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925 Del Paso Blvd., Suite 100
Sacramento, CA 95815

Main Office
(916) 263-3800

Head Start
(916) 263-3804

Website: <http://www.seta.net>

September 3, 2007

To: Program Managers, SETA-Funded WIA Service Providers,
Site Supervisors, Sacramento Works Career Centers (SWCCs)

From: Kathy Kossick, SETA Executive Director

RE: **Employer Customer Satisfaction Data
Collection Policy**

Revised WIA Directive #02-07, Revision 4

Reason for Revision:

SETA is revising the Enter Employer Data form to include the collection of data relative to our employer outreach efforts to the "Critical Occupational Groups 2007-2008" in the provision of "substantial services". Additionally, this recognizes that the Workforce Development - Employer Services Department will also be administering random sampling telephone "Employer Customer Satisfaction Surveys" to assess customer service satisfaction.

"Preparing People for Success: in School, in Work, in Life"

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BACKGROUND:

Section 136 of the Workforce Investment Act (WIA) specifies core indicators of performance and their application to workforce investment activities for adult, dislocated worker and youth programs. Four core measures apply separately to the adult, dislocated worker and older youth participants, three measures apply to younger youth, and two measures of customer satisfaction apply across funding streams.

The U.S. Department of Labor (DOL), under Title I of the WIA, has established policies on core and employer customer satisfaction performance measures. It also provides specific guidance on implementation and reporting requirements. According to these WIA policies, telephone surveys must be administered to meet the customer satisfaction measurement requirements. DOL guidance requires a representative random sampling that will be administered by the State of California. For the purpose of employer customer satisfaction reporting requirements, the State must complete a minimum of 500 employer surveys statewide with a 70 percent response rate.

PURPOSE:

The purpose of this directive is to communicate policy and provide instructions to all programs regarding the collection of data from employers who have received a substantial service(s) through the Sacramento Works system and their partners. The collection and reporting of data is to occur within **30 days** after the provision of the “substantial services”. All policies/procedures referenced by this Directive on employer data collection are Federal, State and SETA-imposed requirements.

POLICY:

This policy is to assist the State of California in the collection of employer data to assess customer satisfaction, on an ongoing basis. Additionally, Sacramento Works Inc. would like data collected that measures our employer outreach efforts relative to Sacramento Works Inc.

“Critical Occupational Groups 2007-2008”, in the provision of substantial services. Career Center staff must submit a **WIA Enter Employer Data WIA/EED** form dated 09/07 to the designated Workforce Development Department Employer Services staff monthly and within a 30-day period following the completion of substantial service(s) or when a full segment of the service has been provided. The Employer Services staff will then input the EED form information into the Job Training Automation database system (JTA).

The EED form will be completed for each employer “*who has received a **substantial service** from career center staff or their partners, and where the service has been completed or, if it is an ongoing service, when a full segment of the service has been provided.*” A substantial service is defined as follows:

“A service that is provided directly to the employer in person or through another direct communication medium (e-mail, telephone) that involves more than just the exchange of information. This definition excludes: those employers who request a brochure or to be part of a standard mailing. Additionally this does not include those employers who ask a question that is answered with little expenditure of staff time, or those who use electronic self-service.”

California State University at San Marcos will conduct telephone surveys using the information entered in the JTA system. In addition, the Sacramento Works - Employer Services Department will also be administering random sampling telephone “Employer Customer Satisfaction Surveys”. The designated Sacramento Works system and/or partner staff that provide substantial services to an employer will be responsible for informing the employer’s contact person that they will be included in this survey pool. The telephone survey will assess the employer’s satisfaction with the services provided by the specific career centers and the Sacramento Works system.

PROCEDURE:

The designated Sacramento Works system and/or partner staff that provides substantial services to an employer will be responsible for completing the EED form, which includes employer information and the description of services provided. If the employer substantial service is for staffing/employee recruitment, staff will identify the occupational title(s) of the recruitment and placement effort, then correlate them with the Sacramento Works Inc. “Critical Occupational Groups” and check the appropriate occupational group box(s) on the EED form. When reporting the job placements, as a result of the provision of the substantial services, staff will follow the same procedure. If available, please include the total number of placements and the average hourly wage at placement. After completing the EED form report(s), staff will submit it to the designated Employer Services Staff of the Workforce Development Department. The EED form will be input into the JTA system, therefore, it is essential that the EED form is complete and all information is accurate. In addition to data being entered into the JTA system, the SETA Employer Services Staff may add employer names to a mailing list and conduct an employer customer satisfaction survey. Finally, the JTA will automatically generate an employer number for each new employer entered and a service number that will note the number of EED form reports of “substantial services” entered.

Forms must be completed and submitted to the designated Employer Services staff monthly within a 30-day period following the completion of substantial service(s) or when a full segment of the service has been provided to an employer.

THE WIA EED FORM WITH INSTRUCTIONS FOR COMPLETION AND A SAMPLE COMPLETED WIA EED FORM IS INCLUDED WITH THIS DIRECTIVE.

ACTION:

Beginning immediately, this policy and procedures outlined above will be utilized in all SETA workforce development programs.

QUESTIONS REGARDING THIS DIRECTIVE:

For questions regarding this directive or the Employer Customer Satisfaction Survey, contact Edward DeHerrera, Employment Services Supervisor at 263-3753; Geoffery Ezimora, Management Information Analyst Supervisor at 263-3823; or William Walker, Workforce Development Manager at 263-4639.

UPDATE RESPONSIBILITY:

Workforce Development Manager, Management Information Analyst Supervisor and Employment Services Supervisor.

WORKFORCE INVESTMENT ACT
ENTER EMPLOYER DATA

Employer Number:	Employer Name:	Employer Address:	
Service Number:	City:	State:	Zip Code:
Employer Contact:		Contact Telephone # :	Contact Title:
Alternate Employer Contact:		Alternate Telephone # :	Alternate Title:

CRITICAL OCCUPATIONAL GROUPS				
Administrative/Support Services <input type="checkbox"/> Tot. Placements: _____ Avg. Wage: \$ _____	Architecture/Engineering <input type="checkbox"/> Tot. Placements: _____ Avg. Wage: \$ _____	Construction <input type="checkbox"/> Tot. Placements: _____ Avg. Wage: \$ _____	Healthcare/Support Service <input type="checkbox"/> Tot. Placements: _____ Avg. Wage: \$ _____	Information Technology <input type="checkbox"/> Tot. Placements: _____ Avg. Wage: \$ _____
Installation/Maintenance/Repair <input type="checkbox"/> Tot. Placements: _____ Avg. Wage: \$ _____	Tourism/Hospitality <input type="checkbox"/> Tot. Placements: _____ Avg. Wage: \$ _____	Transportation/Production <input type="checkbox"/> Tot. Placements: _____ Avg. Wage: \$ _____	Other <input type="checkbox"/> Tot. Placements: _____ Avg. Wage: \$ _____	
LWIA/SWCC Site the Service was Provided by:	Service Begin Date:	Service End Date:	Description of Services:	
LWIA/SWCC Contact Person & Telephone Number: (Please Print)		Date:		

Instructions for completing the WIA/EED Form (09/07)

Employer Number	Leave Blank (for MIS use only)
Employer Name	Print the employer full name, no abbreviations.
Employer Address	Print the full address of the employer
Service Number	Leave Blank (for MIS use only)
City, State, Zip Code	Print the City, State and Zip Code of the employer.
Employer Contact	Print the name of the employer contact person you provided/coordinated the substantial service with and whom can provide survey response information.
Contact Telephone #	Print the employer contact person's telephone number.
Contact Title	Print the title of the employer contact person.
Alternate Employer Contact	Print the name of the alternate employer contact person who can provide survey response information.
Alternate Telephone #	Print the employer alternate contact person's telephone number.
Alternate Title	Print the title of the alternate employer contact person.
CRITICAL OCCUPATIONAL GROUPS	Place a check mark in the applicable box(s) for the occupational group(s) you were either marketing/recruiting or are reporting job placements for.
Total Placements & Average Hourly Wage At Placement	Note the total number of placements and the average wage of those placement(s) obtained as a result of the substantial service provided.
LWIA/SWCC Site the Service was Provided By	Print the LWIA/Sacramento Works Career Center site that the contact person represents. For example; "Hillsdale" or "Mark Sanders".
Service Begin Date	Print the date that this segment of "substantial services", provided for the employer, <u>began</u> .
Service End Date	Print the date that this segment of "substantial services", provided for the employer <u>ended</u> .
Description of Services	Write a brief description of the substantial service(s) provided for the employer. For example; "Prescreened Resumes and Applications" or "Scheduled Employment Interviews".
LWIA/SWCC Contact Person & Telephone Number	<u>Print</u> the name and telephone # of the contact person at the Local Workforce Investment Area/Sacramento Works Career Center that provided/coordinated the substantial service(s) to the employer.
Date	Note the date the EED form is completed.

(09/07)

SAMPLE

WORKFORCE INVESTMENT ACT ENTER EMPLOYER DATA

Employer Number:	Employer Name: <i>AEROTEK Staffing</i>	Employer Address: <i>1601 Aviation Blvd.</i>	
Service Number:	City: <i>Sacramento</i>	State: <i>CA.</i>	Zip Code: <i>95648</i>
Employer Contact: <i>Anita Worker</i>		Contact Telephone # : <i>778-0000</i>	Contact Title: <i>Senior Personnel Analyst</i>
Alternate Employer Contact: <i>Maebe Tu</i>		Alternate Telephone # : <i>778-0024</i>	Alternate Title: <i>Personnel Manager</i>

CRITICAL OCCUPATIONAL GROUPS				
Administrative/Support Services <input type="checkbox"/> Tot. Placements: _____ Avg. Wage: \$ _____	Architecture/Engineering <input type="checkbox"/> Tot. Placements: _____ Avg. Wage: \$ _____	Construction <input checked="" type="checkbox"/> Tot. Placements: _____ Avg. Wage: \$ _____	Healthcare/Support Service <input type="checkbox"/> Tot. Placements: _____ Avg. Wage: \$ _____	Information Technology <input type="checkbox"/> Tot. Placements: _____ Avg. Wage: \$ _____
Installation/Maintenance/Repair <input checked="" type="checkbox"/> Tot. Placements: _____ Avg. Wage: \$ _____	Tourism/Hospitality <input type="checkbox"/> Tot. Placements: _____ Avg. Wage: \$ _____	Transportation/Production <input type="checkbox"/> Tot. Placements: _____ Avg. Wage: \$ _____	Other <input type="checkbox"/> Tot. Placements: _____ Avg. Wage: \$ _____	
LWIA/SWCC Site the Service was Provided by: <i>South County</i>	Service Begin Date: <i>4/9/07</i>	Service End Date: <i>4/18/07</i>	Description of Services: <i>Marketing Recruitment; Prescreened Candidates</i>	
LWIA/SWCC Contact Person & Telephone Number: (Please Print) <i>Whitney Robinson</i> <i>741-4550</i>		Date: <i>4/20/07</i>		