

Attachment C: Draft Instrument – Employer

2011 FAMILY AND MEDICAL LEAVE SURVEY

EMPLOYER SURVEY

NOTE:

RESPONSE OPTIONS IN ALL CAPS ARE NOT READ ALOUD BY THE INTERVIEWER.

TEXT IN ALL CAPS IS A PROGRAMMER NOTE OR INTERVIEWER INSTRUCTION.

TEXT IN BRACKETS IS TO BE FILLED IN PROGRAMMATICALLY OR DETERMINED BY INTERVIEWER.

**FAMILY AND MEDICAL LEAVE
2011 SURVEY OF EMPLOYERS – SCREENER**

Hello, my name is _____, and I'm calling from Abt SRBI, a public policy research firm, on behalf of the U.S. Department of Labor. We are preparing for an important nationwide study regarding businesses' leave policies.

S1. Have I reached (NAME OF BUSINESS)?

- | | | |
|---|---------------------------------|------------|
| 1 | YES (PRIMARY NAME MATCH) | [GO TO S4] |
| 2 | YES (SECONDARY NAME MATCH) | [GO TO S4] |
| 3 | BUSINESS CHANGED NAME | [GO TO S2] |
| 4 | NO, ANOTHER BUSINESS | [GO TO S2] |
| 5 | RESIDENCE ONLY (NOT A BUSINESS) | [GO TO S8] |
| 8 | DK (VOL) | [CODE 10] |
| 9 | REF (VOL) | [CODE 2] |

S2. What is the name of your business?

[VERIFY SPELLING OF BUSINESS NAME.]

- | | | |
|---|---------------------------------|------------|
| 5 | RESIDENCE ONLY (NOT A BUSINESS) | [GO TO S8] |
| 8 | DK (VOL) | |
| 9 | REF (VOL) | |

S3. Is this business the same as (NAME OF BUSINESS ON RIS)?

[PROBE: Do you consider it the same business?]

- | | | |
|---|-----------|------------|
| 1 | YES | |
| 2 | NO | [GO TO S5] |
| 8 | DK (VOL) | |
| 9 | REF (VOL) | |

[IF BUSINESS NAME CHANGED AND BUSINESS IS THE SAME AS BUSINESS ON RIS (S1 = 3 AND S3 = 1) RECORD NAME IN S2 ON RIS.]

S4. Are you located at (ADDRESS ON RIS)?

[IF YES AND P.O. BOX, OBTAIN STREET ADDRESS AND NOTE ON RIS. VERIFY SPELLING OF ADDRESS.]

- | | | |
|---|-----|--------------|
| 1 | YES | [GO TO S14a] |
| 2 | NO | [GO TO S12] |

8 DK (VOL)
9 REF (VOL)

[CODE 10]
[CODE 10]

S5. Are you located at (ADDRESS ON RIS)?

[IF YES AND P.O. BOX, OBTAIN STREET ADDRESS AND NOTE ON RIS.]

- 1 YES
- 2 NO [GO TO S7]
- 8 DK (VOL) [GO TO S7]
- 9 REF (VOL) [GO TO S7]

S6. Do you know what happened to (INSERT BUSINESS NAME)?

- 1 YES, IT CLOSED/OUT OF BUSINESS [CODE S1 & THANK]
- 2 YES, IT MOVED [GO TO S10]
- 3 YES, SOMETHING ELSE [GO TO S10]
- 4 NO/DON'T KNOW [CODE 10]
- 9 REF (VOL) [CODE 10]

S7. Do you know anything about (INSERT BUSINESS NAME) at (INSERT BUSINESS ADDRESS)?

- 1 YES, IT CLOSED/OUT OF BUSINESS [CODE S1 & THANK]
- 2 YES, IT MOVED [GO TO S10]
- 3 YES, SOMETHING ELSE [GO TO S10]
- 4 NO/DON'T KNOW [CODE 10]
- 9 REF (VOL) [CODE 10]

S8. Are you located at (ADDRESS ON RIS)?

- 1 YES
- 2 NO [CODE 10]
- 8 DK (VOL) [CODE 10]
- 9 REF (VOL) [CODE 10]

S9. Do you know what happened to (NAME OF BUSINESS)?

- 1 YES, IT CLOSED/OUT OF BUSINESS [CODE S1 & THANK]
- 2 YES, IT MOVED [GO TO S10]
- 3 YES, SOMETHING ELSE [GO TO S10]
- 4 NO/DON'T KNOW [CODE 10]
- 9 REF (VOL) [CODE 10]

S10. Do you know the phone number or address of (NAME OF BUSINESS ON RIS)?

- 1 YES

- 2 NO [CODE 10]
- 8 DK (VOL) [CODE 10]
- 9 REF (VOL) [CODE 10]

S11. What is the phone number or address of (NAME OF BUSINESS ON RIS)?
 [VERIFY PHONE NUMBER AND SPELLING OF ADDRESS.]

- 1 PHONE NUMBER: (_____)_____
- 2 ADDRESS: _____

[IF PHONE NUMBER WAS GIVEN, CALL TO CONDUCT INTERVIEW. IF ONLY ADDRESS WAS GIVEN, CODE 10]

S12. Does (NAME OF BUSINESS ON RIS) have an office at (ADDRESS OF BUSINESS ON RIS)?

- 1 YES
- 2 NO (RECORD NEW ADDRESS ON RIS) [GO TO S14]
- 8 DK (VOL) [CODE 10]
- 9 REF (VOL) [CODE 2]

S13. Can you give me the telephone number (IF MOVED: ASK "and address") for that location?
 [VERIFY PHONE NUMBER AND SPELLING OF ADDRESS.]

- 1 YES (_____)_____
- 2 NO [CODE 10]
- 8 DK (VOL) [CODE 10]
- 9 REF (VOL) [CODE 10]
- ADDRESS: _____

[TRANSFER THIS NEW INFORMATION ONTO THE RIS AND CALL THE NEW PHONE NUMBER.
 IF BUSINESS MOVED OUT OF STATE, CODE S3]

S14. Are you a government organization at the federal, state, or local level?

- 1 YES [CODE S2 & THANK]
- 2 NO
- 8 DK (VOL) [CODE 10]
- 9 REF (VOL) [CODE 10]

S15. Are you a public school, public university or post office?

- 1 YES [CODE S2 & THANK]

2	NO	
8	DK (VOL)	[CODE 10]
9	REF (VOL)	[CODE 10]

S16. We would like to send some information regarding this study to your company. Could I please have the name, address, telephone number and the email address of your human resources director or the person responsible for your company's benefit plans and/or responsible for compliance with federal employment laws for (LOCATION ON RIS). [VERIFY SPELLING OF NAME, ADDRESS, PHONE NUMBER AND FAX NUMBER.]

Mr. Ms. Dr. / Title _____
(FIRST NAME LAST NAME)

(COMPANY NAME)

(ADDRESS)

(ADDRESS)

(CITY STATE ZIP)

Direct Telephone and Fax Number PHONE (_____) _____ Extension _____

EMAIL _____

S17. And if I could just verify the spelling of the business name. Is it (READ SPELLING AS IT APPEARS ON RIS)?
[INTERVIEWER: MAKE ANY CORRECTIONS ON RIS]

S18. To verify that I have spoken to someone at this company, may I please get your name?

S19. [INTERVIEWER: IS THIS PERSON LOCATED AT THE SAME ADDRESS ON RIS?]

- 1 YES
- 2 NO

S20. To the best of your knowledge, does your organization maintain records of employee use of leave under the Family and Medical Leave Act, also known as FMLA leave?

The FMLA gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons.

- 1 Yes [ASK S19]
- 2 No [GO TO END]
- 8 DK (VOL) [GO TO END]
- 9 REF (VOL) [GO TO END]

S21. And does your company process requests for FMLA internally, or do you utilize a third party for this? (IF NECESSARY: do you hire another company to administer the requests for FMLA, or do you do this yourselves?)

- 1 Internally
- 2 Outsource
- 3 Other
- 8 DK (VOL)
- 9 REF (VOL)

Thank you. Those are all the questions I have at this time.

**FAMILY AND MEDICAL LEAVE
2011 SURVEY OF EMPLOYERS**

INTRO1.

Hello, may I speak to [CONTACT NAME]? My name is [INTERVIEWER NAME] and I'm calling from Abt SRBI, a public policy research firm. Your organization was recently sent a letter signed by Chief Evaluation Officer Jean Grossman, regarding a study we are conducting for the U.S. Department of Labor.

Do you remember receiving this letter?

- | | | |
|---|-----|-------------------|
| 1 | Yes | [GO TO LETTER] |
| 2 | No | [GO TO NO LETTER] |

NO LETTER.

The letter from the Chief Evaluation Officer encouraged your participation in a major study being conducted by the Department of Labor that will collect information on employers' family and medical leave policies and benefits. The letter described the information we are collecting, such as the number of employees on the payroll, and the number of employees who may have taken leave over a twelve month period. Some of our questions will ask about the Family and Medical Leave Act, also referred to as FMLA. FMLA gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons. Responses are voluntary, and the Department of Labor (DOL) could not conduct this survey without the Office of Management and Budget approval. DOL received such approval under OMB control # 1235-XXXX, which expires on XX/XX/xxxx. [IF NECESSARY: We are interested in employers who are covered by FMLA and those who are not covered][GO TO WEB1]

LETTER.

Abt Associates and its survey division, Abt SRBI, are conducting this study to find out about your organization's policies with regard to employees taking leave for family reasons or serious medical reasons, and your employees' use of this leave. Some of our questions will ask about the Family and Medical Leave Act, also referred to as FMLA. FMLA gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons. [IF NECESSARY: We are interested in employers who are covered by FMLA and those who are not covered.]

WEB1.

This survey can be completed online if you prefer. The survey can be accessed at the following web address [ENTER WEB ADDRESS] and completed at a time of your convenience. If you would rather complete the interview over the phone, I can simply continue.

- 1 Continue on phone [GO TO INTRO2]
- 2 Prefer web survey [Dispo as 'Prefer to complete survey on web' thank and end phone interview]

INTRO2

Most of our questions request information about your work site at [LOCATION ADDRESS]. Many companies have branches or offices located outside of the main or headquarter city. Our study has been designed to scientifically select work *sites*, as opposed to entire companies. In order to get the most accurate data possible, we will need you to report on the [LOCATION ADDRESS] for most of our questions. Since we will be talking a lot about this location today, can you please tell me how we should refer to it throughout the interview? For example, do you call it the [INSERT CITY] office, or branch? Or something else?

[OPEN END, LIMIT 100 CHARACTERS]

[INTERVIEWER: repeat out loud “ [insert above]” is that correct?]

- 1 Yes
- 2 No [go back to INTRO2 screen and fix]

This study asks about your organization’s policies with regard to employees taking leave for family and medical reasons, and your employees’ use of this leave. This information will be used to develop national estimates regarding provisions and usage of family and medical leave.

(IF ASKED IN TELEPHONE VERSION, OTHERWISE INCLUDED FOR ALL IN WEB VERSION) By family and medical leave, we mean employees taking time off to care for their own or family members’ serious health condition or pregnancy; to give birth to a child; for the placement of a child for adoption or foster care; to care for a newborn, adopted or foster child; or to care for a military service member, or for reasons related to the deployment of a military service member. A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.

READ: Your participation in this study will help the Department of Labor calculate national estimates. The data will be used for research purposes only, NOT for compliance with FMLA. The Department of Labor will receive an aggregate file of 1,800 responses from employers across the country, and it will not include any identifying information on any individual employer. Your responses to this survey will remain confidential to the greatest extent possible under the law. There are many procedures in place to reduce the minimal potential risk of loss of confidentiality in this study. The interview should take about 20 minutes depending on your answers.

QTime. The survey contains several questions that require information over a 12 month period. You may provide this information for any 12 month period ending between January 2010 and now that is most convenient to you.

A. In what month and year does your reporting period begin?

- 1 Record Month
- 2 Record Year
- 8 DK (VOL)
- 9 REF (VOL)

B. In what month and year does your reporting period end?

1 Record Month

2 Record Year

8 DK (VOL)

9 REF (VOL)

BACKGROUND INFORMATION ABOUT THE ESTABLISHMENT'S EMPLOYEES

Q1. First, we would like some general information that describes your organization as a whole. How many employees are currently on the payroll? Please include all full-time, part-time, and seasonal, or stand-by employees within your firm or organization across all worksites.
[INTERVIEWER: "JUST TO CONFIRM, WE'RE TALKING ABOUT THE ENTIRE FIRM OR ORGANIZATION."]

|__|__|__|__|__| [RANGE: 1-100,000; 100,000 = 100,000 or greater]
88888 DK (VOL)
99999 REF (VOL)

Q2. And how many employees report to or receive work from [FILL]?
[INTERVIEWER: "JUST TO CONFIRM, WE'RE TALKING ABOUT ONLY THIS LOCATION; NOT THE ENTIRE FIRM OR ORGANIZATION. THIS INCLUDES ALL INDIVIDUALS WHO RECEIVE WORK ASSIGNMENTS FROM OR ARE BASED OUT OF THIS SITE, INCLUDING THOSE WHO MAY WORK FROM HOME OR TELECOMMUTE."]

[CATI: Q2 should be less than or equal to Q1]
|__|__|__|__|__| [RANGE: 1-10,000]
88888 DK (VOL)
99999 REF (VOL)

IF Q2<50 ASK Q3 ELSE SKIP TO Q4

Q3. Including the employees at this site, what is the TOTAL number of employees who report to or receive work at sites within 75 miles of this location?
[INTERVIEWER NOTE: THIS INCLUDES EMPLOYEES WHO WORK FROM HOME AND ARE WITHIN THE 75 MILE LIMIT.]

[CATI: Q3 should be greater than or equal to Q2 unless DK/Ref]
|__|__|__|__|__| [RANGE: 1-10,000]
88888 DK (VOL)
99999 REF (VOL)

Q4. Just to confirm, we have your organization's main activity described as [INSERT INDUSTRY DESCRIPTION FROM SAMPLE]; is that correct?

1 YES [GO TO Q6]
2 NO [GO TO Q5]
8 DK (VOL) [GO TO Q5]
9 REF (VOL) [GO TO Q5]

Q5. How would you describe your company's main activity?[RECORD VERBATIM]

Q6. How many of your employees at [FILL] are unionized?

- 1 NUMBER [CATI: Q6 should be less than or equal to # in Q2 unless DK/Ref]
- 2 PERCENT
- 8 DK (VOL)
- 9 REF (VOL)

|_|_|_|_|_|_|_| [RANGE: 0-10,000]
|_|_|_|_| PERCENT

CATI: IF Q6=0 or DK/Ref ASK Q6a

Q6a. Across all sites in your organization, are any employees unionized?

- 1 Yes
- 2 No
- 8 DK (VOL)
- 9 REF (VOL)

Q7. How many of your employees at [FILL] are female? [IF NEEDED: Your best estimate is fine]

- 1 NUMBER [CATI: Q7 should be less than or equal to Q2 unless DK/Ref]
- 2 PERCENT
- 8 DK (VOL)
- 9 REF (VOL)

|_|_|_|_|_|_|_| [RANGE: 0-10,000]
|_|_|_|_| PERCENT

Q8. How many of your employees at [FILL] have been working at your organization for at least one year?

- 1 NUMBER [CATI: Q8 should be less than or equal to Q2 unless DK/Ref]
- 2 PERCENT
- 8 DK (VOL)
- 9 REF (VOL)

|_|_|_|_|_|_|_| [RANGE: 0-10,000]
|_|_|_|_| PERCENT

Q9. Of the [# of employees from Q8] employees, how many worked at least 1,250 hours for your organization in the past [12-month period]?

- 1 NUMBER [CATI: Q9 should be less than or equal to Q8 unless DK/Ref]
- 2 PERCENT
- 8 DK (VOL)
- 9 REF (VOL)

|_|_|_|_|_|_|_| [RANGE: 0-10,000]
|_|_|_|_| PERCENT

Q10. In what time increments do employees in your organization record their work time?

- 1 Record in minutes: [RANGE 0 – 59]
- 2 Record in hours: [RANGE 0 – 24]
- 3 Not required to report/record work time (VOL)
- 8DK (VOL)
- 9REF (VOL)

Q11. How many employees are provided [READ ITEM]; would you say all, most, some, or none?

- A. Paid sick leave?
 - B. Paid disability leave?
 - C. Paid vacation?
 - D. Paid maternity leave?
 - E. Paid paternity leave?
 - F. [CATI: Ask Item E if Q11A and C= 2/3/4/8/9] Paid time off
[READ IF NECESSARY: Instead of designating employee paid time off as vacation, sick leave and such, these days many employers lump it altogether and simply call it paid time off or PTO for short. PTO provides a "pool" of hours that an employee can draw from to take time off from work, without having to specify a reason.]
 - G. "Flex Time" [READ IF NECESSARY: By "flex time," we mean a flexible work schedule which allows you to choose when you work, as long as you meet your total expected work hours.]
 - H. Any other paid time off, excluding paid holidays?
- 1 All
 - 2 Most
 - 3 Some
 - 4 None
 - 8 DK (VOL)
 - 9 REF (VOL)

Q14. How many employees at [FILL] are allowed to take leave for the following reasons...
Are all, most, some, or no employees allowed to take leave [INSERT ITEM]?
[RANDOMIZE]

- A. to attend a child's school meetings
- B. for elder care reasons
- C. for the employee's or his or her family members' routine medical appointments, such as routine dental exams or yearly physicals?
- D. for non-routine medical appointments, such as to see a specialist

- 1 All
- 2 Most
- 3 Some
- 4 None
- 8 DK (VOL)
- 9 REF (VOL)

Q15. Does your company policy use a point or demerit system that tracks an employee's unscheduled absences?

- 1 Yes for all employees
- 2 Yes for some employees
- 3 No
- 4 Depends on circumstances (VOL)
- 8 DK (VOL)
- 9 REF (VOL)

[ASK ALL Q16A-H]

Q16x (A-H) For employees at this location, please tell me whether this site's policies allow for family or medical leave [FILL, Q16A THRU Q16H]

- A. For the care of a newborn?
- B. For an adoption or foster care placement?
- C. For an employee's own serious health condition,(not including maternity-related reasons)
- D. For a pregnancy-related reason?
- E. For the care of a child, spouse or parent with a serious health condition?
- F. For care of a parent or spouse who is elderly?
[INTERVIEWER NOTE: By elderly we mean age 65 or older.]
- G. For the care of a military service member with a serious injury or illness
[INTERVIEWER NOTE: The employee could be the service member's spouse, son, daughter, or parent or next of kin]
- H. For reasons related to the deployment of a military service member?
[INTERVIEWER NOTE: For qualifying exigency leave, the service member is the employee's spouse, son, daughter, or parent]

[IF NECESSARY: A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.]

- 1 Yes
- 2 No
- 3 Depends on circumstances
- 8 DK (VOL)
- 9 REF (VOL)

[IF Q16A/B/E= 1 or 3 GO TO Q16x_1

IF Q16A/B/E NE 1 or 3 AND Q16C/D/F/G/H= 1 or 3 GO TO Q16x_2

IF ALL Q16A-H= 2, 8, 9, GO TO Q17]

Q16x_1. Does this site's policies for these types of leave cover guardians and caregivers of a child regardless of their legal or biological relationship to that child?

- 1 Yes
- 2 No
- 8 DK (VOL)
- 9 REF (VOL)

Q16x_2. How much notification is needed for foreseeable absences [INTERVIEWER NOTE: If it differs by type of leave, what is the maximum notification needed]?

- 1 Hours [RANGE: 0 - 24]
- 2 Days [RANGE: 0 - 180]
- 3 Weeks [RANGE: 0 - 52]
- 8 DK (VOL)
- 9 REF (VOL)

Q16x_3. Does this site have a WRITTEN policy for taking family and medical leave?

- 1 Yes
- 2 No
- 8 DK (VOL)
- 9 REF (VOL)

Q16x_4. What is the MINIMUM time increment employees are permitted to take for these types of leave?

- 1 Days [RANGE: 0 - 100]
- 2 Hours [RANGE: 0 - 24]
- 3 Minutes [RANGE: 0 - 59]
- 8 DK (VOL)
- 9 REF (VOL)

Q16x_5. Does this site provide full or partial pay during these types of leave? [INTERVIEWER NOTE: We are only interested in wages provided by the employer, not any state assistance that may be provided.]

- 1 Yes, full
- 2 Yes, partial
- 3 No paid leave offered
- 8 DK (VOL)
- 9 REF (VOL)

Q16x_6a. How much TOTAL time does this site allow the employee to take leave in a year FOR THE CARE OF A MILITARY SERVICE MEMBER with a serious injury or illness? Please respond in hours OR days OR weeks OR months.

- 1 Hours [RANGE: 0 - 24]
- 2 Days [RANGE: 0 - 180]
- 3 Weeks [RANGE: 0 - 30]
- 4 Months [RANGE: 0 - 6]
- 5 Do not allow this type of leave
- 8 DK (VOL)
- 9 REF (VOL)

Q16x_6b. How much TOTAL time does this site allow the employee to take leave in a year FOR ANY OF THE OTHER TYPES OF LEAVES? Please respond in hours OR days OR weeks OR months. [IF NECESSARY: Do not include leave for the care of a military service member.] Please respond in hours OR days OR weeks OR months.

- 1 Hours [RANGE: 0 - 24]
- 2 Days [RANGE: 0 - 180]
- 3 Weeks [RANGE: 0 - 30]
- 4 Months [RANGE: 0 - 6]
- 9 REF

Q16x_7. Are the health benefits that an employee receives while employed continued during these types of leave?

- 1 Yes
- 2 No
- 3 No health benefits offered
- 9 REF

Q16x_8. Is there a guarantee for same or equivalent job upon return from these types of leave?

- 1 Yes
- 2 No
- 9 REF

Q17. In 1993, the Federal Family and Medical Leave Act, or FMLA was passed. It gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons. Does the FMLA apply to [FILL], does it not apply, or are you NOT SURE if it applies?

- 1 Applies
- 2 Does not apply [GO TO Q57]
- 8 Not sure/DK (VOL) [GO TO Q57]
- 9 REF (VOL) [GO TO Q57]

USE OF FAMILY AND MEDICAL LEAVE BY EMPLOYEES AT THIS COVERED LOCATION

Q18. Does your company process requests for FMLA internally, or do you utilize a third party for this? (IF NECESSARY: do you hire another company to administer the requests for FMLA, or do you do this yourselves?)

- 1 Internally
- 2 Outsource
- 3 Other
- 8 DK (VOL)
- 9 REF (VOL)

[Move Q63 to here? If so, it will not be asked of non-covered employers.]

Q19. At the beginning, you told us that [FILL LOCATION] has a total of [READ IN # OF EMPLOYEES FROM Q2] employees. How many of those EMPLOYEES have taken leave in the [FILL 12 MONTH PERIOD HERE], which you classified as being under FMLA?

[CATI: Q19 MUST BE LESS THAN OR EQUAL TO Q2]

|__|__|__|__|__| [RANGE: 0-10,000]
88888 DK (VOL)
99999 REF (VOL)

**IF Q19 = 0, or DK/REFUSAL SKIP TO Q27,
ELSE IF Q19 > 0, GO TO Q20**

Q20. We just asked you about the total number of EMPLOYEES that have taken leave since [INSERT 12-MONTH REFERENCE PERIOD]. Can you please provide the total number of separate LEAVES taken in this same time period? A leave is time taken off for a single reason; this time could be taken all at once or intermittently over time.

[CATI: Q20 MUST BE GREATER THAN OR EQUAL TO Q19 UNLESS DK/REF]

|__|__|__|__|__| [RANGE: 1-10,000]
88888 DK (VOL)
99999 REF (VOL)

Q21. How many of the [FILL IN FROM Q19] employees took their leave on an intermittent basis? By intermittent, we mean taking leave a few hours or days at a time, on multiple occasions, but for the same reason.

[CATI: Q21 should be less than or equal to Q19 unless DK/REF]

|__|__|__|__|__| [RANGE: 0-10,000]
88888 DK (VOL)
99999 REF (VOL)

[IF Q21=0, SKIP TO Q22]

Q21a. How would you evaluate the ease or difficulty of administering intermittent leaves? Would you say...

- 1 Very easy
- 2 Somewhat easy
- 3 Neither easy or difficult
- 4 Somewhat difficult
- 5 Very difficult
- 8 DK (VOL)
- 9 REF (VOL)

Q21b. Of the [FILL IN FROM Q20] FMLA granted leave(s) taken during the last 12 months, what percent would you estimate are taken on an intermittent basis?

[INTERVIEWER NOTE: DO NOT READ RESPONSE CATEGORIES]

- 1 None
- 2 1-5%
- 3 6-10%
- 4 11-15%
- 5 16-20%
- 6 21 to 50%
- 7 More than 50%
- 8 DK (VOL)
- 9 REF (VOL)

Q22. What is your policy on intermittent leave for shift workers; do you permit the employee to rejoin mid-shift or do you require the employee to take the entire shift as leave?

- 1 Rejoin mid-shift
- 2 Require entire shift as leave
- 3 Depends on supervisor (VOL)
- 8 DK (VOL)
- 9 REF (VOL)

Q23. Did any of the [READ IN # OF EMPLOYEES FROM Q2] employees at [FILL] take leave under FMLA since [INSERT 12-MONTH REFERENCE PERIOD] and then choose NOT to return to work for you?

- 1 Yes [GO TO Q24]
- 2 No [SKIP TO Q25]
- 8 DK (VOL) [SKIP TO Q25]
- 9 REF (VOL) [SKIP TO Q25]

Q24. How many employees chose not to return?

1 NUMBER [CATI: Q24 should be less than or equal to Q19 UNLESS
DK/REF]
2 PERCENT
8 DK (VOL)
9 REF (VOL)
|_|_|_|_|_| [RANGE: 1-10,000]
|_|_|_|_| PERCENT
88888 DK (VOL)
99999 REF (VOL)

Q25. About how many leaves taken under FMLA are given with notice from the employee that is consistent with your company's policies? Would you say...

1 All
2 Most
3 About half
4 Some
5 None
8 DK (VOL)
9 REF (VOL)

Q26. How many medical certifications did you accept as complete and sufficient from [12-MONTH REFERENCE PERIOD] at this location?

|_|_|_|_|_| [RANGE 0 - 10,000]
88888 DK (VOL)
99999 REF (VOL)

Q26a. How many medical certifications for FMLA leave were returned to the employee to provide additional information from [12-MONTH REFERENCE PERIOD] at this location?

|_|_|_|_|_| [RANGE 0 - 10,000]
99999 REF

IMPLEMENTATION OF FMLA - COVERED EMPLOYERS

Q27 INTRO. Now I'd like to ask you about implementing FMLA. Let's start with denial of FMLA leave.

Q27. How many FMLA leave applications have been denied since [INSERT 12-MONTH REFERENCE PERIOD] for ANY reason?

- 1 All
- 2 Most
- 3 Some
- 4 None
- 8 DK (VOL)
- 9 REF (VOL)

**IF Q27 =4/8/9, SKIP TO Q34,
ELSE IF Q27<4, GO TO Q28**

Q28. From [INSERT 12-MONTH REFERENCE PERIOD], have any eligible employees at [FILL] been denied Family and Medical Leave because they used their entire time allotment covered by FMLA? [IF NECESSARY: By "entire time allotment", we mean the total amount of time provided for by the federal Family and Medical Leave for protected leave reasons. For example, the FMLA provides up to 12 weeks for the birth of a child and 26 weeks for military caregiver leave. State laws may provide additional time.]

[IF NECESSARY: By "eligible employee" we mean one that worked for your organization for at least 12 months, works at a location where 50 employees are employed at the location or within 75 miles, and had at least 1,250 hours of service in the 12 months prior to the needed leave.]

- 1 Yes, all employees
- 2 Yes, most employees
- 3 Yes, some employees
- 4 No, no employees
- 8 DK (VOL)
- 9 REF (VOL)

Q30. From [INSERT 12-MONTH REFERENCE PERIOD], have any eligible employees been denied Family and Medical Leave because FMLA did not cover the reason for their leave?

[IF NECESSARY: By “eligible employee” we mean one that worked for your organization for at least 12 months, works at a location where 50 employees are employed at the location or within 75 miles, and had at least 1,250 hour of service in the 12 months prior to the needed leave.]

- 1 All
- 2 Most
- 3 Some
- 4 None
- 8 DK (VOL)
- 9 REF (VOL)

Q32. From [12 month reference period] have any eligible employees been denied Family and Medical Leave because they did not meet your establishment’s notice requirements?

- 1 All
- 2 Most
- 3 Some
- 4 None
- 8 DK (VOL)
- 9 REF (VOL)

Q34 INTRO. Now I have a few questions about conditions for taking leave and for returning to work.

Q34. How often do you require medical certification for employees that request FMLA leave? Would you say...

- 1 Always
- 2 Most of the time
- 3 Half the time
- 4 Sometimes
- 5 Never
- 8 DK (VOL)
- 9 REF (VOL)

Q35. Does your establishment contact employees’ health care providers as part of the certification process?

- 1 Yes [GO TO Q36]
- 2 No [SKIP TQ37]
- 3 Depends (VOL) [GO TO Q36]
- 8 DK (VOL) [SKIP TQ37]

9 REF (VOL) [SKIP TQ37]

Q36. Who makes contact with employees' health care providers on behalf of your establishment? Is it –

- 1 A third-party verification company
- 2 HR personnel
- 3 Manager
- 4 Employees' direct supervisor
- 5 Someone else [SPECIFY]
- 8 DK
- 9 Ref

Q37. The FMLA generally permits employers to request recertification of long term serious health conditions. How often do you require re-certification? Would you say...

- 1 Less frequently than every 6 months
- 2 Every 6 months
- 3 More frequently than every 6 months
- 5 Never
- 8 DK (VOL)
- 9 REF (VOL)

Q38. Under certain circumstances, the FMLA permits employers to request "fitness for duty" certification before an employee who has been on FMLA leave because of his or her own serious health condition can return to work. How often do you require a fitness for duty certification? Would you say...

- 1 Always
- 2 Most of the time
- 3 Half the time
- 4 Sometimes
- 5 Never
- 8 DK
- 9 Ref

Q39. Who pays for each of the following types of certification visits? Please select all that apply.

- A. Initial medical certification
- B. Re-certification
- C. Second or third certifications
- D. Fitness for duty certification
- E. Insufficient certification correction

- 1 Establishment/employer

- 2 Employee
- 3 Employee's insurance
- 4 Other source
- 8 DK (VOL)
- 9 REF (VOL)

Q40INTRO. The next few questions are about employee misuse of FMLA.

[CATI: IF Q20= 0/DK/Ref or Missing SKIP TO Q42]

Q40. You told me that approximately [READ IN # FROM Q20] leaves were taken over the 12 month period. How many of these leaves do you suspect were misused—that is, taken for reasons that are not covered by the FMLA ?

|__|__|__|__| [RANGE 0 - 1,000] [IF 0 SKIP TO Q42]
8888 DK (VOL) [SKIP TO Q42]
9999 REF (VOL) [SKIP TO Q42]

Q41. Why did you suspect this mis-use? [DO NOT READ LIST, SELECT ALL THAT APPLY] [RANDOMIZE LIST]

- 1 Predictable leave pattern (around weekends, holidays, days off, etc.)
- 2 Used leave to cover tardiness
- 3 Used common excuses/doubting the reason for leave (migraines, back pain, etc.)
- 4 Doubting the validity of a certification (heard information to the contrary, seen employee elsewhere performing allegedly restricted activity, etc.)
- 5 Frequent leave with short or no advance notice provided or intermittent leave in general
- 6 Past experience with employee (previous attendance problems, suspected of lying, past misuse, etc.)
- 7 Some other reason not listed, SPECIFY _____
- 8 DK (VOL)
- 9 REF (VOL)

Q42. Have you ever confirmed an employee's misuse of FMLA at this location?

- 1 Yes [GO TO Q43]
- 2 No [GO TO Q44]
- 8 DK [GO TO Q44]
- 9 REF [GO TO Q44]

[ASK Q43 IF Q42=1 ELSE SKIP TO Q44]

Q43. What disciplinary action was taken for the most recent case of FMLA misuse? Was [READ ITEM]? [RANDOMIZE]

- A. The absence counted against the employee on your point system
- B. The employee given a verbal warning/disciplinary notice
- C. The employee given a written warning/disciplinary notice
- D. The employee suspended
- E. The employee terminated
- F. Other [PLEASE SPECIFY]

- 1 Yes
- 2 No
- 8 DK (VOL)

Q44. Are employees at [FILL] who are eligible for FMLA leave...[RANDOMIZE]

- A. Provided with written guidance on how the Act is coordinated with existing leave and benefits policies?
- B. Provided with written notice of how much of the leave taken was counted as FMLA leave?
- C. Required to use their paid leave before taking unpaid leave?
- D. Ever offered alternative work arrangements instead of leave?

- 1 Yes
- 2 No
- 3 Depends
- 8 DK (VOL)
- 9 REF (VOL)

Next, we would like to ask you a few additional questions about your organization as a whole...

Q45. In your entire organization, what types of employees do you consider to be eligible for FMLA leave?

- 1 Senior managers/professional staff
- 2 Staff who have worked at least certain number of hours at the company
- 3 Hourly staff
- 4 None of these [GO TO Q47]
- 8 DK (VOL) [GO TO Q47]
- 9 REF (VOL) [GO TO Q47]

Q46. As a reminder, we're still talking about your company as a whole. Do you offer the same family and medical leave benefits to employees who are NOT eligible for FMLA, because they are [FILL FROM Q45]?

- 1 Yes
- 2 No
- 3 All employees are eligible (VOL)
- 8 DK (VOL)
- 9 REF (VOL)

Q47. From which of the following sources do you get information on FMLA?
[RANDOMIZE, ITEM 8 ALWAYS LAST]
[READ LIST, SELECT ALL THAT APPLY]
[PUNCH 9, 98, 99 = SINGLE PUNCH]

- 1 The U.S. Department of Labor
- 2 The media
- 3 A trade or business group
- 4 An attorney or consultant
- 5 A union

- 6 Your employees
- 7 Existing company policies or procedures
- 8 Some other source
- 9 Do not use any source (VOL)_____
- 98 DK (VOL)
- 99 REF (VOL)

Q48. Which of the following methods, if any, do you use to inform employees of their rights under FMLA?
 [RANDOMIZE, ITEM 6 ALWAYS LAST]
 [READ LIST, SELECT ALL THAT APPLY]
 [PUNCH 7, 8, 98, 99 = SINGLE PUNCH]

- 1 Employee handbook
- 2 Notice on bulletin board
- 3 Memos
- 4 Computer network, Intranet or Email
- 5 Oral notification
- 6 Employee orientation and/or other meetings with employees
- 7 Some other method_____
- 8 DOES NOT INFORM EMPLOYEES OF THEIR RIGHTS (VOL)
- 98 DK (VOL)
- 99 REF (VOL)

Q49INTRO. Now , a few questions on the possible effects of FMLA on your organization.

Q49. Over the years, has complying with the FMLA increased, decreased, or not changed [ITEM FROM LIST]? [RANDOMIZE, ASK ITEM D LAST]

- A. Administrative costs
- B. Cost of continuing benefits such as health plans during leave
- C. Hiring/training costs
- D. Other costs (SPECIFY)

- 1 Yes, increased
- 2 Yes, decreased
- 3 Not changed
- 8 DK (VOL)
- 9 REF (VOL)

Q50. How easy or difficult are each of the following activities for your organization?
 [READ ITEM FROM LIST]. Would you say very easy, somewhat easy, somewhat difficult, or very difficult? [RANDOMIZE]

- A. Coordinating state and federal leave policies
- B. Coordinating the Act with other federal laws
- C. Coordinating the Act with other leave policies
- D. Coordinating the Act with employee attendance policies
- E. [CATI: Ask Item E if Q6>0 except DK/REF or Q6a=1] Coordinating the act with your

Collective Bargaining Agreement

- F. Administering FMLA's notification, designation, and certification requirements
- G. Determining if a health condition is a serious health condition under FMLA

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 5 NOT APPLICABLE (VOL)
- 8 DK (VOL)
- 9 REF (VOL)

Q51. The FMLA contains several provisions designed to assist in managing employees' use of FMLA leave. I'd like you to tell me how helpful the following provisions have been in administering the FMLA at [FILL].

Would you say [ITEM FROM LIST] has/have been very helpful, somewhat helpful, somewhat unhelpful, or very unhelpful, in administering FMLA? [RANDOMIZE]

- A. The exception for highly paid key employees
- B. Medical certifications for a serious health condition
- C. Second and third medical opinions
- D. Advance notice of foreseeable leave
- E. Transfer to an alternative position
- F. Medical recertification
- G. The fitness for duty certification for employees
- H. Certification of leave for a reason related to the deployment of a military service member
- I. Certification of a serious injury or illness of a military service member

- 1 Very helpful
- 2 Somewhat helpful
- 3 Neither helpful nor unhelpful (VOL)
- 4 Somewhat unhelpful
- 5 Very unhelpful
- 6 NOT APPLICABLE (VOL)
- 8 DK (VOL)
- 9 REF (VOL)

Q52. In general, how easy or difficult has it been for this location to comply with FMLA? Would you say...

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 5 No noticeable effect

- 8 DK (VOL)
- 9 REF (VOL)

Q53. Has complying with FMLA resulted in any cost savings at this location, for example, fewer training costs as a result of reduced employee turnover?

- 1 Yes
- 2 No
- 8 DK (VOL)
- 9 REF (VOL)

[CATI: ASK Q54 - 55 IF Q21> 0 ELSE SKIP TO Q56]

Q54. FMLA allows employees to take intermittent leave. Has leave taken on an intermittent basis had an impact, either positive or negative, on this location's productivity?

- 1 Yes GO TO Q54a
- 2 No SKIP TO Q55
- 8 DK (VOL) SKIP TO Q55
- 9 REF (VOL) SKIP TO Q55

[CATI: Ask Q54a if Q54= 1]

Q54a. Has this impact on productivity been positive or negative?

- 1 Positive
- 2 Negative
- 3 Some positive some negative (VOL)
- 8 DK (VOL)
- 9 REF (VOL)

[CATI: Ask Q54b if Q54= 1]

Q54b. Would you say this impact on productivity has been small, moderate or large?

- 1 Small
- 2 Moderate
- 3 Large
- 8 DK (VOL)
- 9 REF (VOL)

Q55. Has leave taken on an intermittent basis had an impact on this location's profitability?

- 1 Yes [GO TO Q55a]
- 2 No [SKIP TO Q56]
- 8 DK (VOL) [SKIP TO Q56]
- 9 REF (VOL) [SKIP TO Q56]

[CATI: Ask Q55a if Q55= 1]

Q55a. Has this impact on profitability been positive or negative?

- 1 Positive
- 2 Negative
- 3 Some positive some negative (VOL)
- 8 DK (VOL)
- 9 REF (VOL)

[CATI: Ask Q55b if Q55= 1]

Q55b. Would you say this impact on profitability has been small, moderate or large?

- 1 Small
- 2 Moderate
- 3 Large
- 8 DK (VOL)
- 9 REF (VOL)

Q56. Thinking about employee productivity, absenteeism, turnover, career advancement and morale, as well as the business' profitability, what effect has complying with FMLA had on this location? Would you say a very positive effect, somewhat positive effect, somewhat negative effect, very negative effect, or no noticeable effect?

- 1 Very positive
- 2 Somewhat positive
- 3 Somewhat negative
- 4 Very negative
- 5 No noticeable effect
- 8 DK (VOL)
- 9 REF (VOL)

FMLA NON-COVERED EMPLOYERS

[CATI: ASK Q58 – 60 IF Q17 = 2, 8, 9 ELSE SKIP TO Q61X]

Q58. Since [INSERT REFERENCE PERIOD 12 MONTHS], how many employees at [FILL] have taken leave for family reasons or a serious health condition lasting more than 3 days?

[IF NECESSARY: A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which you or your family member must see a health care provider at least twice a year for treatment. It may also include a condition that makes your family member permanently unable to work or perform other daily functions, or one that requires treatments to keep you or your family member from becoming incapacitated.]

[CATI: Q58 should be less than or equal to Q2]

|__|__|__|__|__| [RANGE: 0-10,000]
88888 DK (VOL)
99999 REF (VOL)

[IF Q58 = 0/DK/Ref SKIP TO Q61 ELSE ASK Q59 and Q60]

Q59. How many of these employees took leave to care for a military service member with a serious injury or illness because they were the service member's spouse, son, daughter, parent or next of kin?

|__|__|__|__|__| [RANGE: 0 - 10,000]
88888 (VOL)
99999 REF (VOL)

Q60. How many of these employees took leave for reasons related to the deployment of a spouse, son, daughter, or parent who is a military service member?

|__|__|__|__|__| [RANGE 0 - 10,000]
88888 DK (VOL)
99999 REF (VOL)

ALL EMPLOYERS FMLA COVERED AND NON-COVERED

Now we'll list some ways that your organization may cover work when employees take leave for a WEEK or longer, for a scheduled DAY or less, and for an unscheduled DAY or less.

Q61X. To cover work when employees take leave, do you ever [A-G]...?

- A. assign work temporarily to other employees
- B. hire a temporary replacement
- C. call-in an employee on vacation
- D. hire a permanent replacement
- E. put the work on hold until the employee returns from leave
- F. have the employee perform some work while on leave
- G. cover work some other way (SPECIFY) _____

- 1 Yes
- 2 Depends
- 3 No
- 8 DK (VOL)
- 9 REF (VOL)

[IF Q61X=1 OR 2, ASK Q61AX RIGHT AFTER, THEN GO BACK TO Q61X FOR THE NEXT ITEM. IF Q61X=3/8/9, GO TO NEXT ITEM. IF ALL Q61X=3/8/9, GO TO Q62]

Q61aX. Do you [A-G] when employees take...?

- A. Leave for a week or longer
- B. Scheduled leave for a day or less
- C. Unscheduled leave for a day or less
- D. Some other leave circumstance (SPECIFY) _____

- 1 Yes
- 2 No
- 8 DK (VOL)
- 9 REF (VOL)

Q61bX. Which of these ways does your organization use MOST FREQUENTLY to cover work when employees take leave for a WEEK or longer?

[DISPLAY WAYS TO COVER LEAVE FROM Q61X, THAT ARE USED WHEN EMPLOYEE TAKES LEAVE FOR A WEEK OR LONGER (WHERE Q61aA=1 OR 2). IF Q61aA=1 OR 2 FOR ONLY ONE WAY FROM Q61X , THEN AUTOPUNCH AND GO TO Q62.]

Q67. How easy or difficult is it for your company to deal with the following types of leaves: would you say very easy, somewhat easy, somewhat difficult or very difficult? First/Next, how easy or difficult is it to deal with [INSERT ITEM]...

- A. planned long term leave for a family or medical reason
- B. planned short term leave
- C. planned episodic or intermittent leave [IF ASKED; AN EPISODIC LEAVE MEANS LEAVE TAKEN SPORADICALLY IN SHORT INCREMENTS OF TIME FOR THE SAME UNDERLYING REASON]
- D. unplanned episodic or intermittent leave [IF ASKED; AN EPISODIC LEAVE MEANS LEAVE TAKEN SPORADICALLY IN SHORT INCREMENTS OF TIME FOR THE SAME UNDERLYING REASON]
- E. unscheduled leave of any duration

- 1 Very Easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 8 DK (VOL)
- 9 REF (VOL)

Q68. Do you have a specific computer software or person in human resources that tracks use of family and medical leave?

- 1 Computer software
- 2 Designated person in human resources
- 3 Both computer software and designated HR person
- 4 Other method of tracking FMLA leave [SPECIFY:]
- 5 Do not track family and medical leave
- 8 DK (VOL)
- 9 REF (VOL)

QEND. THOSE ARE ALL THE QUESTIONS I HAVE. THANK YOU VERY MUCH FOR YOUR PARTICIPATION IN THIS IMPORTANT RESEARCH. IF YOU HAVE ANY QUESTIONS OR WOULD LIKE TO TALK MORE ABOUT THIS RESEARCH PLEASE CALL 1-800-XXX-XXXX AND REFER TO STUDY 5149.