

one hundred dollars (\$100) or a properly documented fee waiver request, pursuant to 8 CFR 244.20, with the Form I-765. An applicant who does not request employment authorization must nonetheless file Form I-765 along with Form I-821, but is not required to submit a fee.

(5) A national of Kosovo Province (or an alien having no nationality who last habitually resided in Kosovo Province) filing for TPS under the redesignation must file Form I-821, together with Form I-765, within the period beginning June 8, 1999, and ending on June 8, 2000. A fifty-dollar (\$50) fee must accompany Form I-821. A twenty-five-dollar (\$25) fingerprinting fee must also be submitted. If the applicant requests employment authorization, he or she must submit one hundred dollars (\$100) or a properly documented fee waiver request, pursuant to 8 CFR 244.20, with the Form I-765. An applicant who does not request employment authorization must nonetheless file Form I-765 along with Form I-821, but in such cases no fee will be charged. The applicant can also request a fee waiver for the twenty-five-dollar (\$25) fee.

(6) Pursuant to section 244(b)(3)(A) of the Act, the Attorney General will review, at least 60 days before June 8, 2000, the designation of Kosovo Province under the TPS program to determine whether the conditions for designation continue to be met. 8 U.S.C. 1254a(b)(3)(A). Notice of that determination will be published in the **Federal Register**. If there is an extension of designation, late initial registration for TPS will be allowed only pursuant to the requirements of 8 CFR 244.2(f)(2).

(7) Information concerning the TPS redesignation program for nationals of Kosovo Province (and aliens having no nationality who last habitually resided in Kosovo Province) will be available at local INS offices upon publication of this notice.

Dated: June 2, 1999.

Janet Reno,
Attorney General

[FR Doc. 99-14507 Filed 6-7-99; 8:45 am]

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DEPARTMENT OF LABOR

Office of the Secretary

Submission for OMB Review; Comment Request

June 1, 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, Departmental Clearance Officer, Ira Mills ((202) 219-5096 ext. 143) or by E-Mail to Mills-Ira@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.

*Title: Rehabilitation Plan and Award.
OMB Number: 1215-0067.*

Frequency: On occasion.

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

Number of Respondents: 7,000.

Estimated Time Per Respondent: 30 minutes.

Total Burden Hours: 3,500 hours.

Total Annualized Capital/Startup Costs: \$0.

Total Annual Costs (operating/maintaining systems or purchasing services): \$0.

Description: The Rehabilitation Plan and Award is the plan for rehabilitation services submitted to OWCP by the injured worker and the rehabilitation

counselor, and OWCP's Award of Payment.

Ira L. Mills,

Departmental Clearance Officer.

[FR Doc. 99-14464 Filed 6-7-99; 8:45 am]

BILLING CODE 4510-27-M

DEPARTMENT OF LABOR

Office of the Secretary

Submission for OMB Review; Comment Request

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Agency: Employment Standards Administration.

*Title: Report of Changes That May Affect Your Black Lung Benefits.
OMB Number: 1215-0084.*