

[STUDY/DEPARTMENT LOGO ABOUT HERE]

Patricia Nemeth
Senior Survey Director

OMB Control No. 1205-0441
Exp. 11/30/2009

[DATE]
[MPRID #]

Dear [Fname Lname]:

The U.S. Department of Labor (DOL) is conducting a survey to help the government provide better training and reemployment services in your community. DOL is studying the experiences of people like you, who received Individual Training Account (ITA) funds a few years ago. When you first signed up for ITA funds, you were selected to participate in a study and to represent all the customers from the (FILL LOCAL ONE-STOP CENTER NAME) who received counseling and participated in other activities.

When you agreed to be part of this study, you were told a survey would take place sometime in the future. We [FILL: spoke with/tried to contact] you a few years ago and would like to follow up with you about your experiences in the last few years. This letter is to tell you that an interviewer from Mathematica will be calling you shortly to talk to you about jobs you may have held, your experiences looking for work, and any job training, education or re-employment services you received. Both the DOL and your state's Unemployment Insurance agency are aware of this study.

Your participation is very important to learning about and improving programs like the ITA. No one can replace you in this study! You will receive \$25 for completing the interview. Your participation is voluntary and we will hold all the information that you provide during the telephone interview in the strictest confidence. Your name will not be associated with your answers, and your participation in this study will not affect your receipt of any funds for training in the past or future. No one will attempt to sell you anything or ask you for a donation because you participated in this study. If you have questions about the study or would like to schedule a convenient time to speak with an interviewer, please call [toll-free number].

We look forward to speaking with you soon.

Sincerely,

Public reporting burden for this collection of information is estimated to average twenty minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond is voluntary. Send comments concerning this burden estimate or any other aspect of this collection of information to the Department of Labor, Employment and Training Administration, Room N-5637, 200 Constitution Ave. NW, Washington, DC, 20210. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number and expiration date. The OMB control number for this information collection is 1205-0441. Expiration Date 11/30/2009.