## 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:** ORS Stakeholder Survey 2024

**PURPOSE:**

The purpose of this information collection is to obtain feedback from customers (aka data users; website visitors) of data and information produced by the Occupational Requirements Survey (ORS) program. The feedback will be used to better understand the customer experience with these data and information products and whether these products meet their needs (i.e., the information is easy to navigate, or data is easy to use and includes scope and detail that is useful). The information collected will be used to inform future changes and the next ORS strategic plan.

**DESCRIPTION OF RESPONDENTS**:

Respondents are individuals who are broadly considered customers of ORS data and information products. This information and data are available through the BLS website and can be accessed as interactive data table generators, downloadable data files, and informational products, such as occupational profiles and news releases.

Customers of these products are defined as frequent or casual (including first time) users of ORS data and information products (e.g., news releases), or those who subscribe to receive updates to these data and products. Respondents may represent vocational and rehabilitation counselors, human resources professionals, career counselors, veterans counselors, legal researchers, occupational and safety researchers, academic researchers, and job seekers.

**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: *Douglas Williams*

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** |
| ORS product subscribers – individuals (18,000 (10% response rate = 1.800) | 1,800 | 6 minutes | 180 hours |
| Known ORS product users – individuals 140 (50% response rate = 70) | 70 | 6 minutes | 7 hours |
| Unique ORS website visitors – individuals 12,700 (4% response rate = 500) | 500 | 6 minutes | 50 hours |
| **Totals** | **2,370** |  | **237 hours** |

The number of respondents was estimated based on approximately 10% response rate to single email invitation to subscriber list. Known product users includes response from motivated ORS data users from ORS presentations and clearance comments. Additional response is expected from web product page visits where visitors can click a banner link to complete the survey. Detail on the number of subscribers to ORS is provided below.

The survey(s) will solicit responses from customers using various methods:

* Include a link in a banner on the product survey homepage (ORS public page).
* An email frame of customers who are subscribed to receive updates for ORS data and news releases will receive a request to complete a survey.
* An email frame of known ORS customers who have attended or participated in presentations or provided comments to ORS clearance materials.

**FEDERAL COST:** The estimated annual cost to the Federal government is ***$1,442.40*** *(estimated based on an average GS-14/5 salary rate of $72.12 and an estimated 20 hours to develop the survey, post and submit, receive responses, and analyze and report on the responses.)*

**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.** **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 Feedback on Agency Service Delivery”

**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.**