

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

Agency: DOL-Office of Workers' Compensation Programs, Division of Longshore and Harbor Workers' Compensation, (OWCP/DLHWC).

Type of Review: Date Extension.

Title of Collection: Certification of Funeral Expenses under the Longshore and Harbor Workers' Compensation Act.

OMB Control Number: 1240-0040.

Affected Public: Private Sector.

Number of Respondents: 21.

Frequency: On occasion.

Number of Responses: 21.

Average Time per Response: 0.25 hours.

Annual Burden Hours: 5.25.

Total Annual Other Cost Burden: \$136.66.

Authority: 33 U.S.C. 909(a), 913 and 939.

Anjanette Suggs,

Agency Clearance Officer.

[FR Doc. 2026-11496 Filed 6-8-26; 8:45 am]

BILLING CODE 4510-CF-P

DEPARTMENT OF LABOR

Office of Workers' Compensation Programs

[OMB Control No. 1240-0026]

Proposed Extension Without Change of Existing Collection; Comment Request; Administration of the Longshore and Harbor Workers' Compensation Act

AGENCY: Office of Workers' Compensation Programs, Division of Longshore and Harbor Workers' Compensation, (OWCP/DLHWC).

ACTION: Request for public comments.

SUMMARY: The Department of Labor (DOL) is soliciting comments concerning a proposed extension for the authority to conduct the information collection request (ICR) titled, "Application for Continuation of Death Benefits for Student" (LS-266). This comment request is part of a continuing effort to reduce paperwork and respondent burden in accordance with the Paperwork Reduction Act of 1995. This request helps to ensure that: requested data can be provided in the desired format; reporting burden (time and financial resources) is minimized; collection instruments are clearly understood; and the impact of the collection requirements on respondents can be properly assessed.

DATES: Consideration will be given to all written comments received by August 10, 2026.

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

Electronic Submissions: Submit electronic comments in the following way:

- *Federal eRulemaking Portal:*

<https://www.regulations.gov>. Follow the instructions for submitting comments. Comments submitted electronically, including attachments, to <https://www.regulations.gov> will be posted to the docket, with no changes. Because your comment will be made public, you are responsible for ensuring that your comment does not include any confidential information that you or a third party may not wish to be posted, such as your or anyone else's Social Security number or confidential business information.

- If your comment includes confidential information that you do not wish to be made available to the public, submit the comment as a written/paper submission.

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

- *Mail/Hand Delivery:* Mail or visit DOL-OWCP/DLHWC, Office of Workers' Compensation Programs, U.S. Department of Labor, 200 Constitution Ave. NW, Room S-3229, Washington, DC 20210.

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

FOR FURTHER INFORMATION CONTACT:

Contact Anjanette Suggs, Office of Workers' Compensation Programs, OWCP by telephone at 202-354-9660 or by email at suggs.anjanette@dol.gov.

SUPPLEMENTARY INFORMATION:

I. Background

The Office of Workers' Compensation Programs, (OWCP) administers the Longshore and Harbor Workers' Compensation Act. This Act was amended on October 27, 1972, to provide for continuation of death benefits for a child or certain other surviving dependents after the age of 18 years (to age 23) if the dependent qualifies as a student as defined in section 2 (18) of the Act. The benefit would also be terminated if the dependent completes four years of education beyond high school. Form LS-266 is to be submitted by the parent or guardian for whom continuation of benefits is sought. The statements contained on the form must be verified by an official of the education

institution. The information is used by the DOL to determine whether a continuation of the benefits is justified.

Legal authority for this information collection is found at 33 U.S.C. 902(18) and 33 U.S.C. 939(a). Regulatory authority is found at 20 CFR 702.121.

II. Desired Focus of Comments

OWCP/DLHWC is soliciting comments concerning the proposed information collection related to Application for Continuation of Death Benefit for Student. OWCP/DLHWC 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.
- Background documents related to this information collection request are available at <https://www.regulations.gov> and at DOL-OWCP located at 200 Constitution Avenue NW, Room S-3229, Washington, DC 20210. Questions about the information collection requirements may be directed to the person listed in the **FOR FURTHER INFORMATION** section of this notice.

III. Current Actions

This information collection request concerns Application for Continuation of Death Benefit for Student, LS-266.

OWCP/DLHWC has updated with data with respect to the number of respondents, responses, burden hours and burden costs supporting this information collection request from the previous information collection request.

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

Agency: DOL-Office of Workers' Compensation Programs, Division of Longshore and Harbor Workers' Compensation, OWCP/DLHWC.

OMB Number: 1240-0026.

Affected Public: Private Sector.

Number of Respondents: 12.
Frequency: On occasion.
Number of Responses: 12.
Annual Burden Hours: 6 hours.
Annual Respondent or Recordkeeper Cost: \$156.20.

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

Authority: 33 U.S.C. 902(18) and 939(a).

Anjanette Suggs,

Agency Clearance Officer.

[FR Doc. 2026-11495 Filed 6-8-26; 8:45 am]

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DEPARTMENT OF LABOR

Office of the Workers' Compensation Programs

[OMB Control No. 1240-0029].

Proposed Extension of Existing Collection; Request for Examination and/or Treatment (LS-1)

AGENCY: Office of Workers' Compensation Programs, Division of Longshore and Harbor Workers' Compensation (OWCP/DLHWC), Department of Labor

ACTION: Request for public comments.

SUMMARY: The Department of Labor (DOL) is soliciting comments concerning a proposed extension for the authority to conduct the information collection request (ICR) titled "Request for Examination and/or Treatment" (LS-1). This comment request is part of a continuing effort to reduce paperwork and respondent burden in accordance with the Paperwork Reduction Act of 1995. This request helps to ensure that requested data can be provided in the desired format; reporting burden (time and financial resources) is minimized; collection instruments are clearly understood; and the impact of collection requirements on respondents can be properly assessed.

DATES: Consideration will be given to all written comments received by August 10, 2026.

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

Electronic Submissions: Submit electronic submissions the following way:

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

Comments submitted electronically, including attachments, to <https://www.regulations.gov> will be posted to the docket, with no changes. Because your comment will be made public, you are responsible for ensuring that your comment does not include any confidential information that you or a third party may not wish to be posted, such as your or anyone else's Social Security number or confidential business information.

- If your comment includes confidential information that you do not wish to be made available to the public, submit the comment as a written/paper submission.

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

- *Mail/Hand Delivery:* Mail or visit DOL-OWCP, Office of Workers' Compensation Programs, U.S. Department of Labor, 200 Constitution Ave. NW, Room S-3229, Washington, DC 20210.

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

FOR FURTHER INFORMATION CONTACT: Contact Anjanette Suggs, Office of Workers' Compensation Programs, at suggs.anjanette@dol.gov (email); or (202) 354-9660.

SUPPLEMENTARY INFORMATION:

I. Background

The Office of Workers' Compensation Programs administers the Longshore and Harbor Workers' Compensation Act. The Act provides benefits to workers' injured in maritime employment on the navigable waters of the United States or in an adjoining area customarily used by an employer in loading, unloading, repairing, or building a vessel. In addition, several acts extend the Longshore Act's coverage to certain other employees. Section 33 U.S.C. 907 of the Longshore Act and 20 CFR 702.419, the employer/insurance carrier is responsible for furnishing medical care for the injured employee for such period of time as the injury or recovery period may require. Form LS-1 serves two purposes: It authorizes the medical care, and it provides a vehicle for the treating physician to report the findings, treatment given, and anticipated physical condition of the employee. Legal authority for this information collection is found at 33 U.S.C. 907. Regulatory authority is found at 20 CFR 702.419.

II. Desired Focus of Comments

The OWCP is soliciting comments concerning the proposed information collection request (ICR) titled, "Request for Examination and/or Treatment (LS-1)." OWCP/DLHWC is particularly interested in comments that:

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

Background documents related to this information collection request are available at <https://www.regulations.gov> and at DOL-OWCP/DLHWC located at 200 Constitution Ave. NW, Room S3524, Washington, DC 20210. Questions about the information collection requirements may be directed to the person listed in the **FOR FURTHER INFORMATION** section of this notice.

III. Current Actions

This information collection request concerns the "Request for Examination and/or Treatment (LS-1)." OWCP/DLHWC has updated the data with respect to the number of respondents, burden hours, and burden costs supporting this information collection request from the previous information collection request.

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

Agency: DOL-Office of Workers' Compensation Programs, Division of Longshore and Harbor Workers' Compensation, OWCP/DLHWC.

OMB Control Number: 1240-0029.
Affected Public: Individuals or Households.

Number of Respondents: 136.

Frequency: On occasion.

Number of Responses: 136.

Average Time per Response: 65 minutes.

Annual Burden Hours: 147.33 hours.

Annual Respondent or Recordkeeper Cost: \$3,835.09.