

A copy of the proposed information collection request (ICR) can be obtained by contacting the office listed below in the addressee section of this notice or by accessing: <http://www.doleta.gov/OMBControlNumber.cfm>.

**DATES:** Written comments must be submitted to the office listed in the addressee section below on or before February 17, 2009.

**ADDRESSES:** Send comments to Scott Gibbons, U.S. Department of Labor, Employment and Training Administration, Office of Workforce Security, 200 Constitution Avenue, NW., Frances Perkins Bldg. Room S-4531, Washington, DC 20210, telephone number (202) 693-3308 (this is not a toll-free number) or by e-mail: [gibbons.scott@dol.gov](mailto:gibbons.scott@dol.gov).

**SUPPLEMENTARY INFORMATION:**

*I. Background:* The ETA 203, Characteristics of the Insured Unemployed, is a once a month snapshot of the demographic composition of the claimant population. It is based on those who file a claim in the week containing the 19th of the month which reflects unemployment during the week containing the 12th. This corresponds with the BLS total unemployment sample week. This report serves a variety of socio-economic needs because it provides aggregate data reflecting unemployment insurance claimants' sex, race/ethnic group, age, industry, and occupation.

*II. Desired Focus of Comments:* Currently, the Employment and Training Administration is soliciting comments concerning the proposed extension without change of the ETA 203, Characteristics of the Insured Unemployed. Comments are requested to:

- Evaluate whether the proposed collection of information is necessary to assess performance of the nonmonetary determination function, 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 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.

*III. Current Actions:* This is a request for OMB approval under the Paperwork Reduction Act of 1995 (44 U.S.C. 3506(c)(2)(A)) for continuing an existing collection of information previously approved and assigned OMB Control No. 1205-0009.

*Type of Review:* Extension without change.

*Agency:* Employment and Training Administration.

*Title:* Characteristics of the Insured Unemployed.

*OMB Number:* 1205-0009.

*Agency Number:* ETA 203.

*Affected Public:* State Governments.

*Total Respondents:* 53.

*Frequency:* Monthly.

*Total Responses:* 636.

*Average Time per Response:* .33 hours.

*Estimated Total Burden Hours:* 212 hours per year.

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

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

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: December 11, 2008.

**Cheryl Atkinson,**

*Administrator, Office of Workforce Security.*

[FR Doc. E8-29960 Filed 12-17-08; 8:45 am]

**BILLING CODE 4510-FW-P**

**DEPARTMENT OF LABOR**

**Employee Benefits Security Administration**

**Publication of Year 2008 Form M-1 With Electronic Filing Option; Notice**

**AGENCY:** Employee Benefits Security Administration, Department of Labor.

**ACTION:** Notice on the Availability of the Year 2008 Form M-1 with Electronic Filing Option.

**SUMMARY:** This document announces the availability of the Year 2008 Form M-1, Annual Report for Multiple Employer Welfare Arrangements and Certain Entities Claiming Exception. It is substantively identical to the 2007 Form M-1. The Form M-1 may again be filed electronically over the Internet.

**FOR FURTHER INFORMATION CONTACT:** For inquiries regarding the Form M-1 filing requirement, contact Amy J. Turner or Beth L. Baum, Office of Health Plan Standards and Compliance Assistance, at (202) 693-8335. For inquiries regarding how to obtain or file a Form

M-1, see the **SUPPLEMENTARY INFORMATION** section below.

**SUPPLEMENTARY INFORMATION:**

**I. Background**

The Form M-1 is required to be filed under section 101(g) and section 734 of the Employee Retirement Income Security Act of 1974, as amended (ERISA), and 29 CFR 2520.101-2.

**II. The Year 2008 Form M-1**

This document announces the availability of the Year 2008 Form M-1, Annual Report for Multiple Employer Welfare Arrangements (MEWAs) and Certain Entities Claiming Exception (ECEs). This year's Form M-1 is substantively identical to the Year 2007 Form M-1. The electronic filing option has been retained and filers are encouraged to use this method. The Year 2008 Form M-1 is due March 2, 2009, with an extension until May 1, 2009 available.

The Employee Benefits Security Administration (EBSA) is committed to working together with administrators to help them comply with this filing requirement. Copies of the Form M-1 are available on the Internet at [http://www.dol.gov/ebsa/forms\\_requests.html](http://www.dol.gov/ebsa/forms_requests.html). In addition, after printing, copies will be available by calling the EBSA toll-free publication hotline at 1-866-444-EBSA (3272). Questions on completing the form are being directed to the EBSA help desk at (202) 693-8360. For questions regarding the electronic filing capability, contact the EBSA computer help desk at (202) 693-8600.

**Statutory Authority:** 29 U.S.C. 1021-1024, 1027, 1029-31, 1059, 1132, 1134, 1135, 1181-1183, 1181 note, 1185, 1185a-b, 1191, 1191a-c; Secretary of Labor's Order No. 1-2003, 68 FR 5374 (February 2, 2003).

**Bradford P. Campbell,**

*Assistant Secretary, Employee Benefits Security Administration.*

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**DEPARTMENT OF LABOR**

**Employment and Training Administration**

[TA-W-64,160]

**Boise Cascade, LLC, Wood Products Division, St. Helens, OR; Notice of Affirmative Determination Regarding Application for Reconsideration**

By application dated November 3, 2008, Oregon AFL-CIO Labor Liaison requested administrative reconsideration of the negative