

DATES: Consideration will be given to all comments received by July 17, 2000.

ADDRESSES: Written comments and recommendations on the proposed information collection should be sent to the Office of the Under Secretary of Defense (Personnel and Readiness) (Program Integration) (Legal Policy), ATTN: Lt Col Karen, J. Kinlin, 4000 Defense Pentagon, Washington, DC 20301-4000.

FOR FURTHER INFORMATION CONTACT: To request more information on this proposed information collection or to obtain a copy of the proposal and associated collection instruments, please write to the above address or call at (703) 697-3387; facsimile (703) 693-6708.

Title, Associated Form, and OMB Control Number: Application for Review of Discharge or Separation from the Armed Forces of the United States; DD Form 293; OMB Control Number 0704-0004.

Needs and Uses: Former members of the Armed Forces who received an administrative discharge have the right to appeal the characterization or reason for separation. Title 10 of the U.S.C.; Section 1553, and DoD Directive 1332.28 established a Board of Review consisting of five members to review appeals of former members of the Armed Forces. The DD Form 293, *Application for Review of Discharge or Separation from the Armed Forces of the United States*, provides the respondent a vehicle to present to the Board their reasons/justifications for a discharge upgrade as well as providing the Services the basic data needed to process the appeal.

Affected Public: Individuals or households.

Annual Burden Hours: 6,000.

Number of Respondents: 8,000.

Responses Per Respondent: 1.

Average Burden Per Response: 45 minutes.

Frequency: One-time.

SUPPLEMENTARY INFORMATION:

Summary of Information Collection

Under Title 10 U.S.C., Section 1553, the Secretary of a Military Department established a Board of Review, consisting of five members, to review appeals of former members of the Armed Forces. This information collection allows an applicant to request a change in the type of military discharge issued. Applicants are former members of the Armed Forces who have been discharged or dismissed (other than a discharge or dismissal by sentence of a general court-martial), or if the former member is deceased or

incompetent, the surviving spouse, next-of-kin, or legal representative who is acting on behalf of the former member. The DD Form 293, *Application for Review of Discharge or Separation from the Armed Forces of the United States*, provides the former member an avenue to present to their respective Service Discharge Review Board their reasons/justifications for a discharge upgrade as well as providing the Services the basic data needed to process the appeal.

Dated: May 9, 2000.

Patricia L. Toppings,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 00-12186 Filed 5-15-00; 8:45 am]

BILLING CODE 5001-10-M

DEPARTMENT OF DEFENSE

Office of the Secretary

Submission for OMB Review; Comment Request

ACTION: Notice.

The Department of Defense has submitted to OMB for clearance, the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

Title, Form Number, and OMB Number: Pharmacy Redesign Pilot Program; DD Form 2814; OMB Number 0720-0023.

Type of Request: Extension.

Number of Respondents: 2,000.

Responses Per Respondent: 1.

Annual Responses: 2,000.

Average Burden Per Response: 10 minutes.

Annual Burden Hours: 333.

Needs and Uses: The collection instrument serves as an application form for enrollment in the TRICARE Pharmacy Redesign Pilot Program. The information collected will be used to provide the Managed Care Support Contractors, contracted to supply administrative support, with data to determine beneficiary eligibility, other health insurance liability, and premium payment. An eligible beneficiary for the pharmacy redesign demonstration is a member or former member of the uniformed services as described in section 1074(b) of title 10; a dependent of the member described in section 1076(a)(2)(B) or 1076(b) of title 10; or a dependent of a member of the uniformed services who died while on active duty for a period of more than 30 days, who meets the following requirements: (a) 65 years of age or

older; (b) entitled to Medicare Part A, (c) enrolled in Medicare Part B, and (d) resides in an implementation area. The Department of Defense component responsible for the conduct of the project is the TRICARE Management Activity.

Affected Public: Individuals or households.

Frequency: On occasion; annually.

Respondent's Obligation: Required to Obtain or Retain Benefits.

OMB Desk Officer: Mr. Edward C. Springer.

Written comments and recommendations on the proposed information collection should be sent to Mr. Springer at the Office of Management and Budget, Desk Officer for DoD, Room 10236, New Executive Office Building, Washington, DC 20503.

DOD Clearance Officer: Mr. Robert Cushing.

Written requests for copies of the information collection proposal should be sent to Mr. Cushing, WHS/DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.

Patricia L. Toppings,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 00-12187 Filed 5-15-00; 8:45 am]

BILLING CODE 5001-10-M

DEPARTMENT OF DEFENSE

Defense Partnership Council Meeting; Cancellation

Office of the Secretary

AGENCY: Department of Defense.

ACTION: Notice.

SUMMARY: On May 5, 2000 (65 FR 26190), the Department of Defense published a notice to announce a meeting of the Defense Partnership Council meeting to be held on May 23, 2000. This notice is to announce the cancellation of the meeting due to conflicts in members' schedules.

FOR FURTHER INFORMATION CONTACT: Mr. Ben James, Chief, Labor Relations Branch, Field Advisory Services Division, Defense Civilian Personnel Management Service, 1400 Key Boulevard, Suite B-200, Arlington, VA 22209-5144, telephone 703-696-1450.

Dated: May 10, 2000.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 00-12189 Filed 5-15-00; 8:45 am]

BILLING CODE 5001-10-M