## Request for Approval under the “DOL Departmental Generic Clearance for the Collection of Routine Customer Feedback”

## (OMB Control Number: 1225-0088)

**TITLE OF INFORMATION COLLECTION:**

**PURPOSE:**

The Job Openings and Labor Turnover Survey Program (JOLTS) is conducting a web-based survey of data users to learn more about how JOLTS customers are using JOLTS data, to solicit feedback on JOLTS products, and for JOLTS staff to learn more about its customers. Information collected in the survey will be used internally to ensure JOLTS data and products are meeting customers’ needs and to make improvements as needed.

**DESCRIPTION OF RESPONDENTS**:

The survey will target experienced users of JOLTS data products, including individuals from both private and public sectors, as well as academia. JOLTS plans to contact known stakeholders who are members of the JOLTS News Release subscribers lists, JOLTS stakeholders list and website traffic. JOLTS subscriber lists consist of list of individuals who receive automated emails each month for JOLTS national and state releases. JOLTS stakeholder list consists of users who have previously contacted our office for help or are contacts from professional/academic conferences with interest in JOLTS data. In addition, JOLTS will post a link to the survey on the program’s home page at the top of the announcements section.

JOLTS estimates the subscriber list to be approximately 47,036 and may include duplicates if data users subscribed to both national and state releases. The general response rate for these types of subscription list typical result is 1% or a maximum of 470 responses. The stakeholder email list consists of 1,840 email addresses. We anticipate a maximum of 25% of the data users will respond to the survey, plus a maximum of 200 respondents from website traffic. This amounts to a grand total of 980 responses. Please see sample table below. This estimate is about double the previous JOLTS stakeholder survey conducted in 2010, which received 466 responses from JOLTS data users, as our contact list has grown over the period.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sampling Table Plan** | | | |
| **Stakeholder Survey Respondents** | **Number of Estimated Respondents** | **Estimated Response Rate %** | **Total Number of Estimated Responses** |
| Subscription lists | 47,036 | 1% | 470 |
| Stakeholder email address | 1,840 | 25% | 460 |
| Website traffic | 200 | 25% | 50 |
| Total | 49,076 |  | 980 |

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

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

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

[ ] Focus Group [ ] 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:\_\_\_\_\_ Julie Hatch Maxfield \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 [ ] 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

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **Participation Time** | **Burden** |
| Individuals (JOLTS data users) | 980 | 10 minutes | 163 hours |
| **Totals** | **980** | **10 minutes** | **163 hours** |

**FEDERAL COST:** The estimated annual cost to the Federal government is $3,000.00, including 12 hours to develop questions for the survey, 16 hours to program the survey instrument, and 20 hours to analyze the results. (Calculation is 48 hours x $62.50 (GS 14/2 DC-MD-VA-WV-PA)).

**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

1. Will interviewers or facilitators be used? [ ] Yes [X ] No

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

## Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on XXXXX)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS**: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

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