

asserted trade dress. The modification proceeding is terminated.

The Commission's vote on this determination took place on December 22, 2020.

The authority for the Commission's determination is contained in section 337 of the Tariff Act of 1930, as amended (19 U.S.C. 1337), and in part 210 of the Commission's Rules of Practice and Procedure (19 CFR part 210).

By order of the Commission.

Issued: December 22, 2020.

Katherine Hiner,

Acting Secretary to the Commission.

[FR Doc. 2020-28822 Filed 12-29-20; 8:45 am]

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DEPARTMENT OF LABOR

Employment and Training Administration

Notice of a Change in Status of the Extended Benefit (EB) Program for Alaska, Connecticut, Kansas, Massachusetts, New Hampshire, Ohio, Oregon, South Carolina, and Washington

AGENCY: Employment and Training Administration, Labor.

ACTION: Notice.

SUMMARY: This notice announces a change in benefit period eligibility under the EB program for Alaska, Connecticut, Kansas, Massachusetts, New Hampshire, Ohio, Oregon, South Carolina, and Washington.

FOR FURTHER INFORMATION CONTACT: U.S. Department of Labor, Employment and Training Administration, Office of Unemployment Insurance Room S-4524, Attn: Thomas Stengle, 200 Constitution Avenue NW, Washington, DC 20210, telephone number (202) 693-2991 (this is not a toll-free number) or by email: Stengle.Thomas@dol.gov.

SUPPLEMENTARY INFORMATION: The following changes have occurred since the publication of the last notice regarding the States' EB status:

- Based on the data released by the Bureau of Labor Statistics on November 20, 2020, the seasonally-adjusted total unemployment rate for Alaska, Connecticut, Ohio, Oregon and Washington fell below the 8.0% threshold necessary to remain "on" a high unemployment period in EB, and starting December 13, 2020, the maximum potential entitlement for claimants in these states in the EB program will decrease from 20 weeks to 13 weeks.

- Based on the data released by the Bureau of Labor Statistics on November 20, 2020, the seasonally-adjusted TUR for Kansas and South Carolina fell below the 6.5% threshold necessary to remain "on" in EB. The payable period in EB will end on December 12, 2020.

- It has been determined that Massachusetts' Unemployment Compensation law provides for the temporary adoption of the optional TUR trigger during periods of 100 percent Federal financing of EB, and Public Law 116-127 authorized 100 percent Federal funding through December 31, 2020. As such, based on data released by the Bureau of Labor Statistics on June 19, 2020, the seasonally-adjusted total unemployment rate for Massachusetts rose above the 8.0 percent threshold to trigger "on" to a high unemployment period in EB. Therefore a payable period for Massachusetts under the high unemployment period is retroactive to July 5, 2020, and eligibility for claimants has been extended from up to 13 weeks of potential duration to up to 20 weeks of potential duration in the EB program.

- Based on the data submitted by New Hampshire for the week ending November 14, 2020, New Hampshire's 13-week insured unemployment rate (IUR) was 4.77 percent, falling below the 5.00 percent threshold necessary to remain "on" EB. Therefore, the EB period for New Hampshire ends on December 5, 2020. The state will remain in an "off" period for a minimum of 13 weeks.

The trigger notice covering state eligibility for the EB program can be found at: http://ows.doleta.gov/unemploy/claims_arch.as.

Information for Claimants

The duration of benefits payable in the EB program, and the terms and conditions on which they are payable, are governed by the Federal-State Extended Unemployment Compensation Act of 1970, as amended, and the operating instructions issued to the states by the U.S. Department of Labor. In the case of a state beginning an EB period, the State Workforce Agency will furnish a written notice of potential entitlement to each individual who has exhausted all rights to regular benefits and is potentially eligible for EB (20 CFR 615.13 (c) (1)).

Persons who believe they may be entitled to EB, or who wish to inquire about their rights under the program, should contact their State Workforce Agency.

Signed in Washington, DC.

John Pallasch,

Assistant Secretary for Employment and Training.

[FR Doc. 2020-28793 Filed 12-29-20; 8:45 am]

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DEPARTMENT OF LABOR

Employment and Training Administration

Notice of a Change in Status of the Extended Benefit (EB) Program for Delaware, Minnesota, Mississippi, and Vermont

AGENCY: Employment and Training Administration, Labor.

ACTION: Notice.

This notice announces a change in benefit period eligibility under the EB program for Delaware, Minnesota, Mississippi, and Vermont.

FOR FURTHER INFORMATION CONTACT: U.S. Department of Labor, Employment and Training Administration, Office of Unemployment Insurance Room S-4524, Attn: Thomas Stengle, 200 Constitution Avenue NW, Washington, DC 20210, telephone number (202) 693-2991 (this is not a toll-free number) or by email: Stengle.Thomas@dol.gov.

SUPPLEMENTARY INFORMATION: The following changes have occurred since the publication of the last notice regarding the States' EB status:

- Delaware completed the mandatory 13-week "on" period for a High Unemployment Period (HUP) stipulated by 20 CFR 615.11 on December 19, 2020, and based on the most recent data released by the Bureau of Labor Statistics, the state no longer meets the criteria for the HUP. As such, beginning December 20, 2020, the maximum potential entitlement for claimants in the EB program will decrease from 20 weeks to 13 weeks.

- Based on the data submitted by Minnesota for the week ending November 28, 2020, Minnesota's 13-week insured unemployment rate (IUR) was 4.80 percent, falling below the 5.0 percent IUR threshold necessary to remain "on" EB. Therefore, the EB period for Minnesota ends on December 19, 2020. The state will remain in an "off" period for a minimum of 13 weeks.

- Based on the data submitted by Mississippi for the week ending November 28, 2020, Mississippi's 13-week IUR was 4.70 percent, falling below the 5.0 IUR percent threshold necessary to remain "on" EB. Therefore, the EB period for Mississippi ends on

December 19, 2020. The state will remain in an “off” period for a minimum of 13 weeks.

- Based on the data submitted by Vermont for the week ending November 28, 2020, Vermont’s 13-week IUR was 4.90 percent, falling below the 5.0 percent IUR threshold necessary to remain “on” EB. Therefore, the EB period for Vermont ends on December 19, 2020. The state will remain in an “off” period for a minimum of 13 weeks.

The trigger notice covering state eligibility for the EB program can be found at: http://ows.doleta.gov/unemploy/claims_arch.asp

Information for Claimants

The duration of benefits payable in the EB program, and the terms and conditions on which they are payable, are governed by the Federal-State Extended Unemployment Compensation Act of 1970, as amended, and the operating instructions issued to the states by the U.S. Department of Labor. In the case of a state beginning an EB period, the State Workforce Agency will furnish a written notice of potential entitlement to each individual who has exhausted all rights to regular benefits and is potentially eligible for EB (20 CFR 615.13(c)(1)).

Persons who believe they may be entitled to EB, or who wish to inquire about their rights under the program, should contact their State Workforce Agency.

Signed in Washington, DC.

John Pallasch,

Assistant Secretary for Employment and Training.

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DEPARTMENT OF LABOR

Office of Workers’ Compensation Programs

Agency Information Collection Activities; Comment Request; Representative Payee Report, Representative Payee Report (Short Form), and Physician’s/Medical Officer’s Statement

ACTION: Notice of availability; request for comments.

SUMMARY: The Department of Labor (DOL) is soliciting comments concerning a proposed extension of the information collection request (ICR) titled, “Representative Payee Report, Representative Payee Report (Short Form), and Physician’s/Medical

Officer’s Statement.” This comment request is part of continuing Departmental efforts to reduce paperwork and respondent burden in accordance with the Paperwork Reduction Act of 1995 (PRA).

DATES: Consideration will be given to all written comments received by March 1, 2021.

ADDRESSES: A copy of this ICR with applicable supporting documentation; including a description of the likely respondents, proposed frequency of response, and estimated total burden may be obtained free by contacting Anjanette Suggs by telephone at (202) 354-9660 (this is not a toll-free number) or by email at suggs.anjanette@dol.gov.

Submit written comments about, or requests for a copy of, this ICR by mail or courier to the U.S. Department of Labor, Office of Workers’ Compensation Program, Division of Coal Mine Workers’ Compensation, Room N1301, 200 Constitution Avenue NW, Washington, DC 20210; by email: suggs.anjanette@dol.gov.

FOR FURTHER INFORMATION CONTACT: Contact Anjanette Suggs by telephone at (202) 354-9660 (this is not a toll-free number) or by email at suggs.anjanette@dol.gov.

SUPPLEMENTARY INFORMATION: The DOL, as part of continuing efforts to reduce paperwork and respondent burden, conducts a pre-clearance consultation program to provide the general public and Federal agencies an opportunity to comment on proposed and/or continuing collections of information before submitting them to the OMB for final approval. This program helps to ensure 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 can be properly assessed.

Benefits due to a DOL Black Lung beneficiary are paid to a representative payee on behalf of the beneficiary when he or she is unable to manage the benefits due to incapability or incompetence or because the beneficiary is a minor. The Representative Payee Report (Form CM-623) and Representative Payee Report Short Form (Form CM-623S) are used to ensure that benefits paid to a representative payee are used for the beneficiary’s well-being. The Physician’s/Medical Officer’s Statement (Form CM-787) is used to determine the beneficiary’s capability to manage monthly black lung benefits. The Black Lung Benefits Act, 30 U.S.C. 922, authorizes this information collection.

This information collection is subject to the PRA. A Federal agency generally cannot conduct or sponsor a collection of information, and the public is generally not required to respond to an information collection, unless it is approved by the OMB under the PRA and displays a currently valid OMB Control Number. In addition, notwithstanding any other provisions of law, no person shall generally be subject to penalty for failing to comply with a collection of information that does not display a valid Control Number. See 5 CFR 1320.5(a) and 1320.6.

Interested parties are encouraged to provide comments to the contact shown in the **ADDRESSES** section. Comments must be written to receive consideration, and they will be summarized and included in the request for OMB approval of the final ICR. In order to help ensure appropriate consideration, comments should mention 1240-0020.

Submitted comments will also be a matter of public record for this ICR and posted on the internet, without redaction. The DOL encourages commenters not to include personally identifiable information, confidential business data, or other sensitive statements/information in any comments.

The DOL is particularly interested in comments that:

- 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: DOL-OWCP.

Type of Review: Extension.

Title of Collection: Representative Payee Report, Representative Payee Report (Short Form), and Physician’s/Medical Officer’s Statement.

Form: Representative Payee Report (CM-623), Representative Payee Report (Short Form) (CM-623S) and