

Paperwork Reduction Act Statement: This information collection meets the requirements of 44 U.S.C 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this information collection is 2700-0153 and it expires on 07/31/2024. We estimate that it will take less than 5 minutes to read the instructions, gather the facts, and answer the questions.

PRIVACY ACT STATEMENT: The information in this form will capture customer feedback. AUTHORITY: The collection is authorized by 42 U.S.C. 2451, et seq., the National Aeronautics and Space Act of 1958, as amended. PURPOSE: This information is being collected and maintained for the purpose of providing customer feedback.

ROUTINE USES: Use and disclosure of your records within and outside of NASA may occur in accordance with the NASA Security Records Systems (NASA

10SECR) system of records notice published at [Click Here](#) and as permitted by the Privacy Act of 1974, as amended (5 U.S.C. 552a(b)).

DISCLOSURE: Failing to provide the requested information, there is no impact to not providing the info.



OCHCO

Office of the Chief Human Capital Officer

Human Capital Office Customer Experience Survey

The Human Capital Office (HCO) is committed to providing excellent customer service, and we want to know how we are doing. Your response is confidential, and your candid feedback will allow us to identify areas for improvement.

We appreciate your taking the time to help us serve you better.

You must click the [Submit Survey] button at the bottom of the form to save your feedback.

You can close the form when you have finished your selections and saved your feedback.

Select the Center HCO that provided service to you:

Glenn Research Center Langley Research Center Other

1. Please indicate the types of service that the Center HCO performed for you. (Not the NSSC)

- | | |
|--|---|
| <input type="checkbox"/> Awards and Recognition | <input type="checkbox"/> Learning and Development |
| <input type="checkbox"/> Employee Relations | <input type="checkbox"/> Leave/Hours of Duty |
| <input type="checkbox"/> Executive Services | <input type="checkbox"/> Onboarding |
| <input type="checkbox"/> Hiring, Staffing, or Recruitment | <input type="checkbox"/> Organizational Development |
| <input type="checkbox"/> HR Action Processing | <input type="checkbox"/> Pathways |
| <input type="checkbox"/> HR Data Systems and Analytics | <input type="checkbox"/> Performance Management |
| <input type="checkbox"/> HR Strategic Planning and Advisory Services | <input type="checkbox"/> Telework/Remote Work |
| <input type="checkbox"/> Labor Relations | <input type="checkbox"/> Workforce Planning |
| | Other (please specify): <input type="text"/> |

2. What was your role during this interaction with the Center HCO?

- Supervisor/Manager
 Employee
 Administrative (i.e., Admin Officer, Executive Officer, Admin. Assistant, etc.)

Other:

3. Would you like to provide feedback regarding a specific HCO employee? (if so, please select their name:)

No Specific Employee

4. Rate your level of agreement with the following statements:

A - My local HR Specialist was knowledgeable and had the skills to satisfy my requirement.

B - My local HR Specialist was professional and courteous.

C - My local HR Specialist provided prompt, clear, and understandable communications.

D - My local HR Specialist provided services within the promised or expected timeframe.

E - My local HR Specialist satisfied my request.

F - The HCO services met my needs.

5. Is there any other feedback you would like to provide? Use this space to detail a recent interaction, further explanation for any responses above, suggestions for improvement, or general comments.

6. (Optional) If you wish to be contacted for follow-up, please provide your name and contact information. A team member will contact you.



User: NKSMITH1 - Date: 4/25/2024 2:17:09 PM