

**DEPARTMENT OF LABOR****Office of the Secretary****Submission for OMB Review;  
Comment Request**

September 20, 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:* Request for Examination and/or Treatment.

*OMB Number:* 1215-0066.

*Frequency:* On occasion.

*Affected Public:* Individuals or households.

*Number of Respondents:* 16,500.

*Estimated Time Per respondent:* 1.08.

*Total Burden Hours:* 124,740.

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

*Total annual costs (operating/maintaining systems or purchasing services):* \$42,000.

*Description:* This form is used by employers to authorize medical treatment for injured workers and by physicians to report findings of physical examinations and treatment recommended.

**Ira L. Mills,**

*Departmental Clearance Officer.*

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- Agency:* Employment and Training.
- Title:* Application for Alien Employment Certification.
- OMB Number:* 1205-0015.
- Frequency:* On occasion.
- Affected Public:* Individuals or households; Business or other for-profit; Not-for-profit institutions; Farms; Federal Government; State, Local, or Tribal govt.

Form No.	Respondents	Frequency	Average time per response (hours)	Total manhours
Permanent .....	67,500	Quarterly .....	2.8	189,000
H-2A .....	3,500	Quarterly .....	1	3,500
H-2B .....	2,500	Quarterly .....	1.4	3,500

*Total Burden Hours:* 196,000 hours.  
*Total Annualized capital/startup costs:* \$0.

*Total annual costs (operating/maintaining systems or purchasing services):* \$0.

*Description:* The information provided on the labor certification application by employers seeking to

employ foreign workers for permanent or temporary employment in the U.S. will permit the Department to meet federal responsibilities for program

administration, management, and oversight.

**Ira L. Mills,**

*Departmental Clearance Officer.*

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