## **Event Evaluation Form**

## **U.S. Department of Labor** Wage and Hour Division



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U.S. Wage and	Hour D	ivision

		OMB NO: 1225-0088 Expires: 1/31/2024
Event Name:	Date:	
(Completed by agency staff)		(Completed by agency staff)
INFORMATION TO BE PROVIDED BY RESPONDENT:  I. Please respond to the following questions related to persons who attended the Wage and Hour Div.	ision (WHD) event	<u>:</u>
1. Did the correct person (from your organization) attend the event?		
○ Yes		
○ No		
2. Is there any other person in your organization that should have attended the event?		
○ Yes, others attended it also		
○ No, others should have attended but did not		
○ No, all appropriate people attended the event		
3. How did you find out about this event? (Check all that apply)		
DOL Website		
Association		
☐ Employer		
Newspaper/Press Release		
Email Message/Alert		
Received notification in the mail		
Union		
Other		
(please specify)		
II. Please help WHD assess the quality of this event by responding to the following questions.		
4. The compliance assistance event was presented in clear language.		
○ Strongly agree		
○ Agree		
Neither agree nor disagree		
○ Disagree		
○ Strongly disagree		
5. Considering all of the information presented, how relevant or irrelevant was the content provided during law?	ng the event in hel	ping you understand the
○ Very relevant		
Generally relevant		
○ Somewhat irrelevant		
○ Irrelevant		

6. The event provided sufficient inf	formation to allow you to contact WHD in the future.
C Strongly agree	
Agree	
Neither agree nor disagree	
<ul><li>Disagree</li></ul>	
Strongly disagree	
	sk about several types of actions you have taken, or may recommend and/ or implement as a result of this stand how you or your organization will use the information provided at the compliance assistance event by tions.
7. Please indicate any actions you h	have already taken as a result of this event?: (Check all that apply)
Reviewed one or more emplo	oyment practices/policies
Updated one or more emplo	yment practices/policies
Conducted an organization-	wide self-audit for compliance
Shared the information with	colleagues
Shared the information with	employees
Other (please specify)	
None	
☐ Not applicable	
☐ Institute/modify a new payro ☐ Institute/modify a new employ ☐ Modify overtime policies ☐ Modify wage rates ☐ Reclassify employees, includi ☐ Modify policies regarding em	oyee time recording process ing those currently classified as "exempt"
Other (please specify)	
No personnel actions are inte	ended
I do not have the authority to	o recommend or implement changes
9. What management changes do y	you intend to recommend or implement in your organization as a result of the event? (Check all that apply)
Conduct an organization-wid	
	t policy, system or procedure
	mmunication to improve awareness and/or practices
Other (please specify)	
No management changes are	
☐ I do not have the authority to	o recommend or implement changes

10. Please indicate any other future actions you will take as a result of this event: (Check all that apply)
Review one or more employment practices/policies
Update one or more employment practices/policies
Share the information with colleagues
Share the information with employees
Save it for future reference
Other (please specify)
None
IV. Please help WHD to understand how the event addressed your questions and concerns.
11. In comparison to your previous knowledge of WHD employment laws, how well do you understand the law after attending this event?
Considerably more
○ A little more
○ About the same
○ A little less
Considerably less
12. Did this event address all of your WHD-related employment questions?
Yes, it addressed all of my questions
○ No, it only addressed some of my questions
No, it did not address any of my questions
Not applicable - I did not have any employment-related questions
13. After attending this event, do you anticipate contacting WHD for additional information in the future?
○ No
Yes, within 1 month
Yes, within 2 - 6 months
Yes, within 7 - 12 months
○ Yes, after 1 year
14. Where will you go if you have additional questions about WHD laws? (Check all that apply)
Search engine
☐ WHD Website
Toll-Free DOL Hotline
Local WHD Office
Other (please specify)

V. Please provide any additional information that might help WHD improve future events.

You are not required to respond to this information collection; however, your assistance will help the Department of Labor to improve the quality and delivery of compliance assistance tools and services. Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific firm or individual. We will not provide information that identifies you or your district to anyone outside the study team, except as required by law. Persons are not required to respond to a collection of information unless it displays a currently valid OMB control number.

**Burden Statement** --The public reporting burden for this collection of information is estimated to average five (5) minutes per response, including the time for reviewing instructions, gathering information, and completing and reviewing the collection of information. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and suggestions for reducing the burden to the U. S. Department of Labor, Wage and Hour Division, Room S-3502, 200 Constitution Avenue, N.W., Washington, DC 20210. **Do not send the completed survey to this address**.