

**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: Office of Workers' Compensation Programs
Services Stakeholder Survey

PURPOSE:

The Office of Workers' Compensation Programs (OWCP) administers four major disability compensation programs that provide wage replacement benefits, medical treatment, vocational rehabilitation and other benefits to certain workers or their dependents who experience work-related injury or occupational disease.

These programs, the Energy Employees Occupational Illness Compensation program, the Federal Employees' Compensation Program, the Longshore and Harbor Workers' Compensation Program, and the Coal Mine Workers' Compensation Program, serve the specific employee groups who are covered under the relevant statutes and regulations by mitigating the financial burden resulting from workplace injury.

In administering the programs, OWCP seeks to protect the interests of eligible workers, employers and the Federal Government by ensuring timely and accurate claims adjudication and provision of benefits, by responsibly administering the funds authorized for this purpose, and by restoring injured workers to gainful work when permitted by the effects of the injury. In its commitment to continuous improvement of our services with the ultimate goal of achieving total customer satisfaction OWCP seeks feedback from known stakeholders to ascertain the quality of recent services provided by the Agency through the use of a customer satisfaction survey.

OWCP will solicit feedback from “known” stakeholders by offering the option to participate in a short, five question, survey after they complete a telephone call to their district office. When the stakeholder calls the district office, they will be asked if they would like to take part in a survey after the completion of their call. The call will then proceed into normal call flow. At the end of the call, if the caller chose to take the survey, the call would be routed to where survey will reside. At the end of the call, if the caller chose NOT to take the survey, it will just hang up.

DESCRIPTION OF RESPONDENTS:

Known stakeholders include; claimants, employing agencies, insurance companies, rehabilitation nurses, etc. All survey responses will be anonymous in that no names or email addresses will be submitted or captured as part of the survey.

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: Kevin Selenich

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [] Yes [X] 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
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 [X] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Individual or Households	6,416	2 minutes	214
Totals	6,416	2 minutes	214

OWCP has collected and analyzed data on the current phone survey from December 1, 2014 through July 31, 2015. Based on this data, OWCP knows that the survey takes 2 minutes on average to complete. During this 8 month period, 4,277 individuals have completed the survey. Using this data, OWCP predicts that 6,416 individuals will complete the survey per year. (4,277 divided by 8 = X. Then X multiplied by 12 to arrive at a projected annual participation rate)

Respondents can come from any number of occupations; therefore, the DOL has increased the average hourly rate for all non-supervisory employees on private nonfarm payrolls for March 2014, of \$24.32 by 40 percent (total rate \$34.05), to approximate fringe benefits and overhead costs, to estimate the monetized value of respondent time. See *The Employment Situation, May 2014*, at 32, Table B-3, DOL, Bureau of Labor Statistics, http://www.bls.gov/news.release/archives/empisit_06062014.pdf. 214 hours x \$34.05 = \$7,286.70.

FEDERAL COST: The estimated annual cost to the Federal government is \$1,051.60. Because the survey is voluntary, it is impossible to know exactly how many responses OWCP will receive. From December 2014 through July 2015, we received 4,277 responses from the current phone based survey.

The phone survey administered by Precision Polling costs \$0.10 per survey and the phone numbers costs \$3 per line.

The Department estimates a Program Analyst in Washington, DC will spend two hours each quarter reviewing responses to this information collection. Using the hourly rate for a GS-11, Step 4 Washington, DC rate (\$33.25), the following are estimates for the burden time for Federal staff who reviews the survey responses each quarter. See Salary Table 2014-GS¹.

6,416 responses x .10 per response= \$641.60.
4 phone lines x \$3 per line x 12 months= \$144.
\$33.25 x 8 hours a year = \$266.

The total Federal cost estimate is \$1051.60. \$641.60 + \$144 + \$266 = \$1051.60.

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 [X] 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 survey will be offered to every caller who contacts an OWCP District Office. While we do not have an actual customer list, we do know who may be taking the survey, but there is no way to say exactly which callers will decide to participate. The process will involve self-selection.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
[] Web-based or other forms of Social Media
[X] Telephone
[] In-person
[] Mail
[] Other, Explain
2. Will interviewers or facilitators be used? [] Yes [X] 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.

ⁱ [Salary Table 2014 GS](#) at 32.