

**Request for Approval under the “DOL Departmental Generic Clearance for
the Collection of Routine Customer Feedback”
(OMB Control Number: 1225-0088)**

TITLE OF INFORMATION COLLECTION: FMLA Customer Experience Survey

PURPOSE: The Wage and Hour Division (WHD) administers the Family and Medical Leave Act (FMLA), 29 U.S.C. 201, et seq., which requires private sector employers who employ 50 or more employees, all public and private elementary schools and all public agencies to provide up to 12 weeks of unpaid, job-protected leave during any 12-month period to eligible employees for certain family and medical reasons and up to 26 workweeks of unpaid job-protected leave during a single 12-month period to care for a covered servicemember with a serious injury or illness who is a spouse, son, daughter, parent, or next of kin to the employee. The WHD conducts periodic customer experience surveys in order to make improvements in how the WHD performs its investigations with respect to timely service, communication, and performance in protecting employee rights under the FMLA. The customer experience survey is to be completed voluntarily by individuals whose FMLA cases were filed with the agency and closed in FY 2013. The information collection will be used to evaluate WHD’s customer service and to make improvements in how WHD performs its investigations with respect to timely service, communication, and performance in protecting employee rights under the FMLA. The responses will be analyzed and interpreted and the findings will be shared with WHD Regional Administrators. This is a one-time survey. The collection is not designed to produce statistically valid results but rather as anecdotal information for staff about service levels. The DOL makes no assurances of privacy to respondents, however, the instrument provides a note to respondents that responses to the survey are anonymous and requesting that they place no identifiers on the instrument.

DESCRIPTION OF RESPONDENTS: The expected universe of Respondents will be approximately 1713 cases. A case is defined as an individual who has filed a FMLA complaint with the WHD and their case has been concluded.

TYPE OF COLLECTION: (Check one)

- | | |
|---|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> Other: _____ |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Michael Kravitz, telephone (202) 693-0185.

To assist review, please provide answers to the following question:

Personally Identifiable Information:

- 1. Is personally identifiable information (PII) collected? Yes No
- 2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No

The DOL makes no assurances of privacy to respondents, however, the instrument provides a note to respondents that responses to the survey are anonymous and requesting that they place no identifiers on the instrument.

- 3. If Applicable, has a System or Records Notice been published? Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Individual or household	1713	10 minutes per	286 hrs
Totals	1713	10 minutes	286 hrs

FEDERAL COST: The estimated annual cost to the Federal government is \$1884.30.

1,713 Respondents x 2 (pages per survey) x .03 (copy cost per page)	= \$102.78 copy cost
1,713 Respondents x \$.03 per envelope to mail to Respondent	= \$51.39
1,713 Respondents x \$0.49 postage to mail survey to Respondent	= \$839.37 postage
1,713 Respondents x \$.03 per return envelope	= \$51.39
1,713 Potential Respondents x 20% expected response x \$.49 postage	= \$839.37 postage

\$1884.30

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

- 1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
 Yes No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

The expected universe will be approximately 1713 cases. A case is defined as an FMLA complaint filed with the WHD and has been concluded in FY 2013. Cases are identified by the WHISARD computer system ID assigned. The cases will not be sorted by demographics such as region or state. An approximate response rate of 20% is expected for this survey. Previous WHD surveys have resulted in similar response rates: 2010 FMLA Satisfaction Survey 20.67%, 2009 FLSA Employee Satisfaction Survey 16.3%, 2012 FLSA Employer Survey 26.9%.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 - Web-based or other forms of Social Media
 - Telephone
 - In-person
 - Mail
 - Other, Explain
2. Will interviewers or facilitators be used? Yes No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Provide answers to the questions.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

BURDEN HOURS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

No. of Respondents: Provide an estimate of the Number of respondents.

Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

Burden: Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

Please make sure that all instruments, instructions, and scripts are submitted with the request.