



Ohio Analytics

REQUEST FOR OLDA DATA ACCESS

Questions? See [Instructions](#)

This is a non-fillable copy of the document needed for data access. A fillable Word Doc can be obtained by emailing ohioanalytics@oerc.osu.edu

SECTION I

PROJECT TITLE Click here to enter text.

BRIEF PROJECT DESCRIPTION Click here to enter text.

RESEARCH TEAM MEMBERS

| | |
|--|--|
| Name: Click here to enter text. | Position/Title: Click here to enter text. |
| Project Role: Click here to enter text. | Department: Click here to enter text. |
| E-Mail: Click here to enter text. | Institution: Click here to enter text. |
| Phone: Click here to enter text. | Office Mailing Address: Click here to enter text. |
| Name: Click here to enter text. | Position/Title: Click here to enter text. |
| Project Role: Click here to enter text. | Department: Click here to enter text. |
| E-Mail: Click here to enter text. | Institution: Click here to enter text. |
| Phone: Click here to enter text. | Office Mailing Address: Click here to enter text. |
| Name: Click here to enter text. | Position/Title: Click here to enter text. |
| Project Role: Click here to enter text. | Department: Click here to enter text. |
| E-Mail: Click here to enter text. | Institution: Click here to enter text. |
| Phone: Click here to enter text. | Office Mailing Address: Click here to enter text. |

OTHER INSTITUTIONAL AFFILIATION OR FUNDING SOURCE Click here to enter text.

RESEARCH AREA(S)

Choose an item.

Choose an item.

HOW WILL THIS RESEARCH INFORM STATE POLICY DECISIONS?

KEY TERMS (up to 5)

Key term 1

Key term 2

Key term 3

Key term 4

Key term 5

RESEARCH QUESTION(S) Click here to enter text.

PURPOSE OF THE RESEARCH/EXPECTED PRODUCTS Click here to enter text.

DATA LINKAGES

| Dataset 1 | Dataset 2 | Linking Indicator¹ | Who Will Merge |
|------------------------------|------------------------------|--------------------------------------|-----------------------|
| Click here to select dataset | Click here to select dataset | Click here to select linkage | Click here to select |
| Click here to select dataset | Click here to select dataset | Click here to select linkage | Click here to select |
| Click here to select dataset | Click here to select dataset | Click here to select linkage | Click here to select |

¹All linking indicators are pseudo-identifiers, unless otherwise noted.

If supplemental data sources are to be linked to OLDA data sets, outline the proposed data transfer process.
Click here to enter text.

NOTES: Click here to enter text.

SECTION II

RESEARCH DESIGN (specify dataset(s) and variable list/data elements requested)

Click here to enter text.

Analytic Sample: Click here to enter text.

Dataset: [Click here to select dataset](#)

First Year: Click here to enter text. Last Year: Click here to enter text.

Variable list: Click here to enter text.

Frequency of Data Delivery: one time repeated: Click here to enter text to indicate frequency and timing

Supplemental Data Source(s) (if applicable): Click here to enter text.

Select Preference:

- SAS® control file (includes the data file of selected variables)
- SPSS® control file (includes the data file of selected variables)
- STATA® dictionary file of selected variables
- R® Source code (includes the data file of selected variables)
- Comma-delimited data file of selected variables (to be read in Excel, etc.)

NOTES:

The researchers understand the agency data providers make no warranty concerning the accuracy of the data accessed from the OLDA.

The researchers will aggregate results as needed to avoid reporting cell sizes of less than 10 individuals.

For studies using employer or industry data, researchers will ensure that no ODJFS data is disclosed in any manner that would reveal the identity of an employing unit by either direct or indirect means and will ensure that the data will be suppressed for any geographic industry level in which: 1) there are fewer than three firms; or 2) there are three or more firms, but employment in one firm comprises 80% or more of the industry. To accomplish this, data will be rolled up by NAICS and/or geography, time period, or other applicable variables until the criteria are met.

To address secondary disclosure issues, before any reports, publications, presentations, or media that contains aggregate data is published, researchers must give due diligence and compare their publication materials with information published by the DOL BLS to ensure consistency with the level of suppression.

ESTIMATED PROJECT TIMELINE

The researcher(s) request data access by [Click here to enter a date.](#) CHRR will remove data access rights or the researcher(s) will destroy or return accessed data files to CHRR by [Click here to enter end date.](#) Any extensions to the effective end date will require an agency-approved addendum to this request.

SECURE DATA ACCESS PLAN *All data accessed by the researcher(s) will be de-identified.*

- The data will be accessed only within the physical offices of the CHRR building at 921 Chatham Lane, Columbus, Ohio, 43221. No raw data shall be duplicated by being copied onto, transferred to, or maintained by paper, data disks, flash drives, hard drives, cameras, or mobile communication devices or any other electronic or physical medium. No researcher affiliated with this project will remove any raw data from CHRR offices.
- The researcher(s) will access encrypted and password-protected data housed on CHRR's secure FTP server using an individual password-protected account. Data access will be authorized only for desktop computers affiliated with the researcher's primary institutional office space located at [Click here to enter text.](#) No raw data shall be duplicated by being copied onto, transferred to, or maintained by paper, data disks, flash drives, hard drives, cameras, or mobile communication devices or any other electronic or physical medium without prior authorization.

Additional security notes: [Click here to enter text.](#)

AUTHORIZED REPRESENTATIVE

[Click here to enter text.](#) will be the designated as the single authorized representative responsible for transmitting all data requests and maintaining a log or other record of all data requested and received. This authorized representative will confirm the completion of any projects using this data and will be responsible for the return or destruction of data upon the project's completion.

FEES

In accordance with CHRR's standard cost-recovery practices and rates, CHRR will provide a cost estimate for staff time and computing resources used to fulfill the project specifications described in this data request. Bills for any applicable fees shall be submitted to

Institution/Individual: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Mailing Address: [Click here to enter text.](#)

[Click here to enter text.](#)

STATEMENT OF HUMAN SUBJECTS REVIEW

Each researcher is responsible for ensuring the proposed data use complies with their institution's guidelines for research involving human subjects. Upon receiving notice of pending agency approval for OLDA data access, the signed data request application must be forwarded in full for review by the researcher's Institutional Review Board (IRB) or its equivalent. Please provide CHRR with a copy of the submitted human subjects protocol and written documentation that the research plan has either been approved or granted exempt status. The level of formality of such review will vary among institutions, and verification may in some cases be a simple E-mail exchange stating the project is exempt.

OLDA DATA ACCESS HISTORY

Have any of the research team members ever accessed data from the OLDA? YES NO

If **YES**, please indicate all data that have been previously accessed by any of the research team members.

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| <p>Project Number: OLDA20YY####</p> <p>Data Access Start Date: MM/20YY</p> <p>Data Access End Date: MM/20YY</p> | <p>OLDA Datasets Previously Accessed:</p> <table border="0"> <tr> <td>ODJFS:</td> <td><input type="checkbox"/> UI Wages</td> <td>ODHE:</td> <td><input type="checkbox"/> HEI Student</td> <td>ODE:</td> <td><input type="checkbox"/> EMIS Student</td> </tr> <tr> <td></td> <td><input type="checkbox"/> QCEW Employer</td> <td></td> <td><input type="checkbox"/> HEI Faculty</td> <td></td> <td><input type="checkbox"/> EMIS Staff</td> </tr> <tr> <td></td> <td><input type="checkbox"/> UI Claims</td> <td></td> <td><input type="checkbox"/> AWE/OTC</td> <td></td> <td><input type="checkbox"/> EMIS Courses</td> </tr> <tr> <td></td> <td><input type="checkbox"/> WIA</td> <td></td> <td><input type="checkbox"/> ABLE</td> <td></td> <td><input type="checkbox"/> EMIS Building/District</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Job Seeker</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Teacher Credentials</td> </tr> <tr> <td></td> <td><input type="checkbox"/> RAPIDS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>OOD:</td> <td><input type="checkbox"/> 911 Vocational Rehabilitation</td> <td>Other:</td> <td colspan="3">Click here to enter text.</td> </tr> </table> | ODJFS: | <input type="checkbox"/> UI Wages | ODHE: | <input type="checkbox"/> HEI Student | ODE: | <input type="checkbox"/> EMIS Student | | <input type="checkbox"/> QCEW Employer | | <input type="checkbox"/> HEI Faculty | | <input type="checkbox"/> EMIS Staff | | <input type="checkbox"/> UI Claims | | <input type="checkbox"/> AWE/OTC | | <input type="checkbox"/> EMIS Courses | | <input type="checkbox"/> WIA | | <input type="checkbox"/> ABLE | | <input type="checkbox"/> EMIS Building/District | | <input type="checkbox"/> Job Seeker | | | | <input type="checkbox"/> Teacher Credentials | | <input type="checkbox"/> RAPIDS | | | | | OOD: | <input type="checkbox"/> 911 Vocational Rehabilitation | Other: | Click here to enter text. | | |
| ODJFS: | <input type="checkbox"/> UI Wages | ODHE: | <input type="checkbox"/> HEI Student | ODE: | <input type="checkbox"/> EMIS Student | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> QCEW Employer | | <input type="checkbox"/> HEI Faculty | | <input type="checkbox"/> EMIS Staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> UI Claims | | <input type="checkbox"/> AWE/OTC | | <input type="checkbox"/> EMIS Courses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> WIA | | <input type="checkbox"/> ABLE | | <input type="checkbox"/> EMIS Building/District | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Job Seeker | | | | <input type="checkbox"/> Teacher Credentials | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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