## NCI OSFM Relocation Survey- Office Moves

OMB #0925-0642 Expiration Date 5/30/2020 Public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0642). Do not return the completed form to this address. 1. Did you receive a move schedule? w O Yes O No 2. Were all of your items moved per the Move Schedule? w O Yes O No 3. Please rate your Program/ Division/ Center regarding the communication and coordination of your move process: w Unsatisfactory Satisfactory Outstanding Communications about the  $\bigcirc$ 0  $\bigcirc$ 0  $\circ$  $\circ$ move process All questions answered I was asked for input  $\bigcirc$ 0  $\bigcirc$ Overall move process 4. Please rate your Relocation Managers (e.g. Fox Move Management, JK Moving, etc.) regarding the communication and coordination of your move process: w Unsatisfactory Good Outstanding N/A Communications about the 0  $\bigcirc$ 0  $\bigcirc$ 0  $\bigcirc$ move process  $\bigcirc$  $\bigcirc$ 0  $\bigcirc$  $\bigcirc$ All questions answered  $\bigcirc$  $\bigcirc$ 0 0 0 0 Ease of pre-move checkout 0 0 0 Overall move process 5. Were your pictures and plaques hung, your keyboard tray installed, and an office key provided? w O Yes O No If no, please explain 6. Were the movers effective in packing/unpacking? w O Yes

 $\bigcirc$ 

No

7. I was able to log in to the NCI network my first day at my new location. w
Yes
○ No
8. Any IT issue I encountered was resolved in a reasonable time frame. w
O Yes
○ No
O N/A
9. My new telephone was set up and working my first day at my new location. w
○ Yes
○ No
10. Any telephone issue I encountered was resolved in a reasonable time frame. w
O Yes
○ No
○ N/A
11. If you would like personal assistance to address an issue, please provide your contact information so an
OSFM staff member can assist you. w
Done >>
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