

**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 to: [DOL\\_PRA\\_PUBLIC@dol.gov](mailto: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](mailto: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*: Notice of Law Enforcement Officer's Injury or Occupational Disease (CA-721), Notice of Law Enforcement Officer's Death (CA-722).

*OMB Control Number*: 1240-0022.

*Agency Form Number*: CA-721 and CA-722.

*Affected Public*: Individuals or Households; Business or other for-profit; State, local or Tribal Government.

*Cost to Federal Government*: \$184.00.

*Total Estimated Number of*

*Respondents*: 13.

*Total Estimated Number of*

*Responses*: 13.

*Total Burden Hours*: 17.

*Total Hour Burden Cost (operating/maintaining)*: \$6.

*Description*: The Federal Employees' Compensation Act (FECA) provides, under 5 U.S.C. 8191 *et seq.* and 20 CFR 10.735, that non-Federal law enforcement officers injured or killed under certain circumstances are entitled to the benefits of the Act, to the same extent as if they were employees of the Federal Government. The CA-721 and CA-722 are used by non-Federal law enforcement officers and their survivors to claim compensation under the FECA. Form CA-721 is used for claims for injury. Form CA-722 is used for claims for death. For additional information, see related notice published in the **Federal Register** on March 5, 2010 (Vol. 75 page 12272).

Dated: July 26, 2010.

**Linda Watts Thomas,**

*Acting Departmental Clearance Officer.*

[FR Doc. 2010-19397 Filed 8-5-10; 8:45 am]

**BILLING CODE 4510-CH-P**

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](mailto:DOL_PRA_PUBLIC@dol.gov).

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*Agency*: Office of Workers' Compensation Programs.

*Type of Review*: Revision of a currently approved collection.

*Title of Collection*: Claim for Reimbursement of Benefit Payments and Claims Expense Under the War Hazards Compensation Act.

*OMB Control Number*: 1240-0006.

*Agency Form Number*: CA-278.

*Affected Public*: Business or other for-profit.

*Cost to Federal Government*: \$111,288.00.

*Total Estimated Number of Respondents*: 269.

*Total Estimated Number of Responses*: 269.

*Total Burden Hours*: 135.

*Total Hour Burden Cost (operating/maintaining)*: \$557.

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*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**

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:

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*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

#### Submission for OMB Review; Comment Request

August 3, 2010.

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## 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.

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