

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.

<p>1. Agency/Subagency originating request: Department of Labor, Employment and Training Administration, National Office of Job Corps</p>	<p>2. OMB control number: b. <input type="checkbox"/> None a. <u>1 2 0 5</u> -- 0426</p>
<p>3. Type of information collection (<i>check one</i>)</p> <p>a. <input type="checkbox"/> New collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input checked="" type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number</p> <p><i>For b.- f., note item A2 of Supporting Statement instructions</i></p>	<p>4. Type of review requested (<i>check one</i>)</p> <p>a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency--Approval requested by: ___/___/ c. <input type="checkbox"/> Delegated</p> <p>5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from approval date b. Other--Specify: ___/___/</p>
<p>7. Title Placement Verification and Follow-up of Job Corps Participants</p>	
<p>8. Agency form number(s) (<i>if applicable</i>) N/A</p>	
<p>9. Keywords Job Corps, Youth, Labor, Employment, Training Programs</p>	
<p>10. Abstract This submission requests approval of three primary and two secondary data collection instruments that will be used to collect follow-up data on individuals who are no longer actively participating in Job Corps. The instruments are comprised of modules that include questions designed to obtain the following information: re-verification of initial job and/or school placements; employment and educational experiences; job search activities of those who are neither working nor in school; information about former participants' satisfaction with the services provided by Job Corps, and confirmation of contact information for purposes of further follow-up. The secondary instruments are used to secure placement verification from employers and educational institutions when the individuals cannot be contacted directly.</p>	
<p>11. Affected public (<i>mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <u>P</u> Individuals or households d. ___ Farms b. <u>X</u> Business or other for-profit e. ___ Federal Government c. <u>X</u> Not-for-profit institutions f. ___ State, Local, or Tribal govt.</p>	<p>12. Obligation to respond (<i>mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <u>P</u> Voluntary b. ___ Required to obtain or retain benefits c. ___ Mandatory</p>
<p>13. Annual reporting and recordkeeping hour burden</p> <p>a. Number of respondents <u>77,507</u> b. Total annual responses <u>77,507</u> 1. Percentage of those responses collected electronically <u>97%</u> c. Total annual hours requested <u>16,483</u> d. Current OMB inventory <u>17,485</u> e. Difference <u>(1,002)</u> f. Explanation of difference 1. Program change 2. Adjustment: (1,002)</p>	<p>14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>)</p> <p>a. Total annualized capital/startup costs <u>0</u> b. Total annual costs (O&M) <u>\$2,908.4</u> c. Total annualized cost requested <u>\$2,908.4</u> d. Current OMB inventory <u>\$0</u> e. Difference <u>\$0</u> f. Explanation of difference 1. Program change <u>0</u> 2. Adjustment: Annualized cost escalation, per response=2.07%.</p>
<p>15. Purpose of information collection (<i>mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. ___ Application for benefits e. <u>P</u> Program planning or management b. <u>X</u> Program evaluation c. ___ General purpose statistics f. ___ Research d. ___ Audit g. <u>X</u> Regulatory or compliance</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p>a. Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <u>X</u> Reporting 1. <u>X</u> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <u>X</u> Other (<i>describe</i>) 1-3 Times</p>
<p>17. Statistical methods Does this information collection employ statistical methods? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18. Agency contact (person who can best answer questions regarding the content of the submission) Name: <u>Chris Conboy</u> Phone: <u>(202) 693-3093</u></p>

19. Certification for Paperwork Reduction Act Submissions

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 terminology 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);
 - (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) 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.

Signature of Senior Official or designee

Date

2/3/06

Signature of Agency Official

Date