

Description: The Office of Workers' Compensation Programs (OWCP) is the federal agency responsible for administration of the War Hazards Compensation Act (WHCA), 42 U.S.C. 1701 *et seq.* Under section 1704(a) of the WHCA, an insurance carrier or self-insured who has paid workers' compensation benefits to or on account of any person for a war-risk hazard may seek reimbursement for benefits paid (plus expenses) out of the Employment Compensation Fund for the Federal Employees' Compensation Act (FECA) at 5 U.S.C. 8147. Form CA-278 is used by insurance carriers and the self-insured to request reimbursement. The information collected is used by OWCP staff to process requests for reimbursement of WHCA benefit payments and claims expense that are submitted by insurance carriers and self-insureds. The information is also used by OWCP to decide whether it should opt to pay ongoing WHCA benefits directly to the injured worker.

For additional information, see related notice published in the **Federal Register** on March 15, 2010 (Vol. 75 page 12271).

August 2, 2010.

Linda Watts Thomas,

Acting Departmental Clearance Officer.

[FR Doc. 2010-19400 Filed 8-5-10; 8:45 am]

BILLING CODE 4510-CH-P

DEPARTMENT OF LABOR

Office of the Secretary

Submission for OMB Review; Comment Request

August 3, 2010.

The Department of Labor (DOL) hereby announces the submission of the following public information collection request (ICR) 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 this ICR, with applicable supporting documentation; including, among other things, a description of the likely respondents, proposed frequency of response, and estimated total burden may be obtained from the RegInfo.gov Web site at <http://www.reginfo.gov/public/do/PRAMain> or by contacting Linda Watts Thomas on 202-693-4223 (this is not a toll-free number) and e-mail to: DOL_PRA_PUBLIC@dol.gov.

Interested parties are encouraged to send comments to the Office of Information and Regulatory Affairs, *Attn:* OMB Desk Officer for the Department of Labor—Office of

Workers' Compensation Programs (OWCP), Room 10235, Washington, DC 20503, *Telephone:* 202-395-7316/*Fax:* 202-395-5806 (these are not toll-free numbers), *e-mail:*

OIRA_submission@omb.eop.gov within 30 days from the date of this publication in the **Federal Register**. In order to ensure the appropriate consideration, comments should reference the applicable OMB Control Number (see below).

The OMB is particularly interested in comments which:

(1) 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;

(2) 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;

(3) Enhance the quality, utility, and clarity of the information to be collected; and

(4) 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: Office of Workers' Compensation Programs.

Type of Review: Revision of a currently approved collection.

Title of Collection: Request for Earnings Information.

OMB Control Number: 1240-0005.

Agency Form Number: LS-276, LS-275-IC and LS-275-SI.

Affected Public: Business or other for-profit, Not-for-profit institution.

Cost to Federal Government: \$14,992.52.

Total Estimated Number of Respondents: 572.

Total Estimated Number of Responses: 651.

Total Burden Hours: 436.5.

Total Hour Burden Cost (operating/maintaining): \$169.52.

Description: The Longshore and Harbor Workers' Compensation Act (LHWCA) requires covered employers to secure the payment of compensation under the Act and its extensions by purchasing insurance from a carrier authorized by the Secretary of Labor to write Longshore Act Insurance, or by becoming authorized self-insured employers (33 U.S.C. 932 *et seq.*). Each authorized insurance carrier (or carrier seeking authorization) is required to

establish annually that its Longshore obligations are fully secured either through an applicable state guaranty (or analogous) fund, a deposit of security with the Division of Longshore and Harbor Workers' Compensation (DLHWC), or a combination of both. Similarly, each authorized self-insurer (or employer seeking authorization) is required to fully secure its Longshore Act obligations by depositing security with DLHWC. These requirements are designed to assure the prompt and continued payment of compensation and other benefits by the responsible carrier or self-insurer to injured workers and their survivors. Forms LS-276, Application for Security Deposit Determination; LS-275-IC, Agreement and Undertaking (Insurance Carrier); and LS-275-SI, Agreement and Undertaking (Self-insured Employer) are used to cover the submission of information by insurance carriers and self-insured employers regarding their ability to meet their financial obligations under the Longshore Act and its extensions. For additional information, see related notice published in the **Federal Register** on April 13, 2010 (Vol. 75 page 18887).

Dated: August 3, 2010.

Linda Watts Thomas,

Acting Departmental Clearance Officer.

[FR Doc. 2010-19406 Filed 8-5-10; 8:45 am]

BILLING CODE 4510-CF-P

DEPARTMENT OF LABOR

Office of the Secretary

Agency Information Collection Activities; Proposals, Submissions, and Approvals

August 2, 2010.

ACTION: Submission for OMB Review; Comment Request.

The Department of Labor (DOL) hereby announces the submission of the following public information collection request (ICR) 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 this ICR, with applicable supporting documentation; including, among other things, a description of the likely respondents, proposed frequency of response, and estimated total burden may be obtained from the RegInfo.gov Web site at <http://www.reginfo.gov/public/do/PRAMain> or by contacting Linda Watts Thomas on 202-693-4223 (this is not a toll-free number) and e-

mail mail to: *DOL_PRA_PUBLIC@dol.gov*.

Interested parties are encouraged to send comments to the Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for the Department of Labor—Office of Workers' Compensation Programs (OWCP), Room 10235, Washington, DC 20503, *Telephone: 202-395-7316/Fax 202-395-5806* (these are not toll-free numbers), *e-mail: OIRA_submission@omb.eop.gov* within 30 days from the date of this publication in the **Federal Register**. In order to ensure the appropriate consideration, comments should reference the applicable OMB Control Number (*see below*).

The OMB is particularly interested in comments which:

(1) 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;

(2) 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;

(3) Enhance the quality, utility, and clarity of the information to be collected; and

(4) 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: Office of Workers' Compensation Programs.

Type of Review: Revision of a currently approved collection.

Title of Collection: Medical Travel Refund Request.

OMB Control Number: 1240-0037.

Agency Form Number: CM-957.

Affected Public: Individuals or Households.

Cost to Federal Government: \$971,231.

Total Estimated Number of Respondents: 182,535.

Total Estimated Number of Responses: 182,535.

Total Burden Hours: 30,301.

Total Hour Burden Cost (operating/maintaining): \$85,791.

Description: The Office of Workers' Compensation Programs (OWCP) is the agency responsible for administration of the Federal Employees' Compensation Act (FECA), 5 U.S.C. 8101 *et seq.*, the Black Lung Benefits Act (BLBA), 30 U.S.C. 901 *et seq.*, and the Energy

Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA), 42 U.S.C. 7384 *et seq.* All three of these statutes require that OWCP reimburse beneficiaries for travel expenses for covered medical treatment. In order to determine whether amounts requested as travel expenses are appropriate, OWCP must receive certain data elements, including the signature of the physician for medical expenses claimed under the BLBA. Form OWCP-957 is the standard format for the collection of these data elements. The regulations implementing these three statutes allow for the collection of information needed to enable OWCP to determine if reimbursement requests for travel expenses should be paid.

For additional information, see related notice published in the **Federal Register** on February 18, 2010 (Vol. 75 page 7292).

Dated: July 26, 2010.

Linda Watts Thomas,

Acting Departmental Clearance Officer.

[FR Doc. 2010-19398 Filed 8-5-10; 8:45 am]

BILLING CODE 4510-CR-P

DEPARTMENT OF LABOR

Office of the Secretary

Submission for OMB Review; Comment Request

August 2, 2010.

The Department of Labor (DOL) hereby announces the submission of the following public information collection request (ICR) 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 this ICR, with applicable supporting documentation; including, among other things, a description of the likely respondents, proposed frequency of response, and estimated total burden may be obtained from the RegInfo.gov Web site at <http://www.reginfo.gov/public/do/PRAMain> or by contacting Linda Watts Thomas on 202-693-4223 (this is not a toll-free number) e-mail mail to: *DOL_PRA_PUBLIC@dol.gov*.

Interested parties are encouraged to send comments to the Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for the Department of Labor—Office of Workers' Compensation Programs (OWCP), Room 10235, Washington, DC 20503, *Telephone: 202-395-7316/Fax 202-395-5806* (these are not toll-free numbers), *e-mail: OIRA_submission@omb.eop.gov* within 30 days from the date of this publication

in the **Federal Register**. In order to ensure the appropriate consideration, comments should reference the applicable OMB Control Number (*see below*).

The OMB is particularly interested in comments which:

(1) 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;

(2) 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;

(3) Enhance the quality, utility, and clarity of the information to be collected; and

(4) 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: Office of Workers' Compensation Programs.

Type of Review: Revision of a currently approved collection.

Title of Collection: Energy Employees Occupational Illness Compensation Act Forms (various).

OMB Control Number: 1240-0002.

Form Numbers: EE-1, EE-2, EE-3, EE-4, EE-7, EE-8, EE-9, EE-10, EE-11A, EE-11B, EE-12, EE-13, EE-16 and EE-20.

Estimated Number of Respondents: 57,175.

Estimated Total Annual Burden Hours: 21,729.

Estimated Total Hour Burden Cost (operating/maintaining): \$22,781.37.

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

Description: The Office of Workers' Compensation Programs (OWCP) is the primary agency responsible for the administration of the Energy Employees Occupational Illness Compensation Program Act of 2000, as amended (EEOICPA or Act), 42 U.S.C. 7384 *et seq.* The Act provides for timely payment of compensation to covered employees and, where applicable, survivors of such employees, who sustained either "occupational illnesses" or "covered illnesses" incurred in the performance of duty for the Department of Energy and certain of its contractors and subcontractors. The Act sets forth eligibility criteria for claimants for compensation under Part B and Part E of the Act, and outlines the various