

OMB No: 1240-xxxx
Expiration Date: xx-xx-xxxx

Dear COP Nurse:

We have designed an impact evaluation of the effectiveness of the FECA program to achieve positive return to work outcomes. We designed a survey that measures the results of disability management improvements implemented to date and provides a baseline for future changes.

We are conducting a survey of COP Nurses. The obligation to respond to this survey is voluntary. Your answers will be confidential. (The results will be collected and analyzed by a third party.) The survey is available on the Internet at:

<http://www.surveymonkey.com/s/YZZT67Z>.

We anticipate the survey will take you approximately 15 minutes to complete. You have until <Month, Day, Year [insert the date when the survey is requested]> to complete the survey.

We sincerely appreciate your time in completing this survey. Thank you.

Douglas C. Fitzgerald
Director, Division of Federal Employees' Compensation

This survey has been approved by the U.S. Office of Management and Budget under Control # 1240-XXXX. According to Office of Management and Budget rules, Federal agencies may not conduct and a person is not required to respond to an information collection request unless it has a valid Office of Management and Budget control number.