

Wage and Hour Division Event Evaluation Form

U.S. Department of Labor
Wage and Hour Division
Event Evaluation Form

OMB NO: 1225-0088

Expires: 10/31/2020

You are not required to respond to this information collection; however, your assistance will help the Department of Labor to improve the quality and delivery of compliance assistance tools and services. Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific firm or individual. We will not provide information that identifies you or your district to anyone outside the study team, except as required by law. Persons are not required to respond to a collection of information unless it displays a currently valid OMB control number.

Burden Statement -- The public reporting burden for this collection of information is estimated to average five (5) minutes per response, including the time for reviewing instructions, gathering information, and completing and reviewing the collection of information. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and suggestions for reducing the burden to the U. S. Department of Labor, Wage and Hour Division, Room S-3502, 200 Constitution Avenue, N.W., Washington, DC 20210.

Event Name: (Completed by agency staff)

Date: (Completed by agency staff)

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