Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB#: 0925-0642; Expiration Date: 3/31/2023)

TITLE OF INFORMATION COLLECTION: Service Now Customer Satisfaction Surveys

PURPOSE:
The survey questions are designed to get an understanding from the customer regarding their experience and satisfaction level for the service offered by the technician, focusing on the following parameters:

- **Speed**
- **Technical Expertise**
- **Understanding**
- **Professionalism**
- **Overall**
- **General Comments**

All survey data is being collected in ServiceNow. A dashboard has been set up to capture metrics and are further analyzed by the Center for Biomedical Informatics and Information Technology (CBIIT) assignment group managers and federal stakeholders to identify strengths and weaknesses with the services provided.

DESCRIPTION OF RESPONDENTS:
The survey will go to anyone who submits an IT incident request via ServiceNow. This may include federal employees and contract staff, volunteers and fellows of National Cancer Institute.

After an IT Incident is resolved, a customer satisfaction survey will be generated in ServiceNow and sent to the customers. The response is voluntary and there will **_NOT_** be a reminder sent.

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form   [X] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software   [ ] Small Discussion Group
[ ] Focus Group   [ ] 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 <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 purpose of <u>substantially</u> informing <u>influential</u> 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: <u>Jonathan Lin</u>

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

Personally Identifiable Information:

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

Amount: _____

Explanation for incentive: (include number of visits, etc.)

ESTIMATED BURDEN HOURS and COSTS

Category of Respondent	No. of Respondents	No. Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individuals	9,250	1	3/60	463
Totals		**9,250**		**463**

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals	463	$44.75	$20,719.25
Total			**$20,719.25**

* Calculated by taking the average of mean hourly wage rate of Management Analysts, (Occupation Code #13-1111) and Operations Research Analysts (Occupation Code #15-2031). http://www.bls.gov/oes/current/oes_nat.htm#19-0000

FEDERAL COST: The estimated annual cost to the Federal government is $2,135.00

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Computer Scientist	15/9	$170,800	1.25%		$2,135.00
Contractor Cost					$0
Travel					$0
Other Cost					$0
Total					**$2,135.00**

** The salary in the table above is cited from: https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/20Tables/html/DCB.aspx

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 [X] 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?

The potential group of respondents is all NCI users who have submitted incident ticket

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
    [ ] Survey Form
    [ ] Chart Abstraction
    [ ] Other, Explain

2. Will interviewers or facilitators be used? [ ] Yes [X] No

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