

—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.

Abstract: A party affected by a decision of a Department of Homeland Security (DHS) Officer may appeal that decision to the Board of Immigration Appeals (BIA or Board), provided that the Board has jurisdiction pursuant to 8 CFR 1003.1(b). The party must complete the Form EOIR–29 and submit it to the DHS office having administrative control over the record of proceeding in order to exercise its regulatory right to appeal.

EOIR has made the following substantive changes to the form: allowing respondents to provide a safe mailing address and to designate another individual to receive mail; replacing the field for the respondent’s petition form number with a new field

for the respondent’s petition receipt number; and including new fields for the respondent’s street address, apartment or unit number, city, state, and zip code, rather than a single field for the respondent’s address. In addition, EOIR has made the following non-substantive changes: modifying the appearance and formatting of the General Instructions; revising the existing form instructions for clarity; and updating links to web pages and resources embedded throughout the form. EOIR intends these revisions to reduce the public’s burden in completing the form and to reduce the Agency’s processing time for each form.

Overview of This Information Collection

1. *Type of Information Collection:* Revision and extension of a currently approved collection.
2. *The Title of the Form/Collection:* Notice of Appeal to the Board of Immigration Appeals from a Decision of a DHS Officer.
3. *The agency form number, if any, and the applicable component of the*

Department sponsoring the collection: The form number is EOIR–29. The applicable component within the Department of Justice is the Executive Office for Immigration Review.

4. *Affected public who will be asked or required to respond, as well as the obligation to respond:* Individuals or Households. The obligation to respond is required to obtain/retain a benefit (appeal).

5. *An estimate of the total number of respondents and the amount of time estimated for an average respondent to respond:* The estimated annual number of respondents for the Form EOIR–29 is 3,056. The estimated time per response is 30 minutes.

6. *An estimate of the total annual burden (in hours) associated with the collection:* The total annual burden hours for this collection is 1,528 hours.

7. *An estimate of the total annual cost burden associated with the collection, if applicable:* There are no capital or start-up costs associated with this information collection. The estimated public cost is zero.

TOTAL BURDEN HOURS

Activity	Number of respondents	Frequency (annually)	Total annual responses	Time per response (minutes)	Total annual burden (hours)
Form EOIR–29	3,056	1	3,056	30	1,528
Unduplicated Totals	3,056	3,056	1,528

If additional information is required contact: Darwin Arceo, Department Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Two Constitution Square, 145 N Street NE, 4W–218, Washington, DC.

Dated: November 25, 2024.

Darwin Arceo,

Department Clearance Officer for PRA, U.S. Department of Justice.

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DEPARTMENT OF LABOR

Office of Workers’ Compensation Programs

[OMB Control No. 1240–0019]

Proposed Revision of a Currently Approved Collection: Uniform Billing Form (OWCP–04)

AGENCY: Office of Workers’ Compensation Programs, Labor.

ACTION: Request for public comments.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a pre-clearance request for comment to provide the general public and Federal agencies with an opportunity to comment on proposed collections of information in accordance with the Paperwork Reduction Act of 1995. This request helps to ensure that: 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 on respondents can be properly assessed. Currently, the Office of Workers’ Compensation Programs (OWCP) is soliciting comments on the information collection for Uniform Billing Form (OWCP–04).

DATES: All comments must be received on or before January 28, 2025.

ADDRESSES: You may submit comment as follows. Please note that late, untimely filed comments will not be considered.

Written/Paper Submissions: Submit written/paper submissions in the following way:

- *Mail/Hand Delivery:* Mail or visit DOL–OWCP, Office of Workers’ Compensation Programs, U.S. Department of Labor, 200 Constitution Avenue NW, Room S3524, Washington, DC 20210.

- OWCP will post your comment as well as any attachments, except for information submitted and marked as confidential, in the docket at <https://www.regulations.gov>.

FOR FURTHER INFORMATION CONTACT: Anjanette Suggs, Office of Workers’ Compensation Programs, at suggs.anjanette@dol.gov (email) or (202) 354–9660 (voice).

SUPPLEMENTARY INFORMATION:

I. Background

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, the Black Lung Benefits Act (BLBA), 30 U.S.C. 901, and

the Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA), 42 U.S.C. 7384. All three of these statutes require that OWCP pay for medical treatment of beneficiaries; this medical treatment can include inpatient/outpatient hospital services, as well as services provided by nursing homes and skilled nursing facilities. In order to determine whether billed amounts are appropriate, OWCP needs to identify the patient, the specific services that were rendered and their relationship to the work-related injury or illness. The regulations implementing these statutes require the use of Form OWCP-04 or OWCP-04 for the submission of medical bills from institutional providers (20 CFR 10.801, 30.701, 725.405, 725.406, 725.701 and 725.715).

The Uniform Billing Form, also known as the paper OWCP-04, has been approved by the American Hospital Association. It is used by the Centers for Medicare and Medicaid Services (CMS), Tricare, the Department of Veterans Affairs (DVA), and the private sector to request payment to institutional providers for medical services. The paper OWCP-04 has been designed by the National Uniform Billing Committee and is neither a government-printed form nor distributed by OWCP; OWCP has, however, developed detailed instructions for institutional providers that use the OWCP-04 to ensure that they provide the information needed to evaluate their requests for payment. The paper OWCP-04 is an ideal billing instrument for the provider community that services FECA, BLBA and EEOICPA beneficiaries because of its familiarity, its common use, and its acceptance by both government and private health service payers.

II. Desired Focus of Comments

OWCP is soliciting comments concerning the proposed information collection related to the Uniform Billing Form.

OWCP is particularly interested in comments that:

- Evaluate whether the collection of information is necessary for the proper performance of the functions of the Agency, including whether the information has practical utility;
- Evaluate the accuracy of OWCP's estimate of the burden related to the information collection, including the validity of the methodology and assumptions used in the estimate;
- Suggest methods to enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the information collection 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.

Background documents related to this information collection request are available at <https://regulations.gov> and at DOL-OWCP located at 200 Constitution Avenue NW, Room S-3524, Washington, DC 20210. Questions about the information collection requirements may be directed to the person listed in the **FOR FURTHER INFORMATION** section of this notice.

III. Current Actions

This information collection request concerns the Uniform Billing Form. OWCP has updated the data with respect to the number of respondents, responses, burden hours, and burden costs supporting this information collection request from the previous information collection request.

Type of Review: Revision of a currently approved collection.

Agency: Office of Workers' Compensation Programs.

OMB Number: 1240-0019.

Affected Public: Private Sector: Business or other for-profits and not-for-profit institutions.

Number of Respondents: 7,549.

Frequency: On Occasion.

Number of Responses: 198,830.

Annual Burden Hours: 16,420.

OWCP Forms: Uniform Billing Form [OWCP-04], [Uniform Billing Form].

Comments submitted in response to this notice will be summarized in the request for Office of Management and Budget approval of the proposed information collection request; they will become a matter of public record and will be available at <https://www.reginfo.gov>.

Anjanette C. Suggs,

Certifying Officer.

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BILLING CODE 4510-CR-P

NATIONAL CREDIT UNION ADMINISTRATION

Renewal of Agency Information Collections for Comments Request: Proposed Collections

AGENCY: National Credit Union Administration (NCUA).

ACTION: Notice and request for comments.

SUMMARY: The National Credit Union Administration (NCUA) will submit the

following information collection requests to the Office of Management and Budget (OMB) for review and clearance in accordance with the Paperwork Reduction Act of 1995, on or after the date of publication of this notice.

DATES: Written comments should be received on or before January 28, 2025 to be assured consideration.

ADDRESSES: Interested persons are invited to submit written comments on the information collection to Dacia Rogers, National Credit Union Administration, 1775 Duke Street, Alexandria, Virginia 22314, Suite 5067; Fax No. (703) 519-8161; or email at PRAComments@NCUA.gov.

FOR FURTHER INFORMATION CONTACT: Copies of the submission may be obtained by contacting Dacia Rogers at (703) 518-6547.

SUPPLEMENTARY INFORMATION:

OMB Number: 3133-0202.

Title: Proof of Concept for New Charter Organizing Groups.

Type of Review: Extension of a previously approved collection.

Abstract: The Office of Credit Union Resources and Expansion (CURE) is responsible for the review and approval of charter applications submitted by organizing groups. CURE has implemented a charter modernization process to improve the quality of charter applications received. This will help ensure organizing groups submit a well-thought out, well-developed charter plan to minimize the back and forth communication and improve overall chartering processing times. CURE management implemented the Proof of Concept (POC) data collection through the CyberGrants system, which documents the four most critical elements for establishing a new charter. The information collection is needed to determine the adequacy of a group's chartering concept and provide guidance, as needed, and would identify the level of understanding an organizing group has before they make a formal charter application submission as prescribed by appendix B to 12 CFR part 701 (12 U.S.C. 1758, 1759).

Affected Public: Private Sector: Not-for-profit institutions.

Estimated Total Annual Burden Hours: 104.

OMB Number: 3133-0207.

Title: Subordinated Debt, 12 CFR Part 702, subpart D.

Type of Review: Extension of a previously approved collection.

Abstract: Subpart D of part 702 addresses limits on loans to other credit unions; an expansion of the borrowing rule to clarify that federal credit unions