

A. SUPPLEMENTAL SUPPORTING STATEMENT

A.1. Title: United States Department of Labor National Contact Center (DOL-NCC) E-Correspondence Form			
A.2. Compliance with 5 CFR 1320.5: Yes <input checked="" type="checkbox"/> No		A.3. Assurances of confidentiality: No	
A.4. Federal cost: \$500 per year Based on hours required to maintain and update the web form template.		A.5. Requested expiration date (Month/Year): 01/2016	
A.6. Burden Hour estimates: a. Number of Respondents: 500,000 a.1. % Received Electronically <u>100%</u> b. Frequency: <u>1</u> c. Average Response Time: <u>3</u> minutes d. Total Annual Burden Hours: 25,000		A7. Does the collection of information employ statistical methods? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Complete Section B and attach OCEO review sheet).	
A.8. Abstract: The US Department of Labor National Contact Center (DOL-NCC) supports the US Department of Labor's (DOL) mission and goals by providing the public with consistent, accurate, and understandable information services covering a wide range of Departmental programs and initiatives through e-correspondence among other contact mediums. The DOL seeks authorization to requests the voluntary provision of basic information from public customers via an e-correspondence form to efficiently and accurately respond to public inquiries with general information and referral services as well as provide cost savings to the Government.			
Program Official	Date	Departmental Clearance Officer	Date

B. SURVEYS AND EVALUATIONS EMPLOYING STATISTICAL METHODS

B.1. Describe (including a numerical estimate) the potential respondent universe and any sampling or other respondent selection methods to be used. Data on the number of entities (e.g., establishments, State and local government units, households, or persons) in the universe covered by the collection and in the corresponding sample are to be provided in tabular form for the universe as a whole and for each of the strata in the proposed sample. Indicate expected response rates for the collection as a whole. If the collection had been conducted previously, include the actual response rate achieved during the last collection.

B.2. Describe the procedures for the collection of information including:

- Statistical methodology for stratification and sample selection,
- Estimation procedure,
- Degree of accuracy needed for the purpose described in the justification,
- Unusual problems requiring specialized sampling procedures, and
- Any use of periodic (less frequently than annual) data collection cycles to reduce burden.

B.3. Describe methods to maximize response rates and to deal with issues of non-response. The accuracy and reliability of information collected must be shown to be adequate for intended uses. For collections based on sampling, a special justification must be provided for any collection that will not yield "reliable" data that can be generalized to the universe studied.

B.4. Describe any tests of procedures or methods to be undertaken.

B.5. Provide the name, affiliation (company, agency, or organization) and telephone number of individuals consulted on statistical aspects of the design and the name of the agency unit, contractor(s), grantee(s), or other person(s) who will actually collect and/or analyze the information for the agency.

<u>Name</u>	<u>Agency/Company/Organization</u>	<u>Number Telephone</u>

INSTRUCTIONS FOR COMPLETING CUSTOMER SATISFACTION SURVEY AND CONFERENCE EVALUATION CLEARANCE FORM

A.1. Title: Provide the title for the customer satisfaction or conference evaluation. This should be consistent with what appears on the collection instrument.

A.2. Compliance with 5 CFR 1320.5: If the survey or evaluation complies with 5 CFR 1320.5 (see below), mark an “X” next to “YES.” If the survey or conference evaluation does not comply with 5 CFR 1320.5, mark an “X” next to “No” and explain any special circumstances that would cause an information collection to be conducted in a manner:

- requiring respondents to report information to the agency more often than quarterly;
- requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;
- requiring respondents to submit more than an original and two copies of any document;
- requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;
- in connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study;
- requiring the use of a statistical data classification that has not been reviewed and approved by OMB;
- that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
- requiring respondents to submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

A.3. Assurances of confidentiality: Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy (if applicable, otherwise omit).

A.4. Federal costs: Provide estimates of annualized cost to the Federal government. For example, this could include quantification of hours, operational expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. These estimates should only include expenses that would *not* have been incurred without this collection of information.

A.5. Requested expiration date: Enter the date thru which you would like approval to conduct your customer satisfaction survey and/or conference evaluation. The date entered here should be consistent with the time you need to conduct the survey/evaluation. Please note that this date cannot extend beyond the expiration date currently assigned to OMB No. 1225-0059).

A.6. Burden Hour and burden costs estimates:

a. Enter the number of respondents (i.e., number of those to which the survey or conference evaluation is addressed).

a.1. Enter the estimated percentage of responses that will be submitted electronically. This item does not apply to conference evaluations.

b. Enter the frequency for which the survey and/or conference evaluation will be conducted. For example, if the collection is conducted on an annual basis, enter “annually.” If the collection will only be conducted once then retired, enter “one-time.” If the collection is triggered by an event (such as a customer’s experience with a product or service), enter “on occasion.” Other frequencies could include: Monthly, Bi-monthly, Semi-annually, or Bi-annually.

c. Enter the average time it would reasonably take to complete the survey or conference evaluation. Average response time includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

d. Enter the total estimated annual burden hours for the collection of information. Generally, for the purposes of customer satisfaction and conference evaluations submitted under 1225-0059, this is obtained by multiplying the average response time by the number of respondents.

A.7. Does the collection of information employ statistical methods? If the collection of information does not employ statistical methods, enter a “X” next to “NO.” If statistical methods are employed, enter an “X” next to “YES” and complete Section B -SURVEYS AND EVALUATIONS EMPLOYING STATISTICAL METHODS and attach a BLS concurrent sheet signed by the BLS reviewer.

Statistical methodology involves drawing a sample from a defined population and inferring the results obtained to the population from which the sample was drawn. The important point here is inference to the population. If inferences are not being made and the results are used only internally for planning purposes, statistical methodology is not being used. However, if the results will be made public and inferences are likely to be made, proper statistical methodology is required.

Please note, BLS review should be conducted prior to submitting for Departmental review.

A.8. Abstract: Provide a statement covering the agency’s need for the information, uses to which it will be put, and a brief description of the respondents. Other than for 1-time surveys and conference evaluations, describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology (e.g., permitting electronic submission of responses).

Note: Guidance for completing Section B., Statistical Methods, is provided within the form.

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

TO:	DATE:	FAX:
[Enter program sponsor contact]	____/____/____	____-____-____
FROM:		PHONE
[Enter name of BLS reviewer]		____-____-____
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		
CLEARANCE		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (See comments below) <input type="checkbox"/> 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
		____/____/____

- About DOL
- Laws and Regulations
- Budget & Performance Information
- American Recovery and Reinvestment Act Information
- Newsroom
 - DOL Newsletter
- Events Calendar
- Doing Business With DOL
- Freedom of Information Act (FOIA)
- Other Resources
 - Business.gov
 - Career Voyages
 - Disability.gov
 - Disaster Recovery Assistance
 - Gov-Benefits.gov
 - HireVetsFirst.gov
 - MyMoney.gov
 - No Fear Act - Equal Employment Opportunity Data Posted Pursuant to the No Fear Act
 - PandemicFlu.gov
 - Regulations.gov
 - USA Freedom Corps
 - USA.gov
 - The White House
 - Wirtz Labor Library

For answers to general questions about employment laws, workplace issues, or other labor topics, please call our National Contact Center at 1-866-4-USA-DOL(1-866-487-2365) or [TTY](#).
Please do not use this form to submit Freedom of Information Act (FOIA) inquiries. For FOIA inquiries, follow the FOIA instructions.

If you wish to correspond with the U.S. Department of Labor by e-mail, please fill out the form below by following 9 easy steps, then clicking the "Submit Your Question/Comment" button at the bottom of the page.

Step 1:
Your E-mail Address: (Required)

Step 2:
Re-enter Email Address: (Required)

Step 3:
Your Zip Code: (Required)

If zip code unknown please provide City and State:

Step 4:
Your Workplace Zip Code: (Required)

If workplace zip code unknown please provide City and State:

Step 5: Customer Type
(Required - please choose the best option that applies to your inquiry.)

Employer

Employee

Employee-Unemployed

Step 6: Inquiry Related Employment Status
(Required - please choose the best option that applies to your inquiry.)
Please note that this may not necessarily be a current employment status

Hiring Process

Ongoing Employment

Termination

Step 7: Work Sector
(Required - please choose the best option that applies to your inquiry.)

Private Sector

Interstate Commerce Occupation

Other

Government

Federal

Territorial

State & Local

Foreign

Military

Indian Reservation / Tribal Land

USPS/Postal Rate Commission/ Tennessee Valley Authority (TVA)

Contractor

Government

Federal Government

State & Local Government

Private Sector

Independent Contractor

Independent Contractor-Employee

Independent Contractor-Subcontractor

Step 8: Subject
(Required Check all that apply)

Disability Services

Women's Services

Employment & Training

Worker's Compensation

Organized Labor/Unions

Workplace Benefits

Small Business Services

Workplace Safety & Health

Veterans Services

Youth Services

Wages

Other/Unknown/Unsure

Step 9:
Please Type Your Message (Required)

This information collection is authorized under control number 1225-0059 (expires 01/31/2016). According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 3 minutes/hours per response, including 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 to this collection is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room H-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1225-0059.