

# Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Exp., date: 06/30/2024)

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**TITLE OF INFORMATION COLLECTION:**

HR SAID Customer Experience (CX) branch surveys:

- Your OD Experience
- Your SSIMB Experience
- Your WAPOB Experience
- Your WLSB Experience

**PURPOSE:**

The Human Resources Systems, Analytics, and Information Division (HR SAID) would like to capture feedback from our customers, which will help us refine and improve our ability to deliver an exceptional customer experience. Each branch within the OD/OHR/HR SAID division will have a survey link embedded in our email signature to allow customers the ability to submit feedback for our continuous improvement.

**DESCRIPTION OF RESPONDENTS:**

Since the survey link is within our email signatures, potential respondents (our customers) who we correspond with via email will have the ability to take the survey. This includes NIH employees and potentially contractors and a few external customers outside of NIH. Strictly anonymous feedback will be from customers who voluntarily choose to participate in the survey. The survey will be accessible via a web-based survey link provided to registrants via email.

**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: Jack Alpert

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 [X] 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	110	4	5/60	37
<b>Totals</b>	<b>110</b>	<b>440</b>		<b>37</b>

**COST TO RESPONDENT**

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	37	\$27.07	\$1,002
<b>Totals</b>			

\*Cite source per bls.gov if applicable [https://www.bls.gov/oes/2020/May/oes\\_nat.htm#00-0000](https://www.bls.gov/oes/2020/May/oes_nat.htm#00-0000).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$263.00.

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight Management Analyst	13/6	107,501.00	.10%		\$108
Management Analyst	13/8	127,885.00	.05%		\$64
HR Specialist (Info Sys)	12/1	87,198.00	.05%		\$44
<b>Contractor Cost</b>					0
Travel					0
Other Cost – Survey Tool Licensing					\$48
<b>Total</b>					<b>\$263</b>

\*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2020/DCB.pdf>

**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?

**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

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