

Written Compliance Assistance Tool Evaluation Form

U.S. Department of Labor
Wage and Hour Division



OMB NO: 1225-0088
Expires: 1/31/2024

Written Tool Name:

(Completed by agency staff)

Date:

(Completed by agency staff)

INFORMATION TO BE PROVIDED BY RESPONDENT:

I. Please respond to the following questions related to recipients of the Wage and Hour Division (WHD) written compliance assistance.

1. Did the appropriate person (from your organization) receive the compliance assistance?

- Yes, the appropriate person received it
- Yes, the appropriate person received it, but the person had no interest in it
- No, the appropriate person did not receive the tool

2. Is there any other person in your organization who should have received the written compliance assistance tool?

- Yes, others received it also
- No, others should have received it, but did not
- No, all appropriate people received it

3. How did you find out about this compliance assistance tool? (Check all that apply)

- DOL Website
- Association
- Employer
- Newspaper/Press Release
- Email Message/Alert
- Received tool in the mail
- Union
- Other

(please specify)

II. Please help WHD assess the quality of its compliance assistance tool by responding to the following questions.

4. The compliance assistance tool used language that was clear.

- 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 in the compliance assistance tool to helping you understand the law?

- Very relevant
- Generally relevant
- Somewhat irrelevant
- Irrelevant

6. The compliance assistance tool contained sufficient information to allow you to contact WHD in the future.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

III. In the next few questions, we ask about several types of actions you have taken, or may recommend and/ or implement as a result of this compliance assistance tool. Please help WHD to understand how you or your organization will use the compliance assistance tool by responding to the following questions.

7. Please indicate any actions you have already taken as a result of this compliance assistance tool?: (Check all that apply)

- Reviewed one or more employment practices/policies
- Updated one or more employment 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

8. What *policy changes* do you intend to recommend or implement in your organization as a result of the compliance assistance tool? (Check all that apply)

- Institute/modify a new payroll process
- Institute/modify a new employee time recording process
- Modify overtime policies
- Modify wage rates
- Reclassify employees, including those currently classified as "exempt"
- Modify policies regarding employees under the age of 18
- Modify policies regarding employee compensation for all hours worked
- Other (please specify)
- No personnel actions are intended
- I do not have the authority to recommend or implement changes

9. What *management changes* do you intend to recommend or implement in your organization as a result of the compliance assistance tool? (Check all that apply)

- Conduct an organization-wide self-audit
- Institute a new management policy, system, or procedure
- Institute training or other communication to improve awareness and/or practices
- Other (please specify)
- No management changes are intended
- I do not have the authority to recommend or implement changes

10. Please indicate any other future actions you will take as a result of this compliance assistance tool: *(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 compliance assistance tool addressed your questions and concerns.

11. In comparison to your previous knowledge of WHD employment laws, how well do you understand the law after reviewing this compliance assistance tool?

- Considerably more
- A little more
- About the same
- A little less
- Considerably less

12. Did this compliance assistance tool 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 using this compliance assistance tool, 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 its compliance assistance tool.

15. Please provide any additional comments (i.e. suggestions you have to improve the usefulness of this compliance assistance tool).

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.**