

received have been used to approve attorney's fees, allowing the attorney to pursue payment of an appropriate amount from the claimant. If the fee requested is considered excessive, in view of the criteria outlined in the regulations, the fee approved would be reduced accordingly. For additional information, see related notice published at Volume 74 FR 46237 on September 8, 2009.

*Agency:* Office of Workers' Compensation Programs.

*Type of Review:* Extension without change of a currently approved collection.

*Title of Collection:* Request for Employment Information.

*OMB Control Number:* 1215-0105.

*Agency Form Number:* CA-1027.

*Affected Public:* Private Sector—Businesses and other for-profits.

*Total Estimated Number of Respondents:* 500.

*Total Estimated Annual Burden Hours:* 125.

*Total Estimated Annual Costs Burden:* \$235.

*Description:* This information collection is used to collect information about a claimant's employment. It is necessary to determine continued eligibility for compensation payments under Federal Employees' Compensation Act. For additional information, see related notice published at Volume 74 FR 42124 on August 20, 2009.

*Agency:* Office of Workers' Compensation Programs.

*Type of Review:* Extension without change of a currently approved collection.

*Title of Collection:* Claim for Medical Reimbursement Form.

*OMB Control Number:* 1215-0193.

*Agency Form Number:* OWCP-915.

*Affected Public:* Individuals or households.

*Total Estimated Number of Respondents:* 16,824.

*Total Estimated Annual Burden Hours:* 11,171.

*Total Estimated Annual Costs Burden:* \$103,636.

*Description:* Form OWCP-915 is used to claim reimbursement for out-of-pocket covered medical expenses paid by a beneficiary, and must be accompanied by required billing data elements (prepared by the medical provider) and by proof of payment by the beneficiary. For additional information, see related notice published at Volume 74 FR 384744 on August 3, 2009.

*Agency:* Office of Workers' Compensation Programs.

*Type of Review:* Extension without change of a currently approved collection.

*Title of Collection:* Pharmacy Billing Requirements.

*OMB Control Number:* 1215-0194.

*Agency Form Number:* N/A.

*Affected Public:* Private Sector—Businesses and other for-profits.

*Total Estimated Number of Respondents:* 28,150.

*Total Estimated Annual Burden Hours:* 121,494.

*Total Estimated Annual Costs Burden:* \$0.

*Description:* The National Council for Prescription Drug Programs Standardized Pharmacy Billing Data Requirements is the electronic billing format used by pharmacies throughout the country to request payment for prescription drugs through data clearinghouses. They identify the provider, claimant, prescribing physician, drug by National Drug Code number, prescription volume and charge. Similar data elements are required to process paper-based pharmacy bills. For additional information, see related notice published at Volume 74 FR 37733 on July 29, 2009.

**Darrin A. King,**

*Departmental Clearance Officer.*

[FR Doc. E9-27461 Filed 11-16-09; 8:45 am]

**BILLING CODE 9111-97-P**

## DEPARTMENT OF LABOR

### Proposed Information Collection for Voice of Latino Workforce Experience Survey; Comment Request

**AGENCY:** Employment and Training Administration.

**ACTION:** Notice.

**SUMMARY:** The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a preclearance consultation program to provide the general public and Federal agencies an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) [44 U.S.C. 3506(c)(2)(A)]. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Employment and Training Administration is soliciting comments concerning the proposed one-

time telephone survey of Latinos, entitled *Voice of Latino Workforce Experience*.

A copy of the proposed information collection request can be obtained by contacting the office listed below in the addressee section of this notice or by accessing: <http://www.doleta.gov/OMB/OMBControlNumber.cfm>.

**DATES:** Written comments must be submitted to the office listed in the addressee's section below on or before January 19, 2010.

**ADDRESSES:** Submit written comments to the Employment and Training Administration, Office of Policy Development and Research, 200 Constitution Avenue, NW., Room N5641, Washington, DC 20210, *Attention:* Mr. Daniel Carroll. *Telephone number:* 202-693-2795 (this is not a toll-free number). *Fax:* 202-693-2766. *E-mail:* [carroll.daniel.j@dol.gov](mailto:carroll.daniel.j@dol.gov).

### SUPPLEMENTARY INFORMATION:

#### I. Background

Latino Americans are one of the fastest-growing segments of the American workforce, and projections indicate that this trend will continue. Latinos represent a substantial workforce asset because of their overall youth and notable rates of labor force participation, particularly in light of trends such as the aging of the workforce and slower labor force growth. However, Latinos tend to be concentrated in occupations with relatively low wages and few career options and experience higher unemployment rates and lower earnings than most other U.S. population groups. Workforce development is vital to ensuring that this growing portion of the U.S. labor force can reach its full potential. Yet, the Latino population and workforce are very diverse, and more detailed, specific information has been needed to ensure that programs and services are tailored to the various types of Latino workers' needs and preferences.

To understand the continuum of Latino perspectives on the economy, jobs, and public workforce investment system and increase the capacity to assist local workforce investment boards, the proposed survey, *Voice of Latino Workforce Experience*, will collect and analyze first-person accounts of experiences and opinions from Latino workers in Washington, DC, Fort Lauderdale, Florida, and Chicago, Illinois.

This will be a one-time telephone survey with a sample of self-identified Latino workers in each of the three metropolitan regions. The survey will

collect important information on a variety of topics, including basic demographics, current occupation, participation in workforce education and training programs, training needed for a better job, and obstacles to participating in necessary training.

## II. Review Focus

The Department of Labor is particularly interested in comments which:

- \* 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 appropriated automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

## III. Current Actions

*Type of Review:* New Collection.

*Agency:* Employment and Training Administration.

*Title:* Voice of Latino Workforce Experience Survey.

*OMB Number:* 1205-0NEW.

*Affected Public:* Individuals.

*Total Respondents:* 4,800.

*Frequency:* One-time survey.

*Total Responses:* 4,800.

*Average Time per Response:* 5.25 minutes.

*Estimated Total Burden Hours:* 420 (see Table 1, below).

TABLE 1—ESTIMATED BURDEN HOURS

Who will be interviewed?	Survey Instrument	Respondents	Average Time per Respondent	Total Hours
Latino Workers.	Questionnaire.	1,200	15 minutes	300
Phone Answerer.	Point of Contact Only.	3,600	2 minutes	120
Total ....		4,800		420

*Total Burden Cost (operating/maintaining):* \$0

Comments submitted in response to this comment request 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.

Dated: Signed October 30, 2009.

**Jane Oates,**

*Assistant Secretary, Employment and Training Administration.*

[FR Doc. E9-27533 Filed 11-16-09; 8:45 am]

**BILLING CODE 4510-FN-P**

## DEPARTMENT OF LABOR

### Bureau of Labor Statistics

### Proposed Collection, Comment Request

**ACTION:** Notice.

**SUMMARY:** The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a pre-clearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995

(PRA95) [44 U.S.C. 3506(c) (2)(A)]. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. The Bureau of Labor Statistics (BLS) is soliciting comments concerning the proposed extension of the "Multiple Worksite Report and the Report of Federal Employment and Wages." A copy of the proposed information collection request (ICR) can be obtained by contacting the individual listed below in the **ADDRESSES** section of this notice.

**DATES:** Written comments must be submitted to the office listed in the Addresses section of this notice on or before January 19, 2010.

**ADDRESSES:** Send comments to Carol Rowan, BLS Clearance Officer, Division of Management Systems, Bureau of Labor Statistics, Room 4080, 2 Massachusetts Avenue, NE., Washington, DC 20212. Written comments also may be transmitted by fax to 202-691-5111. (This is not a toll free number.)

**FOR FURTHER INFORMATION CONTACT:** Carol Rowan, BLS Clearance Officer, 202-691-7628. (See **ADDRESSES** section.)

## SUPPLEMENTARY INFORMATION:

### I. Background

The Quarterly Census of Employment and Wages (QCEW) program is a Federal/State cooperative effort which compiles monthly employment data, quarterly wages data, and business identification information from employers subject to State Unemployment Insurance (UI) laws. These data are collected from State Quarterly Contribution Reports (QCRs) submitted to State Workforce Agencies (SWAs). The States send micro-level employment and wages data, supplemented with the names, addresses, and business identification information of these employers, to the BLS. The State data are used to create the BLS sampling frame, known as the longitudinal QCEW data. This file represents the best source of detailed industrial and geographical data on employers and is used as the sampling frame for most BLS surveys. The longitudinal QCEW data include the individual employers' employment and wages data along with associated business identification information that is maintained by each State to administer the UI program as well as the Unemployment Compensation for Federal Employees (UCFE) program.