# Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB#: 0925-0648 ExpDate: 3/31/18)

## TITLE OF INFORMATION COLLECTION:

Office of Human Resources (OHR) Climate Survey

#### **PURPOSE:**

The Office of Human Resources Climate Survey is used to assess current staff perceived retention risk, engagement and satisfaction levels, and organizational climate to provide Office of Human Resources Senior Leadership with insight into NIH OHR's organization health. Results of the survey are used to determine action areas and initiatives to increase employee engagement and satisfaction and improve organizational health.

#### **DESCRIPTION OF RESPONDENTS:**

Privacy Act of 1974? [ ] Yes [ ] No

The survey will be open to all NIH-OHR employees (federal and contract staff). Contractors will have an abbreviated survey (approximately half of the questions asked of federal staff). All respondents are current employees of NIH OHR.

TY	<b>PE OF COLLECTION:</b> (Check one)				
[ ] Customer Comment Card/Complaint Form [ ] Usability Testing (e.g., Website or Software [ ] Focus Group [ ] Other:					
CE	ERTIFICATION:				
	ertify the following to be true:				
	The collection is voluntary.				
	The collection is low-burden for respondents				
3.	The collection is non-controversial and does <u>not</u> raise issues of concern to other federal				
	agencies.				
4.	. The results are <u>not</u> intended to be disseminated to the public.				
5.	Information gathered will not be used for the policy decisions.	purpose of <u>substantially</u> informing <u>influential</u>			
6.	The collection is targeted to the solicitation of experience with the program or may have experience.	± •			
Na	me: Sylvia Chen				
То	assist review, please provide answers to the fo	llowing question:			
	rsonally Identifiable Information:				
1.	Is personally identifiable information (PII) co	llected? [ ] Yes [X ] No			
2.	If Yes, is the information that will be collecte	d included in records that are subject to the			

3.	If Applicable, ha	s 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 [ X ] No

## **ESTIMATED BURDEN HOURS and COSTS**

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individual or household (Federal Government Contractors)	20	1	10/60	3
Individual or household (Federal Employee)	250	1	10/60	42
Totals	270	270		45

Category of Respondent	Total Burden	Hourly Wage Rate*	Total Burden Cost
	Hours		
Individual or household	45	\$23.65	\$1064.25
Totals	45		\$1064.25

Bls.gov Occupational Employment and Wages, May 2016, Silver Spring-Frederick-Rockville, MD Metropolitan Division <a href="http://www.bls.gov/oes/current/oes\_43524.htm#00-0000">http://www.bls.gov/oes/current/oes\_43524.htm#00-0000</a>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$13,122.00

			% of	Fringe (if applicable)	Total Cost to Gov't
Staff	Grade/Step	Salary	Effort		
Federal Oversight					
Survey Team Member	GS 11/1	\$66,510	5%		\$3,325.50
Survey Team Lead	GS 13/2	\$97,956	10%		\$9,796.50
<b>Contractor Cost</b>					
Travel					
Other Cost					
Total					\$13,122.00

## 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 responden	The	selection	of your	targeted	respondent
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1.	Do you have a customer list or something similar that defines the universe of po	tential
	respondents and do you have a sampling plan for selecting from this universe?	
	[X] 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?

This is a full population survey of all current Office of Human Resources FTE and contract staff.

## **Administration of the Instrument**

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