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 [] Usability Testing (e.g., Website or Softwar [] Focus Group | <u> </u> |
| CERTIFICATION: | |
| agencies.4. The results are <u>not</u> intended to be dissemined. | es <u>not</u> raise issues of concern to other federal nated to the public. the purpose of <u>substantially</u> informing <u>influential</u> n of opinions from respondents who have |
| 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 |
|--------------------------------|------------|---------|----------------|------------------------|---------------------|
| | Graue/Step | Salary | EHUIT | аррисавіе) | GUV L |
| 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 responden | The | selection | of your | targeted | responden |
|--|-----|-----------|---------|----------|-----------|
|--|-----|-----------|---------|----------|-----------|

| 1. | Do you have a customer list or something similar that define respondents and do you have a sampling plan for selecting | | 1 |
|----|--|-------------------|---------------|
| | | [X] Yes | |
| | the answer is yes, please provide a description of both below I ORS staff and ORS contractors | (or attach the sa | ampling 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) |
|----|--|
| | [X] Web-based or other forms of Social Media |
| | [] Telephone |
| | [] In-person |
| | [] Mail |
| | [] Other, Explain |
| 2. | Will interviewers or facilitators be used? [] Yes [X] No |