

**Request for Approval under the  
“Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery”  
(OMB Control Number: 3095-0070)**

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**TITLE OF INFORMATION COLLECTION:** Nominations for the 2019 Employee Recognition Ceremony Survey

**DATE OF REQUEST:** 4/16/2019

**PURPOSE:** This survey is being conducted to gather nominations for awards in an upcoming Employee Recognition Ceremony, at the National Personnel Records Center, St. Louis.

**DESCRIPTION OF RESPONDENTS:** The survey will be administered to the workforce, which includes persons that are non-Federal.

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Customer Comment Card/Complaint Form | <input 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: Katherine A. Terry.

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, will any information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Yes, has an up-to-date System of Records Notice (SORN) 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**

Category of Respondent	No. of Respondents	Participation Time	Burden
(1) Individuals or Households	700	5	58.33
(3) State, local, or tribal governments			
<b>Totals</b>		5	<b>58.33</b>

**FEDERAL COST:** The estimated annual cost to the Federal Government is \$0.

**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?

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
 Web-based or other forms of Social Media (if applicable, please add url)  
 Telephone  
 In-person  
 Mail  
 Other, Explain \_\_\_\_\_
2. Will interviewers or facilitators be used?  Yes  No
3. Length of Collection: From: 4/25/2019 To: [Click here to enter a date.](#)

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**