Agency:* Employment Standards Administration (ESA).

*Title:* Worker Information—Terms and Conditions of Employment.

*OMB Number:* 1215-0187 (Extension).

*Frequency:* On-occasion.

*Affected Public:* Individuals and households, business or other for-profit; farms.

*Number of Respondents:* 160,000.

*Estimated Time Per Respondent:* 32 minutes.

*Total Burden Hours:* 85,333.

*Total Annualized Capital/startup costs:* \$0.

*Total Annual (operating/maintaining):* \$24,000.

*Description:* Form WH-516 is an optional form which a farm labor contractor, agricultural employer or agricultural association can use to disclose in writing the terms and conditions of employment to migrant and seasonal agricultural workers. Although use of the form is optional, disclosure of the terms and conditions of employment is required by MSPA.

*Agency:* Employment Standards Administration (ESA).

*Title:* Housing Occupancy Certificate-Migrant and Seasonable Agricultural Worker Protection Act.

*OMB Number:* 1215-0158 (Revision).

*Frequency:* On-occasion.

*Affected Public:* Individuals and households; business or other for-profit; farms.

*Number of Respondents:* 60.

*Estimated Time Per Respondent:* 3 minutes.

*Total Burden Hours:* 4.

*Total Annualized Capital/startup costs:* \$0.

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

*Description:* The information collected on Form WH-520 identifies

the housing for which certification is being requested; the expected dates of occupancy of the housing; occupancy rates; and the name, address and telephone number of the person(s) who own and/or will control the housing when it is occupied. The form is completed by a Wage and Hour Division Investigator based upon the oral responses of the applicant and an inspection of the housing.

*Agency:* Employment Standards Administration (ESA).

*Title:* Payment of Compensation Without Award.

*OMB Number:* 1215-0022 (Extension).

*Frequency:* On-occasion.

*Affected Public:* Business or other for-profit.

*Number of Respondents:* 900.

*Estimated Time Per Respondent:* 15 minutes.

*Total Burden Hours:* 6,750.

*Total Annualized Capital/startup costs:* \$0.

*Total Annual (operating/maintaining):* \$10,000.

*Description:* The LS-206 is a basic claims form which is used by insurance carriers and self-insurers to report the start of compensation benefits. It requests only basic data relating to the compensation benefits which are to be paid.

*Agency:* Employment Standards Administration (ESA).

*Title:* Notice of Controversion of Right to Compensation.

*OMB Number:* 1215-0023 (Extension).

*Frequency:* On-occasion.

*Affected Public:* Business or other profit.

*Number of Respondents:* 900.

*Estimated Time Per Respondent:* 15 minutes.

*Total Burden Hours:* 4,500.

*Total Annualized Capital/startup costs:* \$0.

*Total Annual (operating/maintaining):* \$7,000.

*Description:* This LS-207 form is a basic claims form which is used by insurance carriers and self-insurers to controvert compensation benefits. It requests only basic data relating to the reason(s) that benefits are not paid.

**Pauline Perrow,**

*Acting Department Clearance Officer.*

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**DEPARTMENT OF LABOR**

**Employment Standards Administration**

**Proposed Collection; Comment Request**

**ACTION:** Notice.