

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

**TITLE OF INFORMATION COLLECTION:** Administrative Services and Analysis Branch (ASAB) Customer Satisfaction Survey for Federal Employees

**PURPOSE:** To collect feedback from customers who use the Administrative Services and Analysis Branch (ASAB) services. Information collected will include data on speed, quality, and professionalism of the service provided and will be used to consider further service enhancements.

**DESCRIPTION OF RESPONDENTS:** NIEHS staff who use ASAB services.

**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: _____                            |

**FREQUENCY OF REPORTING:** (Check one)

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Once     | <input type="checkbox"/> Quarterly              |
| <input type="checkbox"/> Monthly  | <input checked="" type="checkbox"/> On Occasion |
| <input type="checkbox"/> Annually | <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: Matthew Burr

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 |
|------------------------|--------------------|---------------------------------|------------------------------|--------------------|
| Federal Government     | 50                 | 1                               | 1/60                         | 1                  |
|                        |                    |                                 |                              |                    |
| <b>Totals</b>          |                    | 50                              |                              | <b>1</b>           |

| Category of Respondent | Total Burden Hours | Hourly Wage Rate* | Total Burden Cost |
|------------------------|--------------------|-------------------|-------------------|
| Federal Government     | 1                  | \$34.50           | \$34.50           |
|                        |                    |                   |                   |
| <b>Totals</b>          |                    |                   | <b>\$34.50</b>    |

\* the Salary in table above is cited [https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2023/general-schedule \(GS-11\)](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2023/general-schedule(GS-11))

**FEDERAL COST:** The estimated annual cost to the Federal government is     \$3,670    

| Staff                    | Grade/Step | Salary*   | % of Effort | Fringe (if applicable) | Total Cost to Gov't |
|--------------------------|------------|-----------|-------------|------------------------|---------------------|
| <b>Federal Oversight</b> |            |           |             |                        |                     |
| Chief, ASAB              | 15/10      | \$183,500 | 2%          |                        | \$3,670             |
|                          |            |           |             |                        |                     |
| <b>Contractor Cost</b>   |            |           |             |                        |                     |
|                          |            |           |             |                        |                     |
| Travel                   |            |           |             |                        |                     |
| Other Cost               |            |           |             |                        |                     |
|                          |            |           |             |                        |                     |
| <b>Total</b>             |            |           |             |                        | <b>\$3,670</b>      |

\*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2023/general-schedule>

**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?

NIEHS staff who use ASAB services

**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  
[ X ] Other, Explain The link to the survey will be part of each ASAB employee's Outlook email auto-signature and staff will be able to click on it to provide feed-back
2. Will interviewers or facilitators be used? [ ] Yes [X ] No