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

**TITLE OF INFORMATION COLLECTION:** Trans-ORS Return to Work Survey (OD)

**PURPOSE:**

The Office of Research Services (ORS) leadership cares about how you are doing and recognizes returning to the physical workplace is a change for a majority of ORS staff. However, even if you have been on campus throughout the pandemic, we still want to hear from you. The Division of Quality Management (DQMP) has assisted in developing an anonymous survey, in which only DQMP will have access to the records.

From this survey, ORS leadership wants to learn about your experiences and how to best support you during this transition period back into the physical workplace. We also want to hear from staff who have been on campus throughout the pandemic. Everyone’s participation will provide valuable insight for ORS leadership to develop solutions to enhance your work experiences and is very much appreciated. Aside from demographics, you may skip any questions you do not want to answer as this survey is voluntary.

**DESCRIPTION OF RESPONDENTS**:

ORS staff and contractors

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

[ ] Customer Comment Card/Complaint Form [ ] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[ ] Focus Group [X] Other: Staff return to the workplace

survey

**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:\_\_\_\_\_\_Leslie E. Pont\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 [X] 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** |
| Individual | 2,500 | 1 | 5/60 | 208 |
|  |  |  |  |  |
| **Totals** |  | 2500 |  | **208** |

**COST TO RESPONDENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total  Burden Hours** | **Hourly Wage Rate\*** | **Total  Burden Cost** |
| Individual | 208 | $30 | $6,240 |
|  |  |  |  |
| **Totals** |  |  | $6,240 |

**FEDERAL COST:** The estimated annual cost to the Federal government is $627.00.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Organizational Psychologist | GS 11/1 | 74,950 | .001 | N/A | $75.00 |
| Communications Officer | GS 12/8 | 110,427 | .005 | N/A | $552.00 |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  |  |
|  |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  | $627.00 |

**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)?

**All ORS staff and ORS contractors**

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)

[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