

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

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**TITLE OF INFORMATION COLLECTION:**

HR Systems Support (HRSS) Customer Satisfaction Survey

**PURPOSE:**

The purpose of the HRSS Customer Satisfaction Survey is used to gather feedback on customers’ experience with the HRSS and information obtained from this survey will be used to improve HRSS services.

**DESCRIPTION OF RESPONDENTS:**

Respondents of the HRSS Customer Satisfaction Survey will be those who submitted help desk request tickets to the HRSS. Upon ticket resolution, customers (individuals who work at the NIH) will get a resolution email with a link to the survey for the opportunity to provide feedback on their experience with the HRSS help desk.

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

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" 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: \_\_\_\_\_ Lillian Thomas \_\_\_\_\_

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, 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  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
Federal Government Contractors	25	1	5/60	2
<b>Totals</b>	<b>25</b>			<b>2 hours</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Federal Government Contractors	2	\$29.28	\$61.00
<b>Totals</b>			<b>\$61.00</b>

\*Cite source per bls.gov if applicable

Bls.gov Occupational Employment and Wages, May 2014, Bethesda-Rockville-Frederick, MD Metropolitan Division [http://www.bls.gov/oes/current/oes\\_13644.htm#00-0000](http://www.bls.gov/oes/current/oes_13644.htm#00-0000)

**FEDERAL COST:** The estimated annual cost to the Federal government is   \$7,638  

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight	GS 12/1	76,378	10%		\$7,638
<b>Contractor Cost</b>					
Travel					
Other Cost					

Total					\$7,638
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**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?

Upon HRSS help desk ticket resolution, the customer who submitted the request will get a resolution email with a link to the survey for the opportunity to provide feedback on their experience with the HRSS help desk. Customer participation in the survey is voluntary.

**Administration of the Instrument**

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