U.S. DEPARTMENT OF LABOR
Bureau of Labor Statistics Concurrence of Customer Satisfaction Surveys Employing Statistical Methods

TO:	DATE:	FAX:
Kathy Downey 202-691-7382		
[Enter program sponsor contact]	____/____/____	____-____-____
FROM:		**PHONE**
[Enter name of BLS reviewer] **John Eltinge**		**202-691-7404**

ACTION: Review the attached report proposal, indicate approval or disapproval and return to the Sponsoring agency or program. Comments shall not be made on the proposed report but in the comments space below.

TITLE OF SURVEY OR EVALUATION

Employment Projections Program User Survey

CLEARANCE

_____ **Approved** _____ **Disapproved (See comments below)**

_____ **Approved with caveats (See comments below)**

COMMENTS **Think! Privacy Act**
(Insert additional pages as needed)

(Attach sheet if additional space is necessary)

Disclaimer: BLS is approving only the statistical methodology as presented in the written documentation, and not necessarily passing judgment on the questionnaire itself nor on the necessity to conduct the collection of information.

SIGNATURE OF BLS REVIEWER **DATE** 10/19/2007

DL-1-150A (Rev. 5/03)