

# DATA ELEMENT/NEW REQUIREMENT REQUEST FORM

*External Use Version*

## SECTION 1

*To be filled out and submitted electronically with the initial request.*

1. AGENCY:

2. DATE:

3. Name and title of person making this request or contact for the data element:

4. Is this request from a Shared Service Center (SSC)?

5. If so, which one?

6. Has this request been discussed with other SSCs?

7. If yes to Item 6, list all SSCs and their position with this request (in agreement; needs to be modified; not required, etc.) :

8. Location:

9. City:

10. State:

11. ZIP Code:

12. Phone Number:

13. e-Mail:

### DATA ELEMENT

14. What data needs to be captured? (please provide information that is as specific and in-depth as possible including an example of the report)

15. What is the purpose for the data collection? (ad-hoc analysis, administrative, mandated reporting requirement, etc.)

16. Legal authority/justification/requirement to report the data (if applicable):

17. Additional information:

18. For more information contact:

19. Phone number/e-mail:

## SECTION 2

*To be filled out upon request*

20. Does this information already exist?

Yes

No

N/A

21. What is the timeline associated with this request?

22. Based on your current knowledge, what are some of the considerations in implementing this request?

23. To what EHRI feeds will this data be reported? (i.e., status, dynamics, pay, training, military)

24. What is your initial collection strategy? (Is the data already available?; Will it be required retrospectively?; How will the data set be initially populated?; Will it be reported for everyone, only as needed?; What is the communication plan to agencies?, etc.)

25. What is your maintenance strategy? (How often will the element be reviewed and updated?)

### FORWARD REQUEST TO:

[DataElementRequest@opm.gov](mailto:DataElementRequest@opm.gov)

# ***Instructions for completion of the Data Element/New Request***

Agency Version

## **SECTION 1**

**Item 1, Agency** – Indicate the agency requesting this change. (Spell out agency names - do not use **only** acronyms).

**Item 2, Date** – Date the form is filled out. Enter MM/DD/YYYY.

**Item 3, Name and Title-** Indicate the person and their title. Please note, this person may be contacted if additional information is required.

**Item 4, Origin of the request (SSC)** – Indicate 'Yes' if this request is originating for a Shared Service Center (SSC). Indicate 'NO' if it is not coming from a SSC.

**Item 5, Which SSC** – If the answer to item 4 is 'Yes', indicate which SSC is making the request.

**Item 6, Discussions with other SSCs** – Respond with either 'Yes', 'No' or 'N/A'.

**Item 7, Response from SSCs** – If the response to item 6 is 'Yes', then list each SSA and your perception of their position with this request.

**Item 8, Location** – Indicate the location of the office making the request, please include suite numbers and/or floors.

**Items 9, 10 and 11** – Indicate City, State and ZIP Code.

**Item 12, Phone number** – Indicate the Point of Contact's (POC) phone number.

**Item 13, e-mail address** – Indicate the POC's e-mail address.

## **Data Element**

**Item 14, What data is needs to be captured?** – Provide specific information on the type of data.

**Item 15, What is the purpose for the data collection?** – Provide in-depth information on the purpose of the data collection (for example, using the data for workforce analysis).

**Item 16, Legal authority or justification** – Indicate legal authority, if non exists indicate n/a

**Item 17, Additional Information** – Provide any additional information that you believe would be helpful in assessing this request.

## **SECTION 2**

*Section 2 should be filled out ONLY at the request of the Center for Workforce Information & Systems Requirements (CWISR). This may occur after the review of the information in Section 1.*

**Item 20, Does this information already exist?** – If you are not sure if it is currently being collected please indicate n/a.

**ITEM 21, What is the timeline associated with this request?** – Indicate when you would like to have this request completed.

**Item 22, List any consideration the team should be aware of as they review this request-** Include any information you may have on the internal or external impact of this request.

**Item 22, To what EHRI feeds will this data be reported?** - List all feeds you are aware of that may be impacted.

**Item 23, What is your initial collection strategy?** – Include the current status.

**Item 24, What is your maintenance strategy?** – Remember to include how often and how you plan to communicate.

***Direct all comments and questions to: [DataElementRequest@opm.gov](mailto:DataElementRequest@opm.gov)***