



**BILLING CODE: 4510-CH-P**

**DEPARTMENT OF LABOR**

**Office of the Workers' Compensation Programs**

**Agency Information Collection Activities; Comment Request; Notice of Recurrence**

**(CA-2a)**

**AGENCY:** Office of Workers' Compensation, Department of Labor.

**ACTION:** Notice.

**SUMMARY:** The Department of Labor (DOL) is soliciting comments concerning a proposed extension for the authority to conduct the information collection request (ICR) titled, "**Notice of Recurrence (CA-2a)**" This comment request is part of continuing Departmental efforts to reduce paperwork and respondent burden in accordance with the Paperwork Reduction Act of 1995 (PRA).

**DATES:** Consideration will be given to all written comments received by **[INSERT DATE 60 DAYS AFTER THE DATE OF PUBLICATION IN THE FEDERAL REGISTER].**

**ADDRESSES:** A copy of this ICR with applicable supporting documentation; including a description of the likely respondents, proposed frequency of response, and estimated total burden may be obtained free by contacting Anjanette Suggs by telephone at 202-354-9660 or by email at [suggs.anjanette@dol.gov](mailto:suggs.anjanette@dol.gov).

Submit written comments about, or requests for a copy of, this ICR by mail or courier to the U.S. Department of Labor, Office of Workers' Compensation Programs, Room S3323, 200 Constitution Avenue, N.W., Washington, D.C. 20210; by email: [suggs.anjanette@dol.gov](mailto:suggs.anjanette@dol.gov).

**FOR FURTHER INFORMATION CONTACT:** Contact Anjanette Suggs by telephone at 202-354-9660 or by email at [suggs.anjanette@dol.gov](mailto:suggs.anjanette@dol.gov).

**SUPPLEMENTARY INFORMATION:** The DOL, as part of continuing efforts to reduce paperwork and respondent burden, conducts a pre-clearance consultation program to provide the general public and Federal agencies an opportunity to comment on proposed and/or continuing collections of information before submitting them to the Office of Management and Budget (OMB) for final approval. This program helps to ensure requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements can be properly assessed.

Background: The Office of Workers' Compensation Programs (OWCP) administers the Federal Employees' Compensation Act, which provides for continuation of pay or compensation for work related injuries or disease that result from Federal employment. Under 5 U.S.C. 8149, the Secretary of Labor may prescribe rules and regulations necessary for the administration and enforcement of this subchapter. Regulation 20 CFR 10.104 designates form CA-2a as the form to be used to request information from claimants with previously-accepted injuries, who claim a recurrence of disability, and from their supervisors. The form requests information relating to the specific circumstances leading up to the recurrence as well as information about their employment and earnings. The information provided is used by OWCP claims examiners to determine whether a claimant has sustained a recurrence of disability related to an accepted injury and, if so, the appropriate benefits payable. This information collection is currently approved for use through November 30, 2020.

DOL authorizes this information collection. This information collection is subject to the PRA. A Federal agency generally cannot conduct or sponsor a collection of information, and the public is generally not required to respond to an information collection, unless the OMB under the PRA approves it and displays a currently valid OMB Control Number. In addition, notwithstanding any other provisions of law, no person shall generally be subject to penalty for failing to comply with a collection of information that does not display a valid Control Number. *See* 5 CFR 1320.5(a) and 1320.6.

Interested parties are encouraged to provide comments to the contact shown in the ADDRESSES section. Written comments will receive consideration, and summarized and included in the request for OMB approval of the final ICR. In order to help ensure appropriate consideration, comments should mention OMB# 1240-0009.

Submitted comments will also be a matter of public record for this ICR and posted on the Internet, without redaction. The DOL encourages commenters not to include personally identifiable information, confidential business data, or other sensitive statements/information in any comments.

The DOL is particularly interested in comments that:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility.
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used.

- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

*Agency:* DOL-Office of Workers' Compensation Programs

*Type of Review:* EXTENSION WITHOUT CHANGES.

*Title of Collection:* Notice of Recurrence.

*Agency Form Number:* CA-2a.

*OMB Control Number:* 1240-0009.

*Affected Public:* Individuals or households.

*Estimated Number of Respondents:* 133.

*Frequency:* Annually.

*Total Estimated Annual Responses:* 133.

*Estimated Average Time per Response:* 30 minutes.

*Estimated Total Annual Burden Hours:* 67.

*Total Estimated Annual Other Cost Burden:* \$19.00.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

AUTHORITY: 44 U.S.C. 3506(c)(2)(A).

**Anjanette Suggs,**

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*Office of Workers' Compensation Programs,*

*U.S.*

*Department*

*of*

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