

Written Compliance Assistance
Tool Evaluation Form

U.S. Department of Labor

Wage and Hour Division



OMB No. 1225-0059
Expires: xx/xx/20xx

You are not required to respond to this information collection; however, your assistance will help the Department of Labor to improve the quality and delivery of compliance assistance tools and services. Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific firm or individual. We will not provide information that identifies you or your district to anyone outside the study team, except as required by law. Persons are not required to respond to a collection of information unless it displays a currently valid OMB control number. Note to Respondent: This information collection is anonymous. Please place no identifiers on this form.

Written Tool Name: _____ **Date:** _____
Completed By Agency Staff *Completed By Agency Staff*

INFORMATION TO BE PROVIDED BY RESPONDENT:

I. Please respond to the following questions related to recipients of the Wage and Hour Division written compliance assistance.

1. Did the appropriate person (from your organization) receive the compliance assistance?

- Yes, the appropriate person received it
- Yes, the appropriate person received it, but the person had no interest in it
- No, the appropriate person did not receive the tool

2. Is there any other person in your organization that should have received the written compliance assistance tool?

- Yes, others received it also
- Yes, others should have received it, but did not
- No, all appropriate people received it

3. How did you find out about this compliance assistance tool? (Check all that apply)

- DOL Website
- Association
- Employer
- Newspaper/Press Release
- Email Message/Alert
- Received tool in the mail
- Union
- Other (please specify) _____

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II. Please help Wage and Hour assess the quality of its compliance assistance tool by responding to the following questions.

4. The compliance assistance tool used language that was clear.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

5. Considering all of the information presented, how relevant or irrelevant was the content provided in the compliance assistance tool to helping you understand the law?

- Very relevant
- Generally relevant
- Somewhat irrelevant
- Very irrelevant

6. The compliance assistance tool contained sufficient information to allow you to contact Wage and Hour in the future.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

III. In the next few questions, we ask about several types of actions you have taken, or may recommend and/ or implement as a result of this compliance tool. Please help Wage and Hour to understand how you or your organization will use the compliance assistance tool by responding to the following questions.

7. Please indicate any actions you have already taken as a result of this compliance assistance tool: (Check all that apply)

- Reviewed one or more employment practices/policies
- Updated one or more employment practices/policies
- Conducted a organization-wide self-audit for compliance
- Shared the information with colleagues
- Shared the information with employees
- Other (please specify) _____
- None
- Not Applicable

8. What policy changes do you intend to recommend or implement in your organization as a result of the compliance assistance tool? (Check all that apply)

- Institute/modify a new payroll process
- Institute/modify a new employee time recording process
- Modify overtime policies
- Modify wage rates
- Reclassify employees, including those currently classified as “exempt”
- Modify policies regarding employees under the age of 18

- Modify policies regarding employee compensation for all hours worked
- Other (please specify) _____
- No personnel actions are intended
- I do not have the authority to recommend or implement changes

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9. What management changes do you intend to recommend or implement in your organization as a result of the compliance assistance tool? (Check all that apply)

- Conduct a organization-wide self-audit
- Institute a new management policy, system or procedure
- Institute training or other communication to improve awareness and/or practices
- Other (please specify) _____
- No management changes are intended
- I do not have the authority to recommend or implement changes

10. Please indicate any other future actions you will take as a result of this compliance assistance tool: (Check all that apply)

- Review one or more employment practices/policies
- Update one or more employment practices/policies
- Share the information with colleagues
- Share the information with employees
- Save it for future reference
- Other (please specify) _____
- None

IV. Please help Wage and Hour to understand how the compliance assistance tool addressed your questions and concerns.

11. In comparison to your previous knowledge of Wage and Hour employment laws, how well do you understand the law after reviewing this compliance assistance tool?

- Considerably more
- A little more
- About the same
- A little less
- Considerably less

12. Did this compliance assistance tool address all of your Wage and Hour-related employment questions?

- Yes, it addressed all of my questions
- No, it only addressed some of my questions
- No, it did not address any of my questions
- Not applicable - I did not have any employment-related questions

13. After using this compliance assistance tool do you anticipate contacting Wage and Hour for additional information in the future?

- No.
- Yes, within 1 month.
- Yes, within 2-6 months.
- Yes, within 7-12 months.
- Yes, after 1 year

14. Where will you go if you have additional questions about Wage and Hour laws?

- o Search Engine
- o Wage and Hour Website
- o Toll-Free DOL Hotline
- o Local Wage and Hour Office
- o Other (please specify) _____

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V. Please provide any additional information that might help WAGE and HOUR improve its compliance assistance tool or this questionnaire.

15. Please provide any additional comments (i.e., suggestions you have to improve the usefulness of this compliance assistance tool).

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Burden Statement—The public reporting burden for this collection of information is estimated to average five (5) minutes per response, including the time for reviewing instructions, gathering information, and completing and reviewing the collection of information. Send comments on the Agency’s need for this information, the accuracy of the provided burden estimates, and suggestions for reducing the burden to the U. S. Department of Labor, Wage and Hour Division, Room S-3502, 200 Constitution Avenue, N.W., Washington, DC 20210. **Do not send the completed survey to this address.**

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