

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648; Exp. Date: 05/31/2021)**

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**TITLE OF INFORMATION COLLECTION:** Survey Soliciting Employee Assistance Program (EAP) Customer Satisfaction

**PURPOSE:** The Employee Assistance Program (EAP) seeks to gather brief customer feedback about counseling services received during COVID-19.

**DESCRIPTION OF RESPONDENTS:** The respondents for the survey are NIH consumers who utilized EAP counseling services from 04/1/2020-11/30/2020.

**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.

Signature: Anna Verschoore

Name: Anna Verschoore

NIH Federal Coordinator, Employee Assistance Program  
OD, ORS, DOHS, OMS  
Room B2B57, Building 31  
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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? N/A  Yes  No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [XX ] 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/households	400	1	5/60	33
<b>Totals</b>		400		<b>33</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individual Federal Government Employees and Contractors	33	\$28	\$924
<b>Totals</b>			<b>\$924</b>

[http://www.bls.gov/oes/current/oes\\_nat.htm#00-0000](http://www.bls.gov/oes/current/oes_nat.htm#00-0000).

**FEDERAL COST:** The estimated annual cost to the Federal government is **\$1335.00**

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Chief	13/10	\$133,465	.010	N/A	\$1335
<b>Contractor Cost</b>	N/A	N/A	N/A	N/A	N/A
Travel	N/A	N/A	N/A	N/A	N/A
Other Cost	N/A	N/A	N/A	N/A	N/A
<b>Total</b>					<b>\$1335</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?

[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?

From the EAP internal data base, we have collected names and email addresses for all Federal Employee and Contractor consumers who were seen for counseling services from 4/1/2020-11/30/2020, who provided permission for a follow up survey and contact via email. This group of consumers will be sent an email explaining the brief survey with a link to provide their anonymous response to the survey.

**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