

**Request for Approval under the “DOL Departmental Generic Clearance for  
the Collection of Routine Customer Feedback”  
(OMB Control Number: 1225-0088)**

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**TITLE OF INFORMATION COLLECTION:** Event Evaluation Form  
Written Compliance Assistance Tool Evaluation Form

**PURPOSE:** The Wage and Hour Division (WHD) administers the Davis-Bacon (DBA), Davis-Bacon and Related Acts (DBRA), the Contract Work Hours and Safety Standards Act (CWHSSA) and the Service Contract Act (SCA). Regulations at 29 C.F.R. Part 4 prescribe requirements for the SCA. The requirements of the SCA prescribe that federally financed and assisted contracts in excess of \$2,500 must contain certain labor standards clauses. Regulations at 29 C.F.R. Part 5 prescribe labor standards for contracts subject to the DBA, 40 U.S.C. § 3141 et seq., the DBRA, and labor standards for all contracts subject to the CWHSSA, 40 U.S.C. § 3701, et seq. The DBA and DBRA require payment of locally prevailing wages and fringe benefits to laborers and mechanics on most federally financed or assisted construction projects. See 40 U.S.C. § 3142(a) and 29 C.F.R. § 5.5(a)(1).

The WHD administers the Fair Labor Standards Act (FLSA), 29 U.S.C. 201, et seq., which sets the Federal minimum wage, overtime pay, recordkeeping, and youth employment standards of most general application. See 29 U.S.C. 206; 207; 211; 212. FLSA requirements apply to employers of employees engaged in interstate commerce or in the production of goods for interstate commerce and of employees in certain enterprises, including employees of a public agency; however, the FLSA contains exemptions that apply to employees in certain types of employment. See 29 U.S.C. 213, et al..

The WHD administers the Family and Medical Leave Act of 1993 (FMLA), 29 U.S.C. § 2601, et seq., requires private sector employers who employ 50 or more employees, all public and private elementary schools, and all public agencies to provide up to 12 weeks of unpaid, job-protected leave during any 12-month period to eligible employees for certain family and medical reasons and up to 26 workweeks of unpaid, job protected leave during a single 12-month period to care for a covered servicemember with a serious injury or illness who is the spouse, son, daughter, parent, or next of kin to the employee. FMLA section 404 requires the Secretary to prescribe such regulations as necessary to enforce this Act. 29 U.S.C. § 2654.

The WHD conducts periodic outreach events and in order to make improvements in how the WHD performs its outreach events and evaluate the usefulness of the events with respect to communication, and performance in conveying employee rights and employer responsibilities under the laws administered by WHD. The Event Evaluation Form and the Written Compliance Assistance Tool Evaluation Form are to be completed voluntarily by individuals who attend a WHD outreach event. The information collection will be used to evaluate WHD’s customer service and to make improvements in how WHD performs its outreach with respect to communication, and performance of employee rights and employer responsibilities under the laws administered by WHD. This is a conference evaluation that will be utilized for outreach events. Both of these instruments were previously approved by OMB under OMB Control Number 1225-0059 and have a current expiration date of 11/2020. The instruments remain largely unchanged EXCEPT that edits are made to make the document fillable so one could receive and submit the document electronically via email, edits are made to change “Wage and

Hour Division” to “WHD” and the burden statement has been moved from the bottom to the top of the collection instrument.

Additionally, screen shots are provided as the Department wishes to utilize the “survey monkey” platform to electronically collect the data. This provides options for submission

**DESCRIPTION OF RESPONDENTS:**

Respondents attend outreach events led by the Wage and Hour Division District Offices and Regional Offices throughout the country.

**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: \_\_Robert Waterman\_\_

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

**Personally Identifiable Information:**

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

**BURDEN HOURS**

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden</b>
Outreach event attendees/Event Evaluation	5,000	5 min	416.5
Outreach event attendees/Tool Evaluation	5,000	5 min	416.5
<b>Totals</b>	<b>10,000</b>	50,000 min	<b>833 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$63,560\_\_\_\_\_

**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

No attempt will be made to draw inferences to any population other than the set of units that responded to the data collection effort of the specific outreach event.

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)  
 Web-based or other forms of Social Media (**email and Survey Monkey**)  
 Telephone  
 In-person  
 Mail  
 Other, Explain
2. Will interviewers or facilitators be used?  Yes  No  
The evaluations are submitted to participants, they read instructions and complete.

**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.**