village of residence of the individual commenting. Court reporters will be available to record verbal comments at the Public Workshops. If you need the assistance of a translator, other than Spanish, please call Ms. Amy Hanson at (847) 294–7354 by August 3, 2015.

For Further Information or To Submit Comments Contact: Amy Hanson, Environmental Protection Specialist, Federal Aviation Administration, Chicago Airports District Office, 2300 East Devon Avenue, Des Plaines, IL 60018, FAX: 847–294–7046, email address: *omre-eval@faa.gov*.

Issued in Des Plaines, Illinois, July 20, 2015.

James G. Keefer,

Manager, Chicago Airports District Office.

[FR Doc. 2015–18209 Filed 7–24–15; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Office of the Secretary

[Docket No. DOT–OST–2015–0076]

Request for Comments

AGENCY: Office of the Secretary, U.S. Department of Transportation.

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*), this notice announces that the U.S. Department of Transportation (DOT) will forward the Information Collection Request (ICR) abstracted below to the Office of Management and Budget (OMB) for reinstatement with change of a previously approved collection. The ICR describes the nature of the information collection and its expected cost and burden hours. The OMB approved the form in 2009 with its renewal required by September 30, 2012. Subsequently, DOT was given approval of the form until August 31, 2014. The renewal period then lapsed; therefore, the form expired. The **Federal Register** Notice with a 60-day comment period soliciting comments on the form renewal was published on April 29, 2015, [FR Vol. 80, No. 82, page 23855]. No comments were received. This notice includes corrections and updates to the 60-day published notice.

DATES: Comments on this notice must be received by August 26, 2015.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal to the DOT/OST Desk Officer, Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW., Washington, DC 20503, or by email to *oira_submission@omb.eop.gov.*

FOR FURTHER INFORMATION CONTACT: Tami L. Wright, Associate Director, Compliance Operations Division (S–34), Departmental Office of Civil Rights, Office of the Secretary, U.S. Department of Transportation, 1200 New Jersey Avenue SE., Washington, DC 20590, 202–366–9370.

SUPPLEMENTARY INFORMATION:

Form Title(s): Individual Complaint of Employment Discrimination Form.

Form Number: DOT F 1050–8.

OMB Control Number: 2105–0056.

Abstract: The DOT will utilize the form to collect information necessary to process Equal Employment Opportunity (EEO) discrimination complaints filed by employees, former employees, and applicants for employment with the Department. These complaints are processed in accordance with the Equal Employment Opportunity Commission's regulations, 29 CFR part 1614, as amended. The DOT will use the form to: (a) Request requisite information from the individual for processing his or her EEO employment discrimination complaint; and (b) obtain information to identify an individual or his or her attorney or other representative, if appropriate. An individual's filing of an EEO employment complaint is solely voluntary. The DOT estimates that it takes an individual approximately one hour to complete the form.

Type of Request: Reinstatement with change of a previously approved collection.

Affected Public: Job applicants filing EEO employment discrimination complaints.

Total Annual Estimated Burden: 10 hours.

Frequency of Collection: An individual's filing of an EEO complaint is solely voluntary.

Comments are Invited on: (a) Whether the proposed collection of information is reasonable for the proper performance of the EEO functions of the Department; (b) the accuracy of the Department's estimate of the burden of the proposed information collection, including the validity of methodology and assumptions used; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on those who are to respond, including use of appropriate, automated, electronic, mechanical, or other technology. Comments should be addressed to the address in the preamble. All responses to this notice will be summarized and included in the request for Office of Management and Budget approval. All comments will also become a matter of public record.

Issued in Washington, DC, on July 21, 2015.

Patricia Lawton,

PRA Clearance Officer, U.S. Department of Transportation.

BILLING CODE 4910–9X–P

OMB No:

PAPERWORK REDUCTION ACT BURDEN STATEMENT

Under the Paperwork Act of 1995, no persons are required to respond to a collection of information unless it displays valid OMB control number. The public reporting burden for this voluntary collection of information is estimated to average 1 hour per response. If you wish to comment on the accuracy of the estimate or make suggestions for reducing this burden, please direct your comments to the U.S. Department of Transportation, Departmental Office of Civil Rights, S-34, 1200 New Jersey Avenue, SE., Washington, DC 20590

U.S. Department of Transportation

INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION
FORM INSTRUCTIONS

(*Read the following instructions carefully before you complete this form.*)
(*Please complete all items on the complaint form.*)

GENERAL: This form should be used only if you, as an applicant for employment with the Department of Transportation, or as a present or former Department of Transportation employee:

1) believe you have been discriminated against because of your **race, color, religion, sex** (gender, sexual harassment, pregnancy, sexual orientation, or gender identity), **national origin, age** (40 years or older at the time of the event giving rise to your claim), **physical or mental disability, equal pay/compensation, genetic information**, or believe that you have been **retaliated** against for participating in activities covered under the Equal Employment Opportunity statutes; and

2) have presented the matter for informal resolution to an EEO Counselor within **45-calendar days** of the event giving rise to your claim, or within **45-calendar days** of first becoming aware of the alleged discrimination.

IMPORTANT NOTE: In certain situations, the information provided in Part III of the attached complaint form may be used in lieu of an affidavit in the investigation of your complaint. Accordingly, the information you provide in this part should be brief, clear, and complete.

WHEN TO FILE: In accordance with 29 C.F.R. § 1614.106, your formal complaint must be filed within **15-calendar days** of the date you received the Notice of Right to File a Discrimination Complaint form from your EEO Counselor. You must sign and date your complaint. If you are represented by an attorney, the attorney may sign the complaint on your behalf.

These time limits may be extended: **1)** if you show that you were not notified of the time limits and were not otherwise aware of them, or **2)** if you were prevented by circumstances beyond your control from submitting the matter within the time limits, or **3)** for other reasons considered sufficient by the Department.

REPRESENTATION: You may have a representative of your own choosing at all stages of the processing of your complaint. However, your representative will be disqualified if such representation would conflict with the official or collateral duties of the representative. No EEO Counselor or EEO Officer may serve as a representative. *(Your representative need not be an attorney, but only an attorney representative may sign the complaint on your behalf.)*

WHERE TO FILE: The complaint should be filed with the Associate Director, Compliance Operations Division (S-34), Departmental Office of Civil Rights, 1200 New Jersey Avenue, S.E., W76-401, Washington, DC 20590. Filing instructions are contained in the Notice of Right to File a Discrimination Complaint form which was provided by your EEO Counselor. Keep a copy of the completed complaint form for your records.

(PLEASE ALSO READ THE PRIVACY ACT STATEMENT ON THE REVERSE SIDE)

PRIVACY ACT STATEMENT

1. **FORM NUMBER/TITLE DATE**: Department of Transportation Form Number 1050-8, Individual Complaint of Employment Discrimination with the Department of Transportation.

2. **AUTHORITY**: 42 U.S.C. 2000e; 29 U.S.C. 633a; PL 95-062 as amended; 5 U.S.C. 1303 and 1304; 5 C.F.R. 5.2 and 5.3; 29 C.F.R. 1614.105 and 1614.107; and Executive Order 11478, as amended.

3. **PRINCIPAL PURPOSES**: The purpose of this complaint form, whether recorded initially on the form or taken from a letter from the Complainant, is to record the filing of a formal written complaint of employment discrimination with the Department of Transportation on the grounds of race, color, religion, sex (gender, sexual harassment, pregnancy, sexual orientation, or gender identity), national origin, age, physical or mental disability, genetic information, or reprisal, and to reach a decision on the complaint. Information provided on this form will be used by the Department of Transportation to determine whether the complaint was timely filed and whether the claims in the complaint are within the purview of 29 C.F.R. Part 1614, and to provide a factual basis for investigation of the complaint.

4. **ROUTINE USES**: Other disclosures may be:

   a. to respond to a request from a Member of Congress regarding the status of the complaint or appeal;
   b. to respond to a court subpoena and/or to refer to a district court in connection with a civil suit;
   c. to disclose information to authorized officials or personnel to adjudicate a complaint or appeal;
   d. to disclose information to another Federal agency or to a court or third party in litigation when the Government is party to a suit before the court.

5. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY, AND EFFECT ON INDIVIDUAL BY NOT PROVIDING INFORMATION**: Formal complaints of employment discrimination must be in writing, signed by the Complainant (or attorney representative), and must identify the parties and action or policy at issue. Failure to comply may result in the Department of Transportation dismissing the complaint. It is not mandatory that this form be used to provide the requested information.

DETACH AND KEEP THIS PAGE WHEN YOU FILE YOUR COMPLAINT

ONE DOT Working Better Together DEPARTMENT OF TRANSPORTATION

INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION WITH THE DEPARTMENT OF TRANSPORTATION

FOR OFFICE USE ONLY

DEPARTMENT CASE NUMBER

FILING DATE

PART I COMPLAINANT IDENTIFICATION INFORMATION

1. Name (Last, First, Middle Initial):

2. Telephone/Fax (Include Area Code):

Home: Fax:

Work: Fax:

E-Mail:

3. Present Home Address (You must notify the Departmental Office of Civil Rights of any changes to your address while the complaint is pending, or your complaint may be dismissed):

Street Address

City State Zip Code

4. If you are a *current* or *former* employee of the Federal government, list your most recent title, series, and grade.

Title Series Grade

5. Name and Address of Organization Where You Work (If a Department of Transportation Employee):

Office and Staff Symbol:

Street Address:

City: State: Zip Code:

6. Employment Status in Relation to this Complaint:

☐ **Applicant** ☐ **Probationary** ☐ **Career/Career Conditional**

☐ **Former Employee** _____ **Date Last Employed at Department**

☐ **Retired** _____ **Date of Retirement**

☐ **Other** _____ **Specify**

7. I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief.

Signature of Complainant or ATTORNEY Representative **Date**

PART II DESIGNATION OF REPRESENTATIVE

8. You may represent yourself in this complaint or you may choose someone to represent you. Your representative does not have to be an attorney. You may change your designation of a representative at a later date, but you must notify the Departmental Office of Civil Rights immediately in writing of any change, and you must include the same information requested in this Part.

"I hereby designate _____ (Please Print Name) to serve as my representative during the course of this complaint. I understand that my representative is authorized to act on my behalf.

9. Representative's Mailing Address:

Firm/Organization

Street Address

City State Zip Code

10. Representative's Employer (If Federal Agency):

11. Representative's Telephone/Fax (Include Area Code):

Telephone: Fax:

12. SIGNATURE of Complainant (or ATTORNEY) **DATE**

PART III ALLEGED DISCRIMINATORY ACTIONS

13. Name and Address of Agency/office that took the action at issue (if different than item 5.)

Office and Organizational Component

Street Address

City State Zip Code

14. If your complaint involves non-selection for a position, please complete the following:

Position Title Series Grade

Vacancy Announcement No. Date Learned of Non-selection

15. Mark below ONLY the basis(es) you believe were relied on to take the actions described in #17.

- ☐ Race (Specify) _____
- ☐ Color (State Complexion) _____
- ☐ Religion (Specify) _____
- ☐ Sex (Gender, Sexual Harassment, Pregnancy, Sexual Orientation, or Gender Identity) _____
- ☐ National Origin (Specify) _____
- ☐ Age (Date of Birth) _____
- ☐ Mental Disability (Specify) _____
- ☐ Physical Disability (Specify) _____
- ☐ Equal Pay/Compensation (Specify) _____
- ☐ Genetic Information (Specify) _____
- ☐ Retaliation (Date(s) of prior EEO Activity) _____

16. Mark below ONLY the claim(s) you believe were relied on to take the actions described in #17.

☐	1. Appointment/Hire	☐	14. Reassignment A. Denied B. Directed
☐	2. Assignment Of Duties	☐	15. Reasonable Accommodation – Disability
☐	3. Awards	☐	16. Reinstatement
☐	4. Conversion To Full-Time	☐	17. Religious Accommodation
☐	5. Disciplinary Action A. Demotion B. Reprimand C. Suspension D. Termination E. Other	☐	18. Retirement
☐	6. Duty Hours	☐	19. Sex Stereotyping (LGBT-related discrimination only)
☐	7. Evaluation/Appraisal	☐	20. Telework
☐	8. Examination/Test	☐	21. Termination
☐	9. Harassment A. Non-Sexual B. Sexual C. Hostile Work Environment (non-sexual) D. Hostile Work Environment (sexual)	☐	22. Terms/Conditions Of Employment

☐	10. Medical Examination	☐	23. Time And Attendance
☐	11. Pay Including Overtime	☐	24. Training
☐	12. Performance Evaluation/ Appraisal	☐	25. Other
☐	13. Promotion/Non-Selection		

17. (A) Describe the action taken against you that you believe was discriminatory; (B) Give the date the action occurred, and the name of each person responsible for the action; (C) Describe how you were treated differently than other employees or applicants because of your race, color, religion, sex (gender, sexual harassment, pregnancy, sexual orientation, or gender identity), national origin, age (40 years or older), disability (mental and/or physical), genetic information, or in retaliation for your participation in the EEO complaint process or opposition to alleged discriminatory practices; (D) indicate what harm, if any, came to you in your work situation as a result of this action. (You may attach extra sheets.)

18. What remedial or corrective action are you seeking?

PART IV EEO COUNSELOR CONTACT

19. When did the most recent discriminatory event occur?

Month Day Year

20. When did you first become aware of the alleged discrimination?

Month Day Year

21. When did you contact an EEO Counselor?

Month Day Year

22. Did you discuss ALL actions raised in item 17 with an EEO Counselor? ☐ YES ☐ NO
(If no, explain on attached sheet)

23. Name and Telephone number of EEO Counselor

Name Telephone No.

24. When did you receive your Notice of Right to File a Discrimination Complaint?

Month Day Year

25. On this same matter, have you filed a grievance or appeal under:

- Negotiated Grievance procedures ☐ YES ☐ NO
- Agency grievance procedure ☐ YES ☐ NO
- MSPB appeal procedure ☐ YES ☐ NO

If you filed a grievance or appeal, provide date filed, case number, and present status.

[FR Doc. 2015–18398 Filed 7–24–15; 8:45 am]

BILLING CODE 4910–9X–C

DEPARTMENT OF THE TREASURY

Internal Revenue Service

Proposed Collection; Comment Request for Regulation

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Notice and request for comments.

SUMMARY: The Department of the Treasury, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)). The IRS is soliciting comments concerning collection requirements related to application of section 338 to insurance companies.

DATES: Written comments should be received on or before September 25, 2015 to be assured of consideration.

ADDRESSES: Direct all written comments to Christie Preston, Internal Revenue Service, Room 6129, 1111 Constitution Avenue NW., Washington, DC 20224.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the form and instructions should be directed to R. Joseph Durbala, (202) 317–5746, at Internal Revenue Service, Room 6129, 1111 Constitution Avenue NW., Washington, DC 20224, or through the Internet at *RJoseph.Durbala@irs.gov.*