

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0651-0080)**

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**TITLE OF INFORMATION COLLECTION:** G267: Human Resources Employee Relations Survey

**PURPOSE:** Employee Relations is conducting a survey in order to gather feedback on customer service. This survey will determine how effectively the ER team is accomplishing its mission.

**DESCRIPTION OF RESPONDENTS:** Respondents will be members of the public and internal USPTO customers that have received services from Employee Relations.

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

- |  |  |
|--|--|
| <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.

Business Unit: \_\_\_\_\_/Sieger, Nastassia/\_\_\_\_\_

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No
  - 1a. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?  Yes  No
2. If applicable, has a System of 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  No

## BURDEN HOURS

Name of Instrument	No. of Respondents	Participation Time	Burden
Survey	175	5 mins (.08 hrs)	14.58 hours
<b>Totals</b>	<b>175</b>	<b>---</b>	<b>14.58 hours</b>

The USPTO estimates that 100% of the surveys will be conducted electronically.

**FEDERAL COST:** The estimated annual cost to the Federal government is the combined average hourly rate of \$25.60 per hour for a GS-9 step 1 + 7.68 (30%) \* 12 hours, which totals an hourly rate of \$33.28. \$33.28 \* 12 hours = **\$399.36**

**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  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?

Respondents are identified as those with whom an ER specialist has communicated via email and who chose to click the survey link in the email signature of said ER Specialist. They will be identified by workgroup in the survey.

### **Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
 Web-based or other forms of Social Media  
 Telephone  
 In-person  
 Mail  
 Other, Explain: live poll software
2. Will interviewers or facilitators be used?  Yes  No