

# **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

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**TITLE OF INFORMATION COLLECTION:**

Benefits & Payroll Liaison Branch (BLPB) Customer Satisfaction Survey

**PURPOSE:**

The purpose of the BLPB Customer Satisfaction Survey is to collect feedback from customers of the Benefits & Payroll Liaison Branch on their retirement-related requests. The information will help the Benefits team identify areas for improvement and ensure a good customer experience.

**DESCRIPTION OF RESPONDENTS:**

The target audience is NIH retired federal employees who have submitted recent requests for benefits information to their HR Specialist.

**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: Barbara Blau

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 [ 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
Individuals/households	150	1	5/60	13
<b>Totals</b>	<b>150</b>			<b>13</b>

\* The BLPB Survey is a recurring survey. It is available to users after their submission of a retirement request to their HR Specialist. The number of respondents is estimated from about a 30% response rate, and it is an estimation of how many responses the survey will get per year.

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals/households	13	\$22.33	\$290.29
<b>Totals</b>	<b>13</b>		<b>\$290.29</b>

Bls.gov Occupational Employment and Wages, May 2015, Silver Spring-Frederick-Rockville, MD Metropolitan Division [https://www.bls.gov/oes/2013/may/oes\\_nat.htm#00-0000](https://www.bls.gov/oes/2013/may/oes_nat.htm#00-0000)

**FEDERAL COST:** The estimated annual cost to the Federal government is \$665.10.

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Survey Team Member	GS 11/1	\$66,510	1%		\$665.10
<b>Contractor Cost</b>					
Travel					
Other Cost					
<b>Total</b>					<b>\$665.10</b>

**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?

The survey will be sent out through an automated process once a retiree has contacted their HR Specialist with a benefits question.

### **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