



DoDEA FORMS MANAGEMENT

FORMS PROCESSING DESK REFERENCE GUIDE

Originating Division: Executive Services – Privacy and Forms Management

Effective: January 1, 2019

Releasability: Internal Reference Only

Incorporates: DoD Instruction (DoDI) 1000.30, "Reduction of Social Security Number (SSN) Use within DoD," August 1, 2012; DoD Instruction 7750.07, "DoD Forms Management Program," October 24 2014; DoD Manual, "DoD Forms Management Program Procedures Manual," April 19, 2017; and OPM "Paperwork Reduction Act (PRA) Guide," Version 2.0, April 27, 2011.

Approved by: James W. Revell, Chief Executive Services Officer

PURPOSE: This desk reference identifies DoD mandated policies and clarifies reporting requirements for DoDEA personnel responsible for proposing, creating, and/or modifying DoDEA forms.

Please use this fundamental desk reference as guidance for initiating the DoDEA Forms Approval Process.

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Definitions

CHECKLIST	Position/Role specific document detailing a list of items required, things to be done, or points to be considered to complete an action/process
FORM	Collects information from the public (e.g., dependents, students, parents of students, and contractors), routinely affects the agency and is not specific to a position/role, and/or collects Personally Identifiable Information (PII)
INTERNAL COLLECTION	When DoDEA collects information from only employees who are under the authority, direction, or control of DoDEA (i.e., DoDEA is the requesting and responding component), this constitutes a component internal collection and it must be approved in accordance with DoDEA procedures.
PUBLIC COLLECTION	When DoDEA collects information from a public population it must be approved by the Office of Management and Budget (OMB) and licensed with an OMB Control Number, pursuant to the Paperwork Reduction Act (PRA) of 1995.
TEMPLATE	Position/Role specific format for a document or file, used so that the format does not have to be recreated each time it is used
WORKSHEET	Position/Role specific, meaning does routinely not affect the entire agency or general public, and does not collect Personally Identifiable Information (PII)

Statute Exemptions & Items Generally Not Considered a Collection

Exemptions:

- During the conduct of Federal criminal investigation or prosecution, or during the disposition of a particular criminal matter
- During the conduct of a civil action to which the United States is a party, or during the conduct of an administrative action, investigation, or audit involving an Agency against specific individuals or entities
- By compulsory process pursuant to Sections 41 and 1311 of Title 15 U.S.C.
- During the conduct of intelligence activities, or during the conduct of cryptologic activities that are communications securities activities

Exemptions by Statute:

10 U.S.C. Chapter 88, Sec. 1782 “Surveys of Military Families”

10 U.S.C. 503 “Enlistments: Recruiting Campaigns; Compilation of Directory Information”

Items Generally Not Considered a Collection:

OMB regulations specify a number of items that are generally not “information” under the PRA.

Important examples are:

- Affidavits, oaths, affirmations, certifications, receipts, change of address, and consents or acknowledgments;
- Test of aptitude, abilities, or knowledge of a person’s; and
- Facts or opinions that are (1) submitted in response to general solicitations of public comments; (2) addressed to a single person, (3) obtained or solicited at or in connection with public hearings or meetings, (4) obtained through direct observation by the agency (e.g., through visual inspection to determine how long it takes for people to complete a specific transaction), or (5) obtained from participants in clinical trials.

Please refer to [5 CFR 1320.3\(h\)](#) for additional exclusions.

Privacy Act Statements and Advisories

Privacy Act Statements and Advisories are required when an individual is asked to:

- Provide their personal data/PII (i.e.; SSN, date of birth, address, etc.)
- Confirm that their data is current and correct

Privacy Act Statement and Advisories allow the individual to make an informed decision about providing their data.

Privacy Act Statements are required when PII will be filed within a System of Records.

Privacy Act Advisories are required when

- You will retrieve the data by a non-personal identifier (geographic data, date, etc.) AND
- You are collecting SSNs.

Additional Guidance on Privacy Act Notices, Statements and Advisories

- All collections are voluntary.
- Collections may be listed as “mandatory” only of:
 - The person is required by law to provide the data AND
 - The person is subject to a penalty for refusing

Sample Privacy Act Statement

Authority: 10 U.S.C. 2164, Department of Defense Elementary and Secondary Schools; 20 U.S.C. 921-932, Department of Defense Dependents Schools; and DoD Directive 1342.20 and DoDEA AI 1304.01, Department of Defense Education Activity.

Purpose(s): To enable DoDEA management to identify and track authorized researchers and research projects concerning DoDEA students, parents/sponsors, faculty or staff.

Routine Use(s): In addition to disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as listed in the routine uses in DoDEA 27, Department of Defense Education Activity Research Approval Process, which can be found at:
<http://dpclo.defense.gov/privacy/SORNs/component/osd/DODEA27.html>.

DISCLOSURE: Voluntary; however, failure to disclose the information may prevent individuals from conducting research involving DoDEA.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 2164, Department of Defense Elementary and Secondary Schools; 20 U.S.C. 921-932, Department of Defense Dependents Schools; and DoD Directive 1342.20 and DoDEA AI 1304.01, Department of Defense Education Activity.

PRINCIPAL PURPOSE(S): To enable DoDEA management to identify and track authorized researchers and research projects concerning DoDEA students, parents/sponsors, faculty or staff.

ROUTINE USE(S): In addition to disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as listed in the routine uses in DoDEA 27, Department of Defense Education Activity Research Approval Process, which can be found at: <http://dpclo.defense.gov/privacy/SORNs/component/osd/DODEA27.html>.

DISCLOSURE: Voluntary; however, failure to disclose the information may prevent individuals from conducting research involving DoDEA.

More examples of Privacy Act Statements and Advisories are available [here](#).

Numbering Forms

The Forms Management Officer (FMO) will assign the form number, as a part of the Forms Approval Process, once the package is submitted.

If implementing a form as a part of policy or an Administrative Instruction (AI), you may propose your form number and the FMO will add it to the *final* official form. If the form is not part of a new policy or AI, the FMO will have to research the next available number within the following classification series, once the package has been submitted:

Numbering System for DoDEA Forms:

600 Series	Student Record Forms
1000 Series	Executive Services Forms
2000 Series	Education Division Forms
3000 Series	DDESS
4000 Series	Logistic Division Forms
5000 – 5199 Series	Teacher Application/Certification Forms
5200 – 5999 Series	Personnel Division Forms
6000 – 6999 Series	Information Technology Division Forms
7000 Series	Fiscal Division Forms
8000 Series	Procurement
9000 Series	Competitive Sourcing Program Office (CSPO)

Example Form Numbering:

Administrative Instruction

DoDEA AI XXXX.XX Form 1

General Use Forms

DoDEA Form XXXX

Submitting for OMB Public (External) Collections Approval Process



This process is for forms that conduct or sponsor the collection of information from 10 or more members of the public, regardless of whether the collection is mandatory, voluntary, or required to obtain or retain a benefit, when the information is obtained by means of identical questions or identical reporting, recordkeeping, or disclosure requirements.

Roles within the External Collections Approval Process

- **Action Officer**
 - Shapes information and communicates on behalf of a leader or division
- **Forms Management Officer (FMO)**
 - Oversees the DoDEA Forms Management Program.
- **Office of Information Management (OIM)**
 - Oversees the management, control, approval processing, and tracking of DoD Internal and Public Information Collections.
- **Office of Management and Budget (OMB)**
 - Oversees the performance of federal agencies, and administers the federal budget.

DoDEA PUBLIC (EXTERNAL) COLLECTIONS APPROVAL TIMELINE GUIDANCE			
External Forms	New Form	DoDEA 4-5 weeks	OIM 6+ months
	Renewal/Revision	DoDEA 2-3 weeks	OIM 6 months

***Timelines are based on average processing times for the actual forms process, which includes review and concurrence from the necessary forms panel. The provided timelines do not factor in the inquiry phase of a form or if the form is returned to the AO for any reason.

Submitting for OMB Public (External) Collections Approval Process

-New Form-

1. **ALL FORMS REQUESTS** - The current forms inventories (DoD, OSD, DoDEA, OPM, etc.) should be checked to determine if there is an approved form already available that would meet DoDEA's needs.
 - a. If a DoD, OSD, OPM, etc. form is available to meet DoDEA's needs, there is no need to create a DoDEA form per the Paperwork Reduction Act.
 - b. If a form is not available, proceed with the following steps.
2. The Action Officer (AO) should initiate a Form Processing Action Request package.
 - a. Package includes:
 - i. DD Form 67 – Forms Processing Action Request (Enclosure 1)
 1. AO – Complete boxes 1-14 & 17-18 prior to submission.
 - ii. Supporting Statement A (Enclosure 7) – Highlight key changes
 - iii. Proposed draft - **form must be in final stages.**
 1. Exceptions – If you are requesting a complete form design, please include the data elements. Data elements and content must be in final stages (Example – Enclosure 3).
 - iv. Paperwork Reduction Act Submission Form OMB Form 83-I, 10/95 with instructions OMB FORM 83-1 INST (Enclosure 4)
 - v. Federal Registry 60-Day Notice (Example - Enclosure 5)
 - vi. Justification memo (on DoDEA letterhead) for creating a new public collection/form
 - vii. If applicable, the package may require a Social Security Number (SSN) justification (Enclosure 6), if the form is collecting the SSN (per DoDI 1000.30).
3. Review the Forms Approval Checklist (page 13)
4. Submit the package to the Forms Management Officer (FMO).
 - a. FMO will coordinate Box 15 of the DD Form 67 and complete boxes 19& 20

*Reminder: The draft must be in its final stage in order for Forms Coordinators to concur and make proper determinations regarding their program requirements.

5. The coordinated package will be forwarded to (OIM) for review and additional instructions.

***Note:** If the AO or Divisional leadership requests that the form undergoes the formal coordination process (OGC, CIO, etc.), that must be done **prior** to submitting the package to the FMO. OGC should always review items that are sensitive in nature, affect a sensitive population and/or entail gifts/compensation.

Submitting for OMB Public (External) Collections Approval Process **-Renewal/Modification of a Form-**

1. The Action Officer (AO) should initiate a Form Processing Action Request package.
 - a. Package includes:
 - i. DD Form 67 – Forms Processing Action Request (Enclosure 1)
 1. AO – Complete boxes 1-14 & 17-18 prior to submission.
 - ii. Supporting State A (Enclosure 7) – New Collections omit “Summary of Changes”
 - iii. Proposed draft - **form must be in final stages.**
 1. Exceptions – If you are requesting a complete form design or making significant changes to a form, please include the data elements. Data elements and content must be in final stages (Example – Enclosure 3).
 - iv. Paperwork Reduction Act Submission Form OMB Form 83-I, 10/95 with instructions OMB FORM 83-1 INST (Enclosure 4)
 - v. Federal Registry 60-Day Notice (Example - Enclosure 5)
 - vi. If applicable, the package may require a Social Security Number (SSN) justification (Enclosure 6), if the form is collecting the SSN (per DoDI 1000.30).
2. Review the Forms Approval Checklist (page 13)
3. Submit the package to the Forms Management Officer (FMO).
 - a. FMO will coordinate Box 15 of the DD Form 67 and complete boxes 19& 20
 - i. *Note: The draft should be near completion so Coordinators can make a determination regarding their program requirements.
4. The coordinated package will be forwarded to (OIM) for review and additional instructions.

***Note:** If the AO or Divisional leadership requests that the form undergoes the formal coordination process (OGC, CIO, etc.), that must be done **prior** to submitting the package to the FMO. OGC should always review items that are sensitive in nature, affect a sensitive population and/or entail gifts/compensation.

Internal Collections Forms Approval Process



This process is for forms that do not collect information from the general public.

Roles within the External Collections Approval Process

- **Action Officer**
 - Shapes information and communicates on behalf of a leader or division
- **Forms Management Officer (FMO)**
 - Oversees the DoDEA Forms Management Program.

DoDEA INTERNAL COLLECTION FORMS APPROVAL TIMELINE GUIDANCE		
Internal Forms	New Form	4-5 weeks
	Revision	2-3 weeks

***Timelines are based on average processing times for the actual forms process, which includes review and concurrence from the necessary forms panel. The provided timelines do not factor in the inquiry phase of a form or if the form is returned to the AO for any reason.

Internal Collections Forms Approval Process **- New Form -**

1. **ALL FORMS REQUESTS** - The current forms inventories (DoD, OSD, DoDEA, OPM, etc.) should be checked to determine if there is an approved form already available that would meet DoDEA's needs.
2. The Action Officer (AO) should initiate a Form Processing Action Request package.
 - a. Package includes:
 - i. DD Form 67 – Forms Processing Action Request (Enclosure 2)
 1. AO – Complete boxes 1-14 & 17-18 prior to submission.
 - ii. **The proposed draft form must be in final stages.**
 1. Exceptions – If you are requesting a complete form design, please include the data elements. Data elements and content must be in final stages (Example – Enclosure 3).

***Note:** The use of SSN on DoDEA internal collections, in accordance with the Department of Defense (DoD) Instruction (DoDI) 1000.30, “Reduction of Social Security Number (SSN) Use within DoD”, is prohibited.

3. Review the Forms Approval Checklist (page 13)
4. Submit the package to the Forms Management Officer (FMO).
 - a. The FMO will:
 - i. Review and approve the requested form number.
 - ii. Coordinate box 15.
 - iii. Finalize and date the official form.

***Note:** If the AO or Approving Component Official requests that the form undergoes the formal coordination process (OGC, CIO, etc.), that must be done **prior** to submitting the package to the FMO. OGC should always review items that are sensitive in nature, affect a sensitive population and/or entail gifts/compensation.

Internal Collections Forms Approval Process **-Revision/Modification of a Form-**

1. The Action Officer (AO) should initiate a Form Processing Action Request package.
 - a. Package includes:
 - i. DD Form 67 – Forms Processing Action Request (Enclosure 2)
 1. AO – Complete boxes 1-14 & 17-18 prior to submission.
 - ii. **The proposed draft form must be in final stages.**
 1. Exceptions – If you are requesting a complete form design or making significant changes, please include the data elements. Data elements and content must be in final stages (Example – Enclosure 3).

***Note:** The use of SSN on DoDEA internal collections, in accordance with the Department of Defense (DoD) Instruction (DoDI) 1000.30, “Reduction of Social Security Number (SSN) Use within DoD”, is prohibited.

2. Review the Forms Approval Checklist (page 13)
3. Submit the package to the Forms Management Officer (FMO).
 - a. The FMO will:
 - i. Review and approve the requested form number.
 - ii. Coordinate box 15.
 - iii. Finalize and date the official form.

***Note:** If the AO or Approving Component Official requests that the form undergoes the formal coordination process (OGC, CIO, etc.), that must be done **prior** to submitting the package to the FMO. OGC should always review items that are sensitive in nature, affect a sensitive population and/or entail gifts/compensation.

Forms Approval Checklist



Step 1

Is my request a form per the classifications defined on page 3?

- If no, please email your inquiry to Privacy_Forms@dodea.edu for approval to use as checklist, template, or worksheet.
- If yes, please proceed to step 2.



Step 2

Does my proposed draft collect the minimally necessary PII needed?

- To remain in accordance with the Department of Defense (DoD) Instruction (DoDI) 1000.30, "Reduction of Social Security Number (SSN) Use within DoD", DoDEA's Privacy Office prohibits the use of SSN on its internal information collections. SSN justification will be needed for public collections and may be denied, if deemed unnecessary.
- Only collect PII that **is absolutely necessary**.
- If yes, proceed to Step 3.



Step 3

Is my proposed draft in its final state? Coordination completed? Does my package include all outlined requirements?

- If no, please complete your divisional review, formal coordination, final draft, data elements, SSN justification, DD 67, etc. as outlined in the procedural guidance for the External or Internal Forms Process (pages 7-12).
- If yes, proceed to Step 4.



Step 4

Submit forms package to the DoDEA Forms Management Officer (FMO) at Privacy_Forms@dodea.edu.

FORM PROCESSING ACTION REQUEST <i>(Read Instructions on back and in DoD 7750.07-M before completing this form.)</i>				1. DATE OF REQUEST (YYYYMMDD)	
2. FROM (DoD Component OPR Organization and complete mailing address) AO/Division Info Here		3. THRU (DoD Component FMO Organization and complete mailing address) FMO Will Complete		4. TO (Organization and complete mailing address) FMO will complete	
5. FORM DESIGNATION AND NUMBER <i>(Leave blank if a new form)</i>		6. EDITION DATE <i>(Enter only if cancelling a form)</i>	7. FORM TITLE		
8. ACTION TYPE <i>(Select one)</i>		9. FORM TYPE <i>(Select one)</i>	10. SUBJECT GROUP <i>(Leave blank if a new form)</i>	11. PRESCRIBING ISSUANCE(S)	
12. FORM DISPOSITION <i>(List all forms to be replaced by proposed form)</i>			13. PROPOSED FORM DESIGN CONSIDERATIONS		
a. FORM NUMBER <i>(Enter "N/A" if none)</i>	b. EDITION DATE	c. DISPOSITION	a. DESIGN TYPE	b. SUGGESTED SIZE	c. PRINTING SPECIFICATIONS
			d. CLASSIFIED	e. CONTROLLED FORM	f. DIGITAL SIGNATURE FIELD
			g. AVAILABILITY <i>(Select one)</i>		
14. PURPOSE AND DESCRIPTION OF USE <i>(Attach continuation page if necessary.)</i>					
15. INTERNAL COORDINATION AND CONCURRENCE					
	(1) APPLI-CABLE? <i>(Yes/No)</i>	(2) REMARKS <i>(Enter applicable remarks related to coordination, and attach appropriate documentation.) (If space permits, enter coordinator email address here.)</i>		(3) COORDINATOR	
				NAME	OFFICE SYMBOL
a. PRIVACY ACT					
b. POSTAL					
c. DATA ELEMENTS					
d. RECORDS MGMT					
e. OTHER					
e. REPORTS					
RCS					
OMB					
16. EXTERNAL COORDINATION AND CONCURRENCE <i>(Not required for SD, DoD Component, or Command forms. Attach continuation page if necessary.)</i>					
a. DOD COMPONENT	b. COORDINATOR				
	NAME	OFFICE SYMBOL	TELEPHONE NO. <i>(include area code/DSN)</i>	EMAIL ADDRESS	INITIALS
CERTIFICATION OF DOD COMPONENT OPR AND/OR ACTION OFFICER, APPROVING OFFICIAL, AND FMO I hereby certify that all of the above coordinations have been completed as indicated.					
17. DOD COMPONENT OPR AND/OR ACTION OFFICER					
a. TYPED NAME AND TITLE AO Info Here			b. TELEPHONE NUMBER <i>(Include area code/DSN)</i>	c. SIGNATURE	
18. DOD COMPONENT APPROVING OFFICIAL			19. DOD COMPONENT OR COMMAND FORMS MANAGEMENT OFFICER		
a. DATE SIGNED <i>(YYYYMMDD)</i>	b. TYPED NAME, TITLE, AND SIGNATURE Supervisor or Division Chief		a. DATE SIGNED <i>(YYYYMMDD)</i>	b. TYPED NAME, TITLE, AND SIGNATURE	
20. APPROVING FORMS MANAGEMENT OFFICER					
a. TYPED NAME		b. DATE SIGNED <i>(YYYYMMDD)</i>		c. SIGNATURE	

FORM PROCESSING ACTION REQUEST <i>(Read Instructions on back and in DoD 7750.07-M before completing this form.)</i>				1. DATE OF REQUEST (YYYYMMDD)	
2. FROM (DoD Component OPR Organization and complete mailing address) AO/Division Info Here		3. THRU (DoD Component FMO Organization and complete mailing address) Leave Blank		4. TO (Organization and complete mailing address) FMO will complete	
5. FORM DESIGNATION AND NUMBER <i>(Leave blank if a new form)</i>		6. EDITION DATE <i>(Enter only if cancelling a form)</i>	7. FORM TITLE		
8. ACTION TYPE <i>(Select one)</i>		9. FORM TYPE <i>(Select one)</i>	10. SUBJECT GROUP <i>(Leave blank if a new form)</i>	11. PRESCRIBING ISSUANCE(S)	
12. FORM DISPOSITION <i>(List all forms to be replaced by proposed form)</i>			13. PROPOSED FORM DESIGN CONSIDERATIONS		
a. FORM NUMBER <i>(Enter "N/A" if none)</i>	b. EDITION DATE	c. DISPOSITION	a. DESIGN TYPE	b. SUGGESTED SIZE	c. PRINTING SPECIFICATIONS
			d. CLASSIFIED	e. CONTROLLED FORM	f. DIGITAL SIGNATURE FIELD
			g. AVAILABILITY <i>(Select one)</i>		
14. PURPOSE AND DESCRIPTION OF USE <i>(Attach continuation page if necessary.)</i>					
15. INTERNAL COORDINATION AND CONCURRENCE					
	(1) APPLICABLE? <i>(Yes/No)</i>	(2) REMARKS <i>(Enter applicable remarks related to coordination, and attach appropriate documentation.) (If space permits, enter coordinator email address here.)</i>		(3) COORDINATOR	
				NAME	OFFICE SYMBOL
					TELEPHONE NO. <i>(incl. area code/DSN)</i>
					INITIALS
a. PRIVACY ACT					
b. POSTAL					
c. DATA ELEMENTS					
d. RECORDS MGMT					
e. OTHER					
e. REPORTS					
RCS					
OMB					
16. EXTERNAL COORDINATION AND CONCURRENCE <i>(Not required for SD, DoD Component, or Command forms. Attach continuation page if necessary.)</i>					
a. DOD COMPONENT	b. COORDINATOR				
	NAME	OFFICE SYMBOL	TELEPHONE NO. <i>(include area code/DSN)</i>	EMAIL ADDRESS	INITIALS
CERTIFICATION OF DOD COMPONENT OPR AND/OR ACTION OFFICER, APPROVING OFFICIAL, AND FMO I hereby certify that all of the above coordinations have been completed as indicated.					
17. DOD COMPONENT OPR AND/OR ACTION OFFICER					
a. TYPED NAME AND TITLE AO Info Here			b. TELEPHONE NUMBER <i>(Include area code/DSN)</i>	c. SIGNATURE	
18. DOD COMPONENT APPROVING OFFICIAL			19. DOD COMPONENT OR COMMAND FORMS MANAGEMENT OFFICER		
a. DATE SIGNED <i>(YYYYMMDD)</i>	b. TYPED NAME, TITLE, AND SIGNATURE Supervisor/Division Chief Info Here		a. DATE SIGNED <i>(YYYYMMDD)</i>	b. TYPED NAME, TITLE, AND SIGNATURE	
20. APPROVING FORMS MANAGEMENT OFFICER					
a. TYPED NAME		b. DATE SIGNED <i>(YYYYMMDD)</i>		c. SIGNATURE	

INSTRUCTIONS FOR COMPLETING DD FORM 67

- | | |
|--|--|
| <p>1. DATE OF REQUEST. As stated.</p> <p>2. FROM. As stated.</p> <p>3. THRU. As stated.</p> <p>4. TO. As stated</p> <p>5. FORM DESIGNATION AND NUMBER. Leave blank if new form. Enter form number if form is revised or proposed canceled, e.g. DD Form 67.</p> <p>6. EDITION DATE. As stated.</p> <p>7. FORM TITLE. Enter the title of the form exactly as it appears on the form. Do not use acronyms in the title. Do not use the word "form."</p> <p>8. ACTION TYPE. Select one:
 "New" - Proposed new form.
 "Revised" - Existing form being revised.
 "Cancellation" - Existing form being canceled.
 "Other" - Indicate whether the request is for a "Test," "Reinstatement," etc. Enter in item 14.</p> <p>9. FORM TYPE. Select one:
 "Prescribed" - form is prescribed for mandatory use by all DoD Components to whom the form applies in a DoD issuance.
 "Adopted" - form's use is optional by two or more DoD Components and is prescribed in a DoD Component issuance.</p> <p>10. SUBJECT GROUP. Leave blank if new form. Revised or proposed canceled form, enter subject group listed on the existing DD Form 67. The subject groups (major and subgroup) can be found on the DoD Issuance Web site, http://www.dtic.mil/whs/directives/index.html, the Issuance Process.</p> <p>11. PRESCRIBING ISSUANCE(S). Enter the document that prescribes the use of the form. If the form is adopted for use, enter the document number of each using Component.</p> <p>12. FORM DISPOSITION. Enter the form number and edition date of form(s) being replaced. Determine if the form(s) being replaced are used or obsolete. If "Use," indicate in item 14 how long used. If not applicable, enter "N/A" in 12.a.</p> <p>13. PROPOSED FORM DESIGN CONSIDERATIONS.</p> <p>a. Design Type. Select how the form should be designed for use:
 "Print and Fill" - To be printed and filled in by hand and mailed for submission.
 "Fill and Print" - To be filled in on-line and printed for submission.
 "Fill and Submit" - To be filled in and submitted on-line, perhaps by e-mail.
 "Fill, Submit, and Process" - Part of a system or workflow.
 "Physical Product" - Hardcopy output possibly by commercial printer for stocking, e.g. tags, labels.</p> <p>b. Suggested Size. Enter the suggested size for the form.</p> <p>c. Printing Specifications. Enter "Yes" if the form will be designed for commercial printing and attach the printing specifications.</p> <p>d. Classified. Select the appropriate drop-down choice.</p> <p>e. Controlled. Select the appropriate drop-down choice.</p> <p>f. Digital Signature Field. If Yes is selected, the signature fields will be enabled as digital signature fields.</p> | <p>13. PROPOSED FORM DESIGN CONSIDERATIONS
 (Continued).</p> <p>g. Availability. Select the availability of the form to users:
 - Electronic Form - DoD Forms Management Program web site
 - Electronic Form - Distributed by OPR, no web.
 - Electronic Form - Distributed by FMOs for release, no web.
 - Electronic Form - Other, state in item 14.
 - Physical Product - Stocked by using DoD Components.
 - Physical Product - Stocked and issued by OPR.
 - Physical Product - Stocked by other, state in item 14.
 - Controlled Form - Availability stated in item 14.</p> <p>14. PURPOSE AND DESCRIPTION OF USE. State purpose and description of use. If canceled, state reason for cancellation. Other remarks may be entered here.</p> <p>15. INTERNAL COORDINATION AND CONCURRENCE. Component coordination of Component Program Manager for each program listed. Initials/coordination can be signed with a digital signature using a DoD CAC with a DoD certificate for electronic submission or printed for handwritten initials.</p> <p>a. Privacy Act - If form collects personal identifiable information (PII), Privacy POC coordination is required. List the Systems of Records Notice Number and attach a copy. Also attach a justification for collecting the PII.</p> <p>b. Postal. If form is used as a mailer or requires mail indicia, the DoD Component Postal Official coordination is required.</p> <p>c. Data Elements. If form is to be designed with specific data field names, attach list.</p> <p>d. Records Management. Coordinate with the Records Manager and enter the records disposition schedule under "Remarks".</p> <p>e. Other. If form requires coordination from an office not listed, identify here.</p> <p>f. Reports. If form is used as an instrument to collect information from subordinate commands within DoD Component, other DoD Components, from other Federal agencies, or from public, coordinate with the DoD Component Information Management Control Officer (IMCO). Enter the RCS and/or OMB number in the Remarks column.</p> <p>16. EXTERNAL COORDINATION AND CONCURRENCE. Obtain the coordination of each DoD Component expected to use the form or currently using the form.</p> <p>17. DOD COMPONENT OPR AND/OR ACTION OFFICER. Enter the appropriate information and signature for the action officer.</p> <p>18. DOD COMPONENT APPROVING OFFICIAL. Enter the appropriate information and signature of the DoD Component Approving Official. This official must be at the Division Director level or above.</p> <p>19. DOD COMPONENT OR COMMAND FORMS MANAGEMENT OFFICER. Enter appropriate information and signature of the DoD Component or Command FMO. The FMO signature certifies the DD Form 67 is correct and complete and recommends approval.</p> <p>20. APPROVING FORMS MANAGEMENT OFFICER. Enter the appropriate information for the FMO responsible for approving the form request. Leave blank on DD and SD Forms.</p> |
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Enclosure 3 – Data Elements Guide

Data Elements

DoDEA Form 8100.02-F1 – Justification for Mobile Device

POC:

Field Number	Field/Question	Response/Input Type
1	Name: <i>(Last, First, Middle Initial)</i>	Text
2	Job Title	Text
3	Division/Branch	Text
4	Briefly describe the typical activity that necessitates the use of a mobile device for business purposes outside the employee's normal work hours:	Text
5	Does the job function require that the employee be available to DoDEA at all times for work-related emergencies (i.e. 24 hours a day, 7 days a week)?	Yes/No
6	Does the job function necessitate that the employee be available for mission critical operations outside of the normal workday?	Yes/No
7	Does the job function require that the employee speak with other employees in other time zones at times outside of the normal workday?	Yes/No
8	Does the employee have a DoDEA furnished laptop?	Yes/No
9	If the employee has a DoDEA furnished laptop, can they Lync or Skype to communicate with other employees?	Yes/No
10	Other business reason that may necessitate use of smartphone? If yes, please describe below:	Yes/No, Text
11	Regional Chief of Staff/Division Chief Signature	Electronic Signature
12	F&BO Director Signature	Electronic Signature

Enclosure 4 - Paperwork Reduction Act Submission Form

OMB CONTROL NUMBER -	TITLE
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19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS

a. PROGRAM OFFICIAL CERTIFICATION *(Internal DoD Use Only)*

(1) Signature	(2) Date
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On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous language that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3) about:
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) If applicable, it uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

b. SENIOR OFFICIAL OR DESIGNEE CERTIFICATION

(1) Signature	(2) Date
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INSTRUCTIONS FOR REQUESTING OMB REVIEW UNDER THE PAPERWORK REDUCTION ACT

Please answer all questions and have the Senior Official or designee sign the form. These instructions should be used in conjunction with 5 CFR 1320, which provides information on coverage, definitions, and other matters of procedure and interpretation under the Paperwork Reduction Act of 1995.

1. Agency/Subagency Originating Request

Provide the name of the agency or subagency originating the request. For most Cabinet-level agencies, a subagency designation is also necessary. For non-Cabinet agencies, the subagency designation is generally unnecessary.

2. OMB Control Number

- a. If the information collection in this request has previously received or now has an OMB control or comment number, enter the number.
- b. Mark "None" if the information collection in this request has not previously received an OMB control number. Enter the four digit agency code for your agency.

3. Type of Information Collection (*X one*)

- a. Mark "New collection" when the collection has not previously been used or sponsored by the agency.
- b. Mark "Revision" when the collection is currently approved by OMB, and the agency request includes a material change to the collection instrument, instructions, its frequency of collection, or the use to which the information is to be put.
- c. Mark "Extension" when the collection is currently approved by OMB and the agency wishes only to extend the approval past the current expiration date without making any other material change in the collection instrument, instructions, its frequency of collection, or the use to which the information is to be put.
- d. Mark "Reinstatement without change" when the collection previously had OMB approval, but the approval has expired or was withdrawn before this submission was made, and there is no change to the collection.
- e. Mark "Reinstatement with change" when the collection previously had OMB approval, but the approval has expired or was withdrawn before this submission was made, and there is change to the collection.
- f. Mark "Existing collection in use without OMB control number" when the collection is currently in use but does not have a currently valid OMB control number.

4. Type of Review Requested (*X one*)

- a. Mark "Regular" when the collection is submitted under 5 CFR 1320.10, 1320.11, or 1320.12 with a standard 60 day review schedule.
- b. Mark "Emergency" when the agency is submitting the request under 5 CFR 1320.13 for emergency processing and provides the required supporting material. Provide the date by which the agency requests approval.
- c. Mark "Delegated" when the agency is submitting the collection under the conditions OMB has granted the agency delegated authority.

5. Small Entities

Indicate whether this information collection will have a significant impact on a substantial number of small entities. A small entity may be (1) a small business which is deemed to be one that is independently owned and operated and that is not dominant in its field of operation; (2) a small organization that is any not-for-profit enterprise that is independently owned and operated and is not dominant in its field; or (3) a small government jurisdiction which is a government of a city, county, town, township, school district, or special district with a population of less than 50,000.

6. Requested Expiration Date

- a. Mark "Three years" if the agency requests a three year approval for the collection.
- b. Mark "Other" if the agency requests approval for less than three years. Specify the month and year of the requested expiration date.

7. Title

Provide the official title of the information collection. If an official title does not exist, provide a description which will distinguish this collection from others.

8. Agency Form Number(s) (*If applicable*)

Provide any form number the agency has assigned to this collection of information. Separate each form number with a comma.

9. Keywords

Select and list at least two keywords (descriptors) from the "Federal Register Thesaurus of Indexing Terms" that describe the subject area(s) of the information collection. Other terms may be used but should be listed after those selected from the thesaurus. Separate keywords with commas. Keywords should not exceed two lines of text.

10. Abstract

Provide a statement, limited to five lines of text, covering the agency's need for the information, uses to which it will be put, and a brief description of the respondents.

11. Affected Public

Mark all categories that apply, denoting the primary public with a "P" and all others that apply with "X."

12. Obligation to Respond

Mark all categories that apply, denoting the primary obligation with a "P" and all others that apply with "X."

a. Mark "Voluntary" when the response is entirely discretionary and has no direct effect on any benefit or privilege for the respondent.

b. Mark "Required to obtain or retain benefits" when the response is elective, but is required to obtain or retain a benefit.

c. Mark "Mandatory" when the respondent must reply or face civil or criminal sanctions.

13. Annual Reporting and Recordkeeping Hour Burden

a. Enter the number of respondents and/or recordkeepers. If a respondent is also a recordkeeper, report the respondent only once.

b. Enter the number of responses provided annually. For recordkeeping as compared to reporting activity, the number of responses equals the number of recordkeepers.

(1) Enter the estimated percentage of responses that will be submitted/collected electronically using magnetic media (i.e., diskette), electronic mail, or electronic data interchange. Facsimile is NOT considered an electronic submission.

c. Enter the total annual recordkeeping and reporting hour burden.

d. Enter the burden hours currently approved by OMB for this collection of information. Enter zero (0) for any new submission or for any collection whose OMB approval has expired.

e. Enter the difference by subtracting line d from line c. Record a negative number (d larger than c) within parentheses.

f. Explain the difference. The difference in line e must be accounted for in lines f.(1) and f.(2).

(1) "Program change" is the result of deliberate Federal government action. All new collections and any subsequent revision of existing collections (e.g. the addition or deletion of questions) are recorded as program changes.

(2) "Adjustment" is a change that is not the result of a deliberate Federal government action. Changes resulting from new estimates or actions not controllable by the Federal government are recorded as adjustments.

14. Annual Reporting and Recordkeeping Cost Burden (In thousands of dollars)

The costs identified in this item must exclude the cost of hour burden identified in Item 13.

a. Enter total dollar amount of annualized cost for all respondents of any associated capital or start-up costs.

b. Enter recurring annual dollar amount of cost for all respondents associated with operating or maintaining systems or purchasing services.

c. Enter total (14.a. + 14.b.) annual reporting and recordkeeping cost burden.

<p align="center">INSTRUCTIONS FOR REQUESTING OMB REVIEW UNDER THE PAPERWORK REDUCTION ACT <i>(Continued)</i></p>	<p align="center">CERTIFICATION REQUIREMENT FOR PAPERWORK REDUCTION ACT SUBMISSIONS</p>
<p>14. (Continued) d. Enter any cost burden currently approved by OMB for this collection of information. Enter zero (0) if this is the first submission after October 1, 1995. e. Enter the difference by subtracting line d from line c. Record a negative number (d larger than c) within parentheses. f. Explain the difference. The difference in line e must be accounted for in lines f.(1) and f.(2). (1) "Program change" is the result of deliberate Federal government action. All new collections and any subsequent revisions or changes resulting in cost changes are recorded as program changes. (2) "Adjustment" is a change that is not the result of a deliberate Federal government action. Changes resulting from new estimations or actions not controllable by the Federal government are recorded as adjustments.</p> <p>15. Purpose of Information Collection Mark all categories that apply, denoting the primary purpose with a "P" and all others that apply with "X." a. Mark "Application for benefits" when the purpose is to participate in, receive, or qualify for a grant, financial assistance, etc., from a Federal agency or program. b. Mark "Program evaluation" when the purpose is a formal assessment, through objective measures and systematic analysis, of the manner and extent to which Federal programs achieve their objectives or produce other significant effects. c. Mark "General purpose statistics" when the data is collected chiefly for use by the public or for general Government use without primary reference to the policy or program operations of the agency collecting the data. d. Mark "Audit" when the purpose is to verify the accuracy of accounts and records. e. Mark "Program planning or management" when the purpose relates to progress reporting, financial reporting and grants management, procurement and quality control, or other administrative information that does not fit into any other category. f. Mark "Research" when the purpose is to further the course of research, rather than for a specific program purpose. g. Mark "Regulatory or compliance" when the purpose is to measure compliance with laws or regulations.</p> <p>16. Frequency of Recordkeeping or Reporting Mark "Recordkeeping" if the collection of information explicitly includes a recordkeeping requirement. Mark "Third party disclosure" if a collection of information includes third-party disclosure requirements as defined by 1320.3(c). Mark "Reporting" for information collections that involve reporting and check the frequency of reporting that is requested or required of a respondent. If the reporting is on "an event" basis, mark "On Occasion".</p> <p>17. Statistical Methods Mark "Yes" if the information collection uses statistical methods such as sampling or imputation. Generally, mark "No" for applications and audits (unless a random auditing scheme is used). Mark "Yes" for statistical collections, most research collections, and program evaluations using scientific methods. For other types of data collections, the use of sampling, imputation, or other statistical estimation techniques should dictate the response for this item. Ensure that supporting documentation is provided in accordance with Section B of the Supporting Statement.</p> <p>18. Agency Contact Provide the name and telephone number of the agency person best able to answer questions regarding the content of this submission.</p> <p>19. Certification for Paperwork Reduction Act Submissions By signing this statement, the Program Official certifies internally to WHS/DIOR that the collection of information encompassed by the request complies with 5 CFR 1320.9. However, the signature of the Senior Official or designee certifies to OMB, <i>for the Department of Defense</i>, that the information encompassed by the request complies with the provisions of 5 CFR 1320.9. Provisions of this certification that the agency cannot comply with should be identified here and fully explained in Item 18 of the attached Supporting Statement. NOTE: The Office that "develops" and "uses" the information to be collected is the office that "conducts or sponsors" the collection of information (see 5 CFR 1320.3(d)).</p>	<p>5 CFR 1320.9 reads "As part of the agency submission to OMB of a proposed collection of information, the agency (through the head of the agency, the Senior Official or their designee), shall certify (and provide a record supporting such certification) that the proposed collection of information -</p> <p>"(a) is necessary for the proper performance of the functions of the agency, including that the information to be collected will have practical utility;</p> <p>"(b) is not unnecessarily duplicative of information otherwise reasonably accessible to the agency;</p> <p>"(c) reduces to the extent practicable and appropriate the burden on persons who shall provide information to or for the agency, including with respect to small entities, as defined in the Regulatory Flexibility Act (5 U.S.C. 601(6)), the use of such techniques as:</p> <p>"(1) establishing differing compliance or reporting requirements or timetables that take into account the resources available to those who are to respond;</p> <p>"(2) the clarification, consolidation, or simplification of compliance and reporting requirements; or collection of information, or any part thereof;</p> <p>"(3) an exemption from coverage of the collection of information, or any part thereof;</p> <p>"(d) is written using plain, coherent, and unambiguous terminology and is understandable to those who are to respond;</p> <p>"(e) is to be implemented in ways consistent and compatible, to the maximum extent practicable, with the existing reporting and recordkeeping practices of those who are to respond;</p> <p>"(f) indicates for each recordkeeping requirement the length of time persons are required to maintain the records specified;</p> <p>"(g) informs potential respondents of the information called for under 1320.8(b)(3); (see below)</p> <p>"(h) has been developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected, including the processing of the information in a manner which shall enhance, where appropriate, the utility of the information to agencies and the public;</p> <p>"(i) uses effective and efficient statistical survey methodology appropriate to the purpose for which the information is to be collected; and</p> <p>"(j) to the maximum extent practicable, uses appropriate information technology to reduce burden and improve data quality, agency efficiency and responsiveness to the public."</p> <p>NOTE: 5 CFR 1320.8(b)(3) requires that each collection of information:</p> <p>"(3) informs and provides reasonable notice to the potential persons to whom the collection of information is addressed of:</p> <p>"(i) the reasons the information is planned to be and/or has been collected;</p> <p>"(ii) the way such information is planned to be and/or has been used to further the proper performance of the functions of the agency;</p> <p>"(iii) an estimate, to the extent practicable, of the average burden of the collection (together with a request that the public direct to the agency any comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden);</p> <p>"(iv) whether responses to the collection of information are voluntary, required to obtain or retain a benefit (citing authority), or mandatory (citing authority);</p> <p>"(v) the nature and extent of confidentiality to be provided, if any (citing authority); and</p> <p>"(vi) the fact that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number."</p>

SUPPORTING STATEMENT FOR PAPERWORK REDUCTION ACT SUBMISSIONS

GENERAL INSTRUCTIONS

A Supporting Statement, including the text of the notice to the public required by 5 CFR 1320.5(a)(i)(iv) and its actual or estimated date of publication in the Federal Register, must accompany each request for approval of a collection of information. The Supporting Statement must be prepared in the format described below, and must contain the information specified in Section A below. If an item is not applicable, provide a brief explanation. When item 17 of the OMB Form 83-I is marked "Yes," Section B of the Supporting Statement must be completed. OMB reserves the right to require the submission of additional information with respect to any request for approval.

SPECIFIC INSTRUCTIONS

A. Justification.

1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the collection of information.
2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.
3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g. permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.
4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in item 2. above.
5. If the collection of information impacts small businesses or other small entities (Item 5 of OMB Form 83-I), describe any methods used to minimize burden.
6. Describe the consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.
7. Explain any special circumstances that require the collection to be conducted in a manner:
 - requiring respondents to report information to the agency more often than quarterly;
 - requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;
 - requiring respondents to submit more than an original and two copies of any document;
 - requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records, for more than three years;
 - in connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study;
 - requiring the use of a statistical data classification that has not been reviewed and approved by OMB;

7. (Continued)

- that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
- requiring respondents to submit proprietary trade secrets, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

8. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the agency's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.

Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.

Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every 3 years - even if the collection of information activity is the same as in prior periods. There may be circumstances that mitigate against consultation in a specific situation. These circumstances should be explained.

9. Explain any decision to provide any payment or gift to respondents, other than reenumeration of contractors or grantees.

10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

12. Provide estimates of the hour burden of the collection of information. The statement should:

- Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Unless directed to do so, agencies should not conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample (fewer than 10) of potential respondents is desirable. If the hour burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated hour burden and explain the reasons for the variance. Generally, estimates should not include burden hours for customary and usual business practices.
- If the request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens in Item 13 of OMB Form 83-I.
- Provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included in Item 13.

SUPPORTING STATEMENT FOR PAPERWORK REDUCTION ACT SUBMISSIONS *(Continued)*

A. Justification *(Continued)*

13. Provide an estimate of the total annual cost burden to respondents or recordkeepers resulting from the collection of information. (Do not include the cost of any hour burden shown in Items 12 and 14.)

- The cost estimate should be split into two components: (a) a total capital and start-up cost component (annualized over its expected useful life) and (b) a total operation and maintenance component. The estimates should take into account costs associated with generating, maintaining, and disclosing or providing the information. Include descriptions of methods used to estimate major cost factors including system and technology acquisition, expected useful life of capital equipment, the discount rate(s), and the time period over which costs will be incurred. Capital and start-up costs include, among other items, preparations for collecting information such as purchasing computers and software; monitoring, sampling, drilling and testing equipment; and record storage facilities.

- If cost estimates are expected to vary widely, agencies should present ranges of cost burdens and explain the reasons for the variance. The cost of purchasing or contracting out information collection services should be a part of this cost burden estimate. In developing cost burden estimates, agencies may consult with a sample of respondents (fewer than 10), utilize the 60-day pre-OMB submission public comment process and use existing economic or regulatory impact analysis associated with the rulemaking containing the information collection, as appropriate.

- Generally, estimates should not include purchases of equipment or services, or portions thereof, made: (1) prior to October 1, 1995, (2) to achieve regulatory compliance with requirements not associated with the information collection, (3) for reasons other than to provide information or keep records for the government, or (4) as part of customary and usual business or private practices.

14. Provide estimates of annualized cost to the Federal Government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operational expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies may also aggregate cost estimates from paragraphs 12, 13, and 14 in a single table.

15. Explain the reasons for any program changes or adjustments reported in Items 13 or 14 of the OMB Form 83-I.

16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.

17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

18. Explain each exception to the certification statement identified in Item 19, "Certification for Paperwork Reduction Act Submissions," of OMB Form 83-I.

B. Collections of Information Employing Statistical Methods.

The agency should be prepared to justify its decision not to use statistical methods in any case where such methods might reduce burden or improve accuracy of results. When Item 17 on the OMB Form 83-I is marked "Yes," the following documentation should be included in the Supporting Statement to the extent that it applies to the methods proposed:

1. Describe (including a numerical estimate) the potential respondent universe and any sampling or other respondent selection method to be used. Data on the number of entities (e.g., establishments, State and local government units, households, or persons) in the universe covered by the collection and in the corresponding sample are to be provided in tabular form for the universe as a whole and for each of the strata in the proposed sample. Indicate expected response rates for the collection as a whole. If the collection had been conducted previously, include the actual response rate achieved during the last collection.

2. Describe the procedures for the collection of information including:

- Statistical methodology for stratification and sample selection.
- Estimation procedure.
- Degree of accuracy needed for the purpose described in the justification.
- Unusual problems requiring specialized sampling procedures, and
- Any use of periodic (less frequent than annual) data collection cycles to reduce burden.

3. Describe methods to maximize response rates and to deal with issues of non-response. The accuracy and reliability of information collected must be shown to be adequate for intended uses. For collections based on sampling, a special justification must be provided for any collection that will not yield "reliable" data that can be generalized to the universe studied.

4. Describe any tests of procedures or methods to be undertaken. Testing is encouraged as an effective means of refining collections of information to minimize burden and improve utility. Tests must be approved if they call for answers to identical questions from 10 or more respondents. A proposed test or set of tests may be submitted for approval separately or in combination with the main collection of information.

5. Provide the name and telephone number of individuals consulted on statistical aspects of the design and the name of the agency unit, contractor(s), grantee(s), or other person(s) who will actually collect and/or analyze the information for the agency.

Billing Code: 5001-06

DEPARTMENT OF DEFENSE

Education Activity

[Docket ID: DoD-2015-XX-XXXX]

Proposed Collection; Comment Request

ONLY AMEND HIGHLIGHTED AREAS

AGENCY: Department of Defense Education Activity, DoD.

ACTION: Notice.

SUMMARY: In compliance with the *Paperwork Reduction Act of 1995*, the Department of Defense Education Activity announces a proposed public information collection and seeks public comment on the provisions thereof. Comments are invited on: (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed information collection; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the information collection on respondents, including through the use of automated collection techniques or other forms of information technology.

DATES: Consideration will be given to all comments received by [insert 60 days from publication in the Federal Register].

ADDRESSES: You may submit comments, identified by docket number and title, by any of the following methods:

- Federal eRulemaking Portal: <http://www.regulations.gov>. Follow the instructions for submitting comments.

Enclosure 5 – Federal Registry 60- Day Notice Example

- Mail: Department of Defense, Office of the Deputy Chief Management Officer, Directorate of Oversight and Compliance, Regulatory and Audit Matters Office, 9010 Defense Pentagon, Washington, DC 20301-9010.

Instructions: All submissions received must include the agency name, docket number and title for this Federal Register document. The general policy for comments and other submissions from members of the public is to make these submissions available for public viewing on the Internet at <http://www.regulations.gov> as they are received without change, including any personal identifiers or contact information.

Any associated form(s) for this collection may be located within this same electronic docket and downloaded for review/testing. Follow the instructions at <http://www.regulations.gov> for submitting comments. Please submit comments on any given form identified by docket number, form number, and title.

FOR FURTHER INFORMATION CONTACT: To request more information on this proposed information collection or to obtain a copy of the proposal and associated collection instruments, please write to

Department of Defense Education Activity
Early Childhood Education ISS
4800 Mark Center Dr.
Alexandria, VA 22350-1400
Tel: (571) 372-6011/
DSN: (312) 372-6011

SUPPLEMENTARY INFORMATION:

TITLE; ASSOCIATED FORM; AND OMB NUMBER: Department of Defense Education Activity Sure Start Parent Questionnaire; OMB 0704-0456

NEEDS AND USES: The Department of Defense Education Activity (DoDEA) Sure Start Parent Questionnaire is administered biannually and is used to measure the satisfaction level of parents/sponsors of students enrolled in DoDEA Sure Start programs.

Enclosure 5 – Federal Registry 60- Day Notice Example

This data collection is necessary to allow mid-and end-of-year measurement of Sure Start’s effectiveness in meeting the needs of DoDEA students and families. Mid-year collection allows for immediate programmatic changes to occur. Sure Start is a program for military-sponsored children. It is primarily a program for qualified four year olds. Children qualify for Sure Start based on the following family dynamics which may put the child at risk: Based on rank of sponsor (E-1 - E-4 or civilian rank equivalent, first priority); Single parent household; Parent(s) not a high school graduate; Parent a teenager when first child was born; One or both parents speak a language other than English as their primary language; Low birth weight; Parent is on remote assignment (TDY) three months or more; Four or more children close in age, living in the home; Child has older sibling with a severe disability.

AFFECTED PUBLIC: US military sponsor, parent/guardian of children attending DoDEA schools

ANNUAL BURDEN HOURS: 334 hours

NUMBER OF RESPONDENTS: 1000

RESPONSES PER RESPONDENT: 2

ANNUAL RESPONSES: 2000

AVERAGE BURDEN PER RESPONSE: 10

FREQUENCY: Biannually

Burden information comes from the provided information on the OMB Form 83-I.

Respondents are parents of children enrolled in the DoDEA Sure Start Program.

Enclosure 5 – Federal Registry 60- Day Notice Example

DATED:

Aaron Siegel,

Alternate OSD Federal Register

Liaison Officer, Department of Defense

Strong justification needed for SSN collection on external forms. Internal forms are not permitted to collect SSN.

MEMORANDUM FOR DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

SUBJECT: Justification for the Use of the Social Security Number (SSN) for DD Form 1172-2, “Application for DEERS Enrollment/ID Card Issuance”

In accordance with the requirement established in Department of Defense (DoD) Instruction (DoDI) 1000.30, “Reduction of Social Security Number (SSN) Use within DoD” (Tab A), this memorandum justifies the collection and continued use of the SSN on the DD Form 1172-2, “Application for DEERS Enrollment/ID Card Issuance” (Tab B).

The DD Form 1172-2 is used by all eligible DoD personnel, including current, former and retired members of the uniformed services, civilian employees (e.g., DoD civilian employees, DoD contractor personnel), foreign nationals, other eligible individuals as identified in DoDI 1000.13, Volume 2, “DoD Identification (ID) Cards: Benefits for Members of the Uniformed Services, Their Dependents, and Other Eligible Individuals” (Tab C), and their eligible dependents, to establish eligibility for DoD benefits, including the issuance of a DoD ID card. In support of the Department’s SSN reduction plan, the DD Form 1172-2 only requires the collection of SSN for initial DEERS enrollment in the Defense Enrollment Eligibility Reporting System (DEERS). After initial DEERS enrollment, an individual will be assigned a unique DoD ID number which the individual may use in lieu of the SSN when repopulating the DD Form 1172-2 for future updates.

The SSN that is collected on the DD Form 1172-2 is used in documented and published computer matching agreements to verify an individual’s eligibility for benefits from other Federal agencies (e.g., Social Security Administration and Department of Veterans Affairs). The collection of SSN allows the DoD to minimize the risk of providing benefits to those that are not eligible and helps minimize fraudulent claims. The DD Form 1172-2 is also used to issue the Common Access Card (CAC) as required by Homeland Security Presidential Directive 12. The SSN is used in conjunction with other approved documentation to affirmatively establish the identity that the CAC represents. These requirements are consistent with the guidance for acceptable uses of the SSN as specified in DoDI 1000.30.

The SSN, along with other personnel data information, is securely collected, stored, and managed in accordance with the DEERS Systems of Record Notice (Tab D).

Karyn N Walker
Privacy and Forms Manager

Attachments:
As Stated

INSTRUCTIONS FOR COMPLETING SUPPORTING STATEMENT PART A

INSTRUCTIONS / GUIDELINES:

1. You must provide an answer to each question. Please write your responses in paragraph form, using full sentences, and the standard text responses where applicable.
2. If a standard text answer, denoted by (ST) and highlighted in blue, is applicable for your collection, please use it. If you feel additional explanation is needed, please add to the standard response using full sentences.
3. Please delete all prompt text, which begins with (P) and is italicized, before submitting this document with your package for review.
4. Delete this instruction page before submitting this document with your package for review.

KEY:

TEXT IN ITALICS (P)– Prompts provided to assist you in writing your responses. Once you have answered all of the questions in the prompts, please delete them and leave only your answers.

TEXT IN YELLOW - Edit as appropriate for your individual collection

STANDARD TEXT (ST) - If applicable to your collection, un-highlight and use as the response to that question. If not applicable to your collection, delete and write your own answer in full sentences.

SUPPORTING STATEMENT - PART A

Collection Title – OMB Control Number

Summary of Changes from Previously Approved Collection

(P): In bullet form, highlight the key changes to the collection, if applicable. If the collection is new or there are no changes, OMIT this section. Examples of KEY changes include:

- *Title of the collection*
- *Revisions to instruments including adding new ICs, removing ICs or any major revisions to a previously approved IC (such as adding/removing SSN)*
- *Changes in burden (e.g., increase, decrease, or complex calculations)*

1. Need for the Information Collection

(P): Clearly and comprehensively explain the need for this information collection. List all of the authorities that authorize this collection, by their title and citation. If not evident, please explain how each authority relates to or necessitates this collection.

NOTE: If your authority or prescribing document for a collection is not at the level of U.S. Code, an Executive Order, or Public Law (i.e., a DoD Issuance or other internal policy document), you will need to include a copy of this authority with your package. If any of your authorities are at the level of U.S. Code, an Executive Order, or Public law, you are not required to submit a copy of your authorities with your package, regardless of the levels or types of other authorities.

2. Use of the Information

(P): Clearly and thoroughly explain how the information collection is conducted, from beginning to end. When writing your response, please ensure that you describe:

1. *Who the respondents are*
2. *Why they are responding to the information collection*
3. *Each collection instrument and its format*
4. *How the respondents are accessing the collection instrument*
5. *How they complete the collection instrument*
6. *How they return the completed collection instrument*
7. *Whether or not there are any invitations or other communications sent to the respondent associated with the information collection. If yes, please include copies of them with your package documents for OMB's review.*
8. *How and by whom a completed collection instrument is handled or processed by once it's returned by the respondent*
9. *The end result or successful effect of the information collection as a whole*

3. Use of Information Technology

(P): Address the percentage of responses collected electronically (which should match what is listed in Item 13.b.(1) of the OMB Form 83-I). Explain how this percentage of responses is collected electronically.

If the percentage or electronic submissions is less than 75%, please explain why a higher electronic submission rate is not possible and future plans to increase the electronic submission rate.

What steps have been taken, or planned, to increase the use of the information technology and electronic submissions?

4. Non-duplication

(P): Is there information already available which can be used, or modified for use, for the purpose of this collection?

If yes, please explain why this collection is requiring already available information to be re-submitted by the respondent.

If no, please state (ST): The information obtained through this collection is unique and is not already available for use or adaptation from another cleared source.

5. Burden on Small Businesses

(P): If any of the respondents are small businesses or other small entities, discuss efforts taken to minimize the burden imposed by this collection; i.e., developing separate or simplified requirements, etc. NOTE: If you checked "Yes" in Section 5 of the OMB Form 83-I, you must respond to this prompt and cannot use the Standard Text below.

If none or very few of the respondents are small businesses or other small entities, please state (ST): This information collection does not impose a significant economic impact on a substantial number of small businesses or entities.

6. Less Frequent Collection

(P): Justify / explain why you chose the frequency you did in the 60-Day FRN / OMB Form 83-I Section 16 and why this is the most infrequent collection interval possible without compromising the integrity of collection results and purpose. Explain what the consequences would be if the collection were conducted less frequently than what was listed on the 60-Day FRN / OMB Form 83-I.

7. Paperwork Reduction Act Guidelines

(P): Explain any special circumstances that require the collection to be conducted in a manner inconsistent with the guidelines delineated in 5 CFR 1320.5(d)(2), listed below:

- *It is necessary for the proper performance of agency functions;*
- *It avoids unnecessary duplication;*
- *It reduces burden on small entities;*

- *It uses plain, coherent, and unambiguous language that is understandable to respondents;*
- *Its implementation will be consistent and compatible with current reporting and recordkeeping practices;*
- *It indicates the retention periods for recordkeeping requirements;*
- *It informs respondents of the information called for under 5 CFR 1320.8(b)(3) about:*
 - *Why the information is being collected;*
 - *Use of information;*
 - *Burden estimate;*
 - *Nature of response (voluntary, required for a benefit, or mandatory);*
 - *Nature and extent of confidentiality; and*
 - *Need to display currently valid OMB Control Number;*
- *It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected;*
- *If applicable, it uses effective and efficient statistical survey methodology; and*
- *It makes appropriate use of information technology.*

If none of the above circumstances apply for your collection, please state (ST): This collection of information does not require collection to be conducted in a manner inconsistent with the guidelines delineated in 5 CFR 1320.5(d)(2).

8. Consultation and Public Comments

Part A: PUBLIC NOTICE

A 60-Day Federal Register Notice (FRN) for the collection published on (Day of the Week, Month Day, Year). The 60-Day FRN citation is (volume number) FRN (Page number).

(P): If you did not receive any comments on your 60-Day FRN, please state (ST): No comments were received during the 60-Day Comment Period.

(P): If you did receive comments on your 60-Day FRN, please state (ST): (# of comments received) comments were received during the 60-Day Comment Period. They are included below in the order they were received, as well as our Agency's response to the comment.

A 30-Day Federal Register Notice for the collection published on (Day of the Week, Month Day, Year). The 30-Day FRN citation is (volume number) FRN (Page number).

Part B: CONSULTATION

(P): Describe efforts made to consult with persons outside the sponsoring Agency or Component regarding availability of requested information, frequency of collection, clarity of instructions, etc. If there are circumstances that mitigate against consultation, explain.

NOTE: Consultation with respondents, or their representatives, should occur at least every 3 years, even if the information collection does not change.

If this is a new collection or a previously approved collection but no additional outside consultation was conducted, please state (ST): No additional consultation apart from soliciting public comments through the Federal Register was conducted for this submission.

9. Gifts or Payment

(P): Are respondents receiving payments or gifts for responding to the information collection? If so, please list what they are and explain why payments or gifts are being offered?

NOTE: This does not include remuneration of contractors or grantees.

If respondents are receiving payments or gifts, you are required to consult with General Counsel.

If no gifts or payments are being offered to respondents, please state (ST): No payments or gifts are being offered to respondents as an incentive to participate in the collection.

10. Confidentiality

(P): Does the collection instrument require a Privacy Act Statement (PAS)?

If yes, please explain where it is located and how it is provided to the respondent.

If no, (ST): A Privacy Act Statement is not required for this collection because we are not requesting individuals to furnish personal information for a system of records.

(P): Does the information collection require a System of Record Notice (SORN)?

If yes and the SORN is currently published, please provide a link to the published SORN on DPCLTD's website. (NOTE: This link should also be listed in any PAS provided.)

If yes and the SORN is not currently published or is being revised, include a draft copy with your package and state (ST): A draft copy of the SORN (SORN ID Number and Title) has been provided with this package for OMB's review.

If no, (ST): A System of Record Notice (SORN) is not required for this collection because records are not retrievable by PII.

(P): Does the information collection require a Privacy Impact Assessment (PIA)?

If yes, and the PIA is currently published, please provide a link to the published PIA.

If yes and the PIA is not currently published or is undergoing changes, please submit Sections 1 and 2 of the draft PIA with your package and state (ST): A draft copy of the PIA, PIA title, has been provided with this package for OMB's review.

If no, (ST): A Privacy Impact Assessment (PIA) is not required for this collection because PII is not being collected electronically.

(P): State your Records Retention and Disposition Schedule. If you have a PIA and / or SORN, this should match verbatim the schedule listed in these documents.

11. Sensitive Questions

(P): Are you asking questions of a sensitive nature? Examples of sensitive question topics are:

- *Sexual behavior or attitudes*
- *Religious beliefs*
- *Race and/or ethnicity*
- *Collection of Social Security Number (to include only the last four digits)*
- *Personal Financial / Banking Information*
- *Other matters usually considered private*

(NOTE: Please consult with your IMCO to ensure that all sensitive questions are being asked in compliance with OMB's current standards, especially race and ethnicity).

If sensitive questions are being asked, explain the necessity of asking these questions.

If Social Security Number is collected, include a Social Security Number Justification Memo as part of your package and mention it in your response here. To obtain a Social Security Number Justification Memo, talk with your Information Management Control Officer and your Privacy Officer. The acceptable uses for Social Security Number can be found in DoDI 1000.30.

If no, please state (ST): **No questions considered sensitive are being asked in this collection.**

12. Respondent Burden and its Labor Costs

Part A: ESTIMATION OF RESPONDENT BURDEN

(P): Repeat (using copy and paste) 1a-d for each collection instrument.

(P): If the same respondents are completing multiple instruments in a collection listed below, do not double count them in 12.a "Total Submission Burden" and 12.b. "Overall Labor Burden".

1) Collection Instrument(s)

[Collection Instrument Title]

- a) Number of Respondents: **#**
- b) Number of Responses Per Respondent: **#**
- c) Number of Total Annual Responses: **#**
- d) Response Time (*P: Amount of time needed to complete the collection instrument*): **#**
- e) Respondent Burden Hours (*C multiplied by D, computed into hours*): **#** hours

2) Total Submission Burden (Summation or average based on collection)

- a) Total Number of Respondents (*P: add or average of all "a's" in this section*): **#**
- b) Total Number of Annual Responses (*P: add or average of all "c's" in this section*): **#**
- c) Total Respondent Burden Hours (*P: add all "e's" in this section*): **#** hours

Part B: LABOR COST OF RESPONDENT BURDEN

(P): OMB believes that everyone's time is worth money. In this section, we're determining that if the respondent was working at their job, how much would they make in the time it takes them to respond to the collection instrument?

If respondents are salaried, and not hourly wage-earners, approximate the hourly wage as best as possible. For a good estimate, divide respondent salary by 52 weeks, then divide again by 40 hours to come up with a respondent hourly wage.

1) Collection Instrument(s)

[Collection Instrument Title]

- a) Number of Total Annual Responses: #
- b) Response Time (*P: Amount of time needed to complete the collection instrument*): #
- c) Respondent Hourly Wage: \$X
- d) Labor Burden per Response (*P: B multiplied by C*): \$X
- e) Total Labor Burden (*P: A multiplied by B multiplied by C*): \$X

2) Overall Labor Burden

- a) Total Number of Annual Responses (*P: add all "a's" in this section*): #
- b) Total Labor Burden (*P: add all "e's" in this section*): \$X

(P): Cite the source for all wage information used. You may use [the Bureau of Labor Statistics website's](#) search function to find a specific job title. State (ST): The Respondent hourly wage was determined by using the [Department of Labor Wage Website] (<http://www.dol.gov/dol/topic/wages/index.htm>)

13. Respondent Costs Other Than Burden Hour Costs

(P): Provide an estimate of annualized costs to respondents other than the labor burden costs addressed in Item 12. This should match what is listed in Section 14 of the OMB 83-I Form.

- *Total capital and start-up costs annualized over the expected useful life of the item(s). Capital and start-up costs include the purchase of computers and software; testing equipment; and record storage facilities. For example, if respondents must purchase a computer software program to complete the collection, the costs for the program should go here.*
- *Total operation and maintenance costs. Take into account those costs associated with generating, maintaining, and disclosing or providing the information. O&M costs include such activities as contracting out for services and operational expenses. For example, if respondents must pay for postage to return the collection instrument, the costs for postage should go here.*

If there are no respondent costs apart from burden associated with completing this collection, please state (ST): There are no annualized costs to respondents other than the labor burden costs addressed in Section 12 of this document to complete this collection.

14. Cost to the Federal Government

Part A: LABOR COST TO THE FEDERAL GOVERNMENT

(P): Repeat (using copy and paste) 1a-e for each collection instrument.

1) Collection Instrument(s)

[Collection Instrument Title]

- a) Number of Total Annual Responses: #
- b) Processing Time per Response: # hours
- c) Hourly Wage of Worker(s) Processing Responses : \$X
- d) Cost to Process Each Response (P: B multiplied by C): \$X
- e) Total Cost to Process Responses (P: A multiplied by D): \$X

2) Overall Labor Burden to the Federal Government

- a) Total Number of Annual Responses (P: add all "a's" in this section): #
- b) Total Labor Burden (P: add all "e's" in this section): \$X

Part B: OPERATIONAL AND MAINTENANCE COSTS

(P): To determine Operational and Maintenance Costs, think of the incidental or miscellaneous costs to owning this collection. How much does equipment, printing, or postage for this collection cost? Are there any overhead costs for purchasing or licensing software? If a database or system is involved, how much money does it take to maintain the system? If you do have incur any Operational and Maintenance costs through this collection, please put "\$0" next to each category.

1) Cost Categories

- a) Equipment: \$
- b) Printing: \$
- c) Postage: \$
- d) Software Purchases: \$
- e) Licensing Costs: \$
- f) Other: \$

2) Total Operational and Maintenance Cost: (P: Add a) through f) in this section) \$

Part C: TOTAL COST TO THE FEDERAL GOVERNMENT

1) Total Labor Cost to the Federal Government: \$

2) Total Operational and Maintenance Costs: \$

3) Total Cost to the Federal Government (P: Add 1 and 2 in this section): \$

15. Reasons for Change in Burden

(P): Has there been a change in burden estimates since the last time this collection was approved? Why, or why not?

If there is no change (ST):

There has been no change in burden since the last approval.

If this is a new collection (ST):

This is a new collection with a new associated burden.

If this collection is in existence without OMB approval (ST):

This is an existing collection currently in use without an OMB Control Number.

If this collection is a reinstatement (has expired) (ST):

This is a reinstatement with change to an expired collection. (Provide explanation).

If the burden estimate has increased from the previous approval (ST):

The burden has increased since the previous approval due to (provide explanation).

If the burden estimate has decreased from the previous approval (ST):

The burden has decreased since the previous approval due to (provide explanation).

16. Publication of Results

(P): Will the results of the information collection be published as a DoD publication or for a publication external to DoD?

If yes, please state so, as well as the name and projected date of publication, and why the results will be published.

- *If the results of the information collection will be published for statistical use, outline plans for tabulation, statistical analyses, and publication, please provide the following:*
- *A timeline for the entire project including the beginning and ending dates of the actual collecting of information, estimated completion date of the report, and the publication date.*
- *Any other scheduled action pertaining to the publishing of the information collection.*

If no, (ST): **The results of this information collection will not be published.**

17. Non-Display of OMB Expiration Date

(P): Are you requesting approval to omit the display of the expiration date of the OMB approval on the collection instrument?

If yes, please provide a justification for this request.

If no, (ST): **We are not seeking approval to omit the display of the expiration date of the OMB approval on the collection instrument.**

18. Exceptions to “Certification for Paperwork Reduction Submissions”

(P): Are you asking for any exemptions to the provisions certified to in Item 19.a. of the OMB Form 83-I?

Enclosure 7 - Supporting Statement A Instructions

If yes, you should have identified these exemptions at the bottom of Item 19.a. of the OMB Form 83-I. Unless you can demonstrate that these exceptions are necessary to satisfy statutory requirements, or other substantial need, OMB will not approve the collection of information.

If no (ST): We are not requesting any exemptions to the provisions stated in 5 CFR 1320.9.