

**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: Obtaining Customer Feedback on BLS’s QCEW and BED Programs

PURPOSE: The Quarterly Census of Employment and Wages (QCEW) program publishes a quarterly count of employment and wages reported by employers covering 98 percent of U.S. jobs, available at the county, MSA, state and national levels by industry. . Another product that the QCEW program publishes is Business Employment Dynamics, which links the quarterly micro-data longitudinally to generate data on business establishment openings, closings, expansions, and contractions. Business Employment Dynamics (BED) consists of quarterly data series representing gross job gains and losses from 1992 forward. These data help to provide a picture of the dynamic state of the labor market. The BLS Longitudinal Database (LDB) is one of the outputs of the QCEW program and serves as a business register, for conducting longitudinal studies of businesses and employment decline and growth, and as a rich and comprehensive source of information on employment and wages.

The Bureau of Labor Statistics routinely requires all of its survey programs to participate in an internal program review. The goal of the program review process is to identify opportunities for improvement of the methods, resource allocations, and products of BLS statistical programs. As part of this process, each program consults with stakeholders of the program, both internal and external, to determine if their data needs are being met. The information obtained is then used as input for the program review process.

This clearance request covers two surveys related to the program review designed to obtain input from external data users of QCEW and BED. The surveys include a survey of QCEW/BED data users and state Labor Market Information staff who work on the QCEW program. The surveys are listed below.

Surveys of external data users:

- QCEW/BED Users
- State LMI Staff, who work on QCEW and BED

DESCRIPTION OF RESPONDENTS: External respondents for the QCEW/BED user survey will be visitors to the websites of the QCEW and BED programs who agree to complete the survey, as well as volunteers from lists of individuals who have contacted the programs in the past with questions about employment data, or who have requested to be placed on BLS mailing lists. Respondents for the State LMI survey will be staff who work on the QCEW and BED in the states.

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: William Mockovak

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

Note: The burden hours are based on the total number of respondents expected summed across the separate online surveys.

Category of Respondent	No. of Respondents	Participation Time	Burden
QCEW/BED individual external data users ¹	1000	15 min	250
Labor Market Information (LMI) staff	450	15	113
Totals			363

¹This count estimates 600 QCEW data users and 400 BED users.

FEDERAL COST: The estimated annual cost to the Federal government is \$6,400 (an estimated 160 hours of work based on a GS-13/5, which is roughly \$39.84 per hour, rounded to \$40 per hour)._

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?

Administration of the Instrument

1. How will you collect the information? (Check all that apply)

[X] Web-based or other forms of Social Media

[] 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.

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 15 minutes 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. Your responses are intended to be anonymous. Please do not include personal information (e.g. your name or address) in any answer. 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 N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1225-0088.

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.