

STC Employer Survey Advance Letter

[LETTER HEAD]

[DATE]

Dear [BUSINESS OWNER],

As part of an evaluation of workforce development programs, the [STATE DEPT/AGENCY] and the U.S. Department of Labor (DOL) are partnering with IMPAQ International, LLC (IMPAQ) to conduct the **Unemployment Insurance Program Employer Survey**. IMPAQ is an independent research firm with more than 10 years of experience providing high quality program evaluation and data collection services to DOL and other Federal and state agencies. The U.S. Office of Management and Budget has approved this research (OMB Control No. XXX, expiration date of XXX).

The purpose of the DOL Unemployment Insurance Employer Survey is to gather information about the program from the employer's perspective. Your participation in the survey could lead to improvements in the Unemployment Insurance program. The survey should take about twenty minutes to complete. Participation is voluntary and will not affect your firm's current or future unemployment insurance tax rate or eligibility for any public-funded program. Survey responses will be analyzed with additional state unemployment insurance administrative information to get a full understanding of employer's experiences and perspectives. Your answers will be kept private to the extent permitted by law, and you will never be identified in any report based on the survey.

Within the next few days, you will also receive an email with an invitation to participate in the online survey. The email will come from [EMAIL ADDRESS] and the subject line will read **Unemployment Insurance Program Employer Survey**. We encourage you to take a few minutes to complete this survey. Your company's experience is important, and this is your chance to voice your opinion.

IMPAQ staff will follow-up with you via email, phone, and regular mail to confirm your participation and to answer any questions you may have. In the meantime, if you would like to discuss your participation in the **Unemployment Insurance Program Employer Survey**, please call [NAME] at (XXX) XXX-XXXX or email [her/him] at Name@name.com. You may also complete the survey at this time by going to XXXXXXXX.com.

Thank you in advance for your participation. We sincerely appreciate your attention to this research.

Sincerely,

Michael P. Kirsch, Ph.D.
Senior Vice-President
IMPAQ International, Contractor

Paperwork Reduction Act Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to this collection of information, unless it displays a currently valid OMB control number. Your obligation to reply to this survey is voluntary. The public burden for this survey is estimated at 24 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments concerning this burden estimate or any other aspect of this collection of information to the US Dept. of Labor, Employment and Training Administration, Room N-5641, 200 Constitution Ave, Washington DC 20210.

OMB Control Number: 1205-XXXX

Expiration Date: XX/XX/XXXX