



Roles

Assignee	Assignee Alt
Site Reviewer	Site Reviewer Alt
POC 1	POC 2

Fiscal Year Attachments

File Name	Plan Name	Attachment Comment

Form Attachments

No attachments found.

Read-only Form: GC Labor Relations Quarterly - Collects information in CBAs that were finalized in prior quarter (FY --)

FY > Period > Contractor > Plan

	Form Item	Comment
1	OMB FORM 1910-5143, Expiration Date: 8/31/2025; Paperwork Reduction Act Burden Disclosure Statement This data is being collected for contract administration, management oversight, and cost control. The data you supply will be used to ensure that Department contractors maintain good labor	

# iBenefits

	<p>relations and retain a workforce in accordance with the terms of their contract and in compliance with statutory and regulatory requirements as identified by contract. Public reporting burden for this collection of information is estimated to average 1.84 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of the Chief Information Officer, Enterprise Policy Development &amp; Implementation Office, IM-22, Paperwork Reduction Project 1910-5143, U.S. Department of Energy, 1000 Independence Ave SW, Washington, DC, 20585-1290; and to the Office of Management and Budget (OMB), OIRA, Paperwork Reduction Project 1910-5143, Washington, DC 20503. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB control number. Submission of this data is mandatory.</p>	
2	<p>* Have you amended an existing CBA or signed a new CBA? If you answer "No", then please save the form and click on the submit button. If yes, then please complete the remainder of the form. <input type="radio"/> YES <input checked="" type="radio"/> NO</p>	
3	<p>Please download the attached template located at the top of the form and complete all cells that are white. Grey cells are calculated by the form. There should be ONE sheet for each CBA. Definitions as to what is expected may be found by hovering your mouse over the blue underlined phrases. Any other questions about what is needed in each cell should be directed to John Sullivan at john.m.sullivan@hq.doe.gov (DOE) or Jeanne Lupardo at jeanne.lupardo@nnsa.doe.gov (NNSA)</p>	
4	<p>Please attach the completed template here (please retain the Excel format - please do not provide as a PDF).</p>	
5	<p>Copies of the most recent collective bargaining agreements (CBAs), any recent amendments to a CBA and additional supplemental documentation and information as needed for clarification are required. Please zip all such documents into one zipped file and attach below. Please attach a word document here that lists each document in the zipped file and includes a brief description of the document. The zipped document which contains all relevant collective bargaining agreements and addendum is attached here. Please contact iBenefits Support (iBenefits_Support@hq.doe.gov) if you encounter size limits in loading your file.</p>	