## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 ExpDate: 3/31/18)

**TITLE OF INFORMATION COLLECTION:**

HR Systems Support (HRSS) Customer Satisfaction Survey

**PURPOSE:**

The purpose of the HRSS Customer Satisfaction Survey is used to gather feedback on customers’ experience with the HRSS and information obtained from this survey will be used to improve HRSS services.

**DESCRIPTION OF RESPONDENTS**:

Respondents of the HRSS Customer Satisfaction Survey will be those who submitted help desk request tickets to the HRSS. Upon ticket resolution, customers (individuals who work at the NIH) will get a resolution email with a link to the survey for the opportunity to provide feedback on their experience with the HRSS help desk.

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [X] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[ ] Focus Group [] 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:\_\_\_\_\_\_\_\_ Lillian Thomas \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**ESTIMATED BURDEN HOURS and COSTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **No. of Responses per Respondent**  | **Time per** **Response** **(in hours)**  | **Total Burden****Hours**  |
| Federal Government Contractors  | 25 |  1 |  5/60  | 2  |
|  |  |  |  |  |
| **Totals** | **25** |  |  | **2 hours** |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Category of Respondent** | **Total Burden****Hours** | **Hourly Wage Rate\*** | **Total Burden Cost**  |
| Federal Government Contractors | 2 | $29.28 | $61.00 |
|  |  |  |  |
| **Totals** |  |  | **$61.00** |

\*Cite source per bls.gov if applicable

Bls.gov Occupational Employment and Wages, May 2014, Bethesda-Rockville-Frederick, MD Metropolitan Division <http://www.bls.gov/oes/current/oes_13644.htm#00-0000>

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_**$7,638**\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** | GS 12/1 | 76,378 | 10% |  |  $7,638 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  |  |
|  |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
|  |  |  |  |  |  |
| Total |  |  |  |  | $7,638 |

**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?

Upon HRSS help desk ticket resolution, the customer who submitted the request will get a resolution email with a link to the survey for the opportunity to provide feedback on their experience with the HRSS help desk. Customer participation in the survey is voluntary.

**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

1. Will interviewers or facilitators be used? [ ] Yes [X] No