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

**TITLE OF INFORMATION COLLECTION:**

WiTS Climate Survey 2015

**PURPOSE:**

The WiTS Climate Survey is used to assess the effectiveness and satisfaction with the Workflow information Tracking System (WiTS) of HR SAID. Results of the survey are used to gather action items to improve WiTS, specifically in the area of WiTS enhancements, as well as communications, support, and training efforts.

**DESCRIPTION OF RESPONDENTS**:

The survey will be open to all WiTS users within the NIH (federal and contract staff). The survey is sent to certain divisions of the Office of Human Resources (OHR), as well as a sample of individuals in other institutes/center across the NIH, who use WiTS system.

**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 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:\_\_\_\_\_\_\_\_\_\_\_Ava Safaie\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**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 | 40 | 1 | 5/60 hours | 3 hours |
|  |  |  |  |  |
| **Totals** | **40** | **40** |  | **3 hours** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden**  **Hours** | **Hourly Wage Rate\*** | **Total Burden Cost** |
| Federal Government Contractors | 3 hours | $29.28 | $87.81 |
|  |  |  |  |
| **Totals** |  |  | **$87.84** |

\*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>

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_**$8,147**\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** | GS 12/3 | $81,471 | 10% |  | $8,147 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  |  |
|  |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
|  |  |  |  |  |  |
| Total |  |  |  |  | $8,147 |

**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? [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?

The survey will be sent to all individuals within the Office of Human Resources (OHR), who are registered as WiTS users, and as a sample of individuals in other institutes and centers across the NIH. That sample will consist of individuals who are termed as “IC users” and are currently using the WiTS System.

**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

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