

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: NIH HRSS Customer Satisfaction Survey

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 who work with us through our HR Systems Support (HRSS) service. After an HRSS customer ticket request is resolved the survey link will be embedded in the email to allow customers the ability to submit feedback for our continuous improvement.

DESCRIPTION OF RESPONDENTS: Customers who have received an HRSS ticket resolution 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: Danielle Schrager

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 No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes 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	350	2	5/60	58
Totals	350	700		58

COST TO RESPONDENTS

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	58	\$27.07	\$1,570
Totals			\$1,570

*Hourly Wage Rate is minimum wage for Maryland: <http://www.ncsl.org/research/labor-and-employment/state-minimum-wage-chart.aspx> (\$11.75 effective 1/1/21)

FEDERAL COST: The estimated annual cost to the Federal government is \$101.00.

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
HR Specialist (Info Sys)	13/1	106,823.00	.05%		\$53
Contractor Cost					0
Travel					0
Other Cost – Survey Tool Licensing					\$48
Total					\$101

**The NIH Federal Employee and Contractor Salaries were estimated based on the locality pay for the DC-MD-VA-WV-PA salary table: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2022/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 [x] 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)
[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

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