

APPENDIX E

**2000 SURVEY OF
ESTABLISHMENTS**

MATERIALS

Advance Letter

SECRETARY OF LABOR
WASHINGTON

Dear Respondent:

I am writing to encourage 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. Your establishment has been randomly selected for this study. The results of this research will provide critical information on employer perspectives on the costs and benefits of both formal and informal policies regarding family and medical leave. I strongly urge you to participate in this study.

Data for this study are being collected for the Department of Labor by Westat, a private research firm in Rockville, Maryland. A Westat telephone interviewer will call you regarding your participation. Participation is voluntary, and Westat is required to protect the confidentiality of all information collected, including the identity of respondents. In addition, the data turned over by Westat to the Department will not contain any identifying information.

The interview will last about 20 minutes. We are enclosing a list of some of the information you will be asked about in the interview. If an interviewer calls at an inconvenient time, he or she will be glad to call back at a better time. We appreciate your assistance.

Surveys require clearance from the Office of Management and Budget (OMB) in accordance with the Paperwork Reduction Act of 1995. The OMB approval number is 1225-0078 and the expiration date is October 31, 2000. Without OMB approval, the Department of Labor could not conduct this survey.

Thank you in advance for your participation.

Sincerely,



Alexis M. Herman

Enclosure

WORKING TO IMPROVE THE LIVES OF AMERICA'S WORKING FAMILIES

**2000 Survey of
Establishments**

**Screening
Instrument**

2000 SURVEY OF ESTABLISHMENTS SCREENER

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

1. Have I reached (NAME OF BUSINESS)?
- YES (PRIMARY NAME MATCH) 1 (Q4)
 - YES (SECONDARY NAME MATCH)..... 2 (Q4)
 - BUSINESS CHANGED NAME..... 3
 - NO, ANOTHER BUSINESS 4
 - RESIDENCE ONLY (NOT A BUSINESS)..... 5 (Q8)
 - REFUSED..... 7 (CODE 2)
 - DON'T KNOW 8 (CODE 10)

2. What is the name of your business?
[VERIFY SPELLING OF BUSINESS NAME.]
-
- RESIDENCE ONLY (NOT A BUSINESS)..... 5 (Q8)
 - REFUSED 7
 - DON'T KNOW 8

3. Is this business the same as (NAME OF BUSINESS ON RIS)? [PROBE: Do you consider it the same business?]
- YES..... 1
 - NO 2 (Q5)
 - REFUSED..... 7
 - DON'T KNOW 8

[IF BUSINESS NAME CHANGED AND BUSINESS IS THE SAME AS BUSINESS ON RIS (Q1 = 3 AND Q3 = 1) RECORD NAME IN Q2 ON RIS.]

4. Are you located at (ADDRESS ON RIS)? [IF YES AND P.O. BOX, OBTAIN STREET ADDRESS AND NOTE ON RIS. VERIFY SPELLING OF ADDRESS.]
- YES..... 1 (Q14a)
 - NO 2 (Q12)
 - REFUSED..... 7 (CODE 10)
 - DON'T KNOW 8 (CODE 10)

5. Are you located at (ADDRESS ON RIS)? [IF YES AND P.O. BOX, OBTAIN STREET ADDRESS AND NOTE ON RIS.]
- YES..... 1
 - NO 2 (Q7)
 - REFUSED..... 7 (Q7)
 - DON'T KNOW 8 (Q7)

6. Do you know what happened to (NAME OF BUSINESS ON RIS)?
- YES, IT CLOSED/OUT OF BUSINESS 1 (CODE S1 & THANK)
 - YES, IT MOVED 2 (Q10)
 - YES, SOMETHING ELSE..... 4 (Q10)
 - NO/DON'T KNOW 3 (CODE 10)
 - REFUSED..... 7 (CODE 10)

7. Do you know anything about (NAME OF BUSINESS ON RIS) at (ADDRESS ON RIS)?
- YES, IT CLOSED/OUT OF BUSINESS 1 (CODE S1 & THANK)
 YES, IT MOVED 2 (Q10)
 YES, SOMETHING ELSE..... 4 (Q10)
 NO/DON'T KNOW 3 (CODE 10)
 REFUSED..... 7 (CODE 10)
8. Are you located at (ADDRESS ON RIS)?
- YES..... 1
 NO 2 (CODE 10)
 REFUSED..... 7 (CODE 10)
 DON'T KNOW 8 (CODE 10)
9. Do you know what happened to (NAME OF BUSINESS ON RIS)?
- YES, IT CLOSED/OUT OF BUSINESS 1 (CODE S1 & THANK)
 YES, IT MOVED 2 (Q10)
 YES, SOMETHING ELSE..... 4 (Q10)
 NO/DON'T KNOW 3 (CODE 10)
 REFUSED..... 7 (CODE 10)
10. Do you know the phone number or address of (NAME OF BUSINESS ON RIS)?
- YES..... 1
 NO/DON'T KNOW 2 (CODE 10)
 REFUSED..... 7 (CODE 10)
11. What is the phone number or address of (NAME OF BUSINESS ON RIS)?
 [VERIFY PHONE NUMBER AND SPELLING OF ADDRESS.]
- PHONE NUMBER: (_____) _____
 ADDRESS: _____

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

12. Does (NAME OF BUSINESS ON RIS) have an office at (ADDRESS OF BUSINESS ON RIS)?
- YES..... 1
 NO (RECORD NEW ADDRESS ON RIS) 2 (Q14)
 REFUSED..... 7 (CODE 2)
 DON'T KNOW 8 (CODE 10)
13. Can you give me the telephone number (IF MOVED: ASK "and address") for that location?
 [VERIFY PHONE NUMBER AND SPELLING OF ADDRESS.]
- YES..... 1
 (_____) _____
 NO 2 (CODE 10)
 REFUSED..... 7 (CODE 10)
 DON'T KNOW 8 (CODE 10)

ADDRESS: _____

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

14a. Are you a government organization at the federal, state, or local level? YES..... 1 (CODE S2 & THANK)
 NO 2
 REFUSED..... 7
 DON'T KNOW 8

14b. Are you a public school, public university or post office? YES..... 1 (CODE S2 & THANK)
 NO 2
 REFUSED..... 7 (CODE 10)
 DON'T KNOW 8 (CODE 10)

15a. We would like to send some information regarding this study to your company. Could I please have the name, address, telephone number and fax number of your human resources director or the person responsible for your company's benefit plans 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 _____
 FAX (_____) _____

15b. 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

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

17. INTERVIEWER: IS THIS PERSON LOCATED AT THE SAME ADDRESS ON RIS? YES..... 1
 NO 2

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

**2000 Survey of
Establishments
Questionnaire**

**2000 SURVEY OF ESTABLISHMENTS
QUESTIONNAIRE**

Hello, may I speak to {CONTACT NAME}? My name is {INTERVIEWER NAME} and I'm calling from Westat, a social science research firm in Rockville, MD. Your organization was recently sent a letter signed by Labor Secretary Alexis Herman, regarding a study we are conducting for the U.S. Department of Labor.

Do you remember receiving this letter?

YES..... 1 (SKIP TO LETTER)
NO..... 2 (SKIP TO NO LETTER)

NO LETTER.

The letter from the Secretary of Labor 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, the number of female employees, and the number of employees who may have taken leave in 1999. (INTRO2)

LETTER.

This study asks 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.

INTRO2.

Most of our questions request information about your work site at {LOCATION ADDRESS}. The information will be used to develop national estimates regarding family and medical leave. (IF NECESSARY: By family and medical leave, we mean employees taking time off for any of the following reasons: a serious health problem either their own or that of a family member, pregnancy, to give birth to a child, for the placement of a child for adoption or foster care, or to care for a newborn, adopted or foster care child.)

Your responses to this survey will remain confidential. No information tied specifically to your organization will be shared or released in any form. The interview will take about 20 minutes.

BACKGROUND INFORMATION ABOUT THE ESTABLISHMENT'S EMPLOYEES

Q1. First, we would like some information that describes your organization and the employees at this location. How many employees are currently on the payroll at {LOCATION ADDRESS}? Please include full-time, part-time, and seasonal, or stand-by employees.

|_|_|_|_|_|_|_|

REFUSED 999997
DON'T KNOW 999998

If there are 0 employees, conclude the interview.

Q2. How many of your employees at this location are female?

|_|_|_|_|_|_|_|

|_|_|_| PERCENT

REFUSED 999997
DON'T KNOW 999998

Q3. How many of your employees at this location are unionized?

|_|_|_|_|_|_|_|

|_|_|_| PERCENT

REFUSED 999997
DON'T KNOW 999998

Q4. How many of your employees at this location worked at least 1,250 hours for your organization in the past 12 months?

|_|_|_|_|_|_|_|

|_|_|_| PERCENT

REFUSED 999997
DON'T KNOW 999998

Q5. Are there people who work for your organization at other locations? (IF NO, PROBE: "So you have no other locations?")

- YES 1
- NO 2 (SKIP TO Q6INTRO)
- REFUSED 7 (SKIP TO Q6INTRO)
- DON'T KNOW 8 (SKIP TO Q6INTRO)

If there are 50 or more employees, skip to Q6INTRO.

Q5A. Does your organization have other work sites within 75 miles of this location?

- YES 1
- NO 2 (SKIP TO Q6INTRO)
- REFUSED 7 (SKIP TO Q6INTRO)
- DON'T KNOW 8 (SKIP TO Q6INTRO)

Q5B. INCLUDING THIS LOCATION, how many people are employed, in total, at sites within 75 miles? Would you say...

- Fewer than 25, 1
- 25 to 49, 2
- 50 to 99, 3
- 100 to 249 4
- 250 to 499, or 5
- 500 or more? 6
- REFUSED 7
- DON'T KNOW 8

Q6INTRO. For employees at this location, please tell me whether your organization's policies designate up to 12 weeks of leave for the following reasons.

Q6A1. Is up to 12 weeks of leave available for parents, including fathers as well as mothers, to care for a newborn?

- YES 1
- NO 2 (SKIP TO Q6B1)
- DEPENDS ON CIRCUMSTANCES 3
- REFUSED 7
- DON'T KNOW 8

Q6A2. Are health benefits continued during leave (for parents, including fathers as well as mothers, to care for a newborn)?

- YES 1
- NO 2
- DEPENDS ON CIRCUMSTANCES..... 3
- DON'T OFFER HEALTH BENEFITS..... 4
- REFUSED 7
- DON'T KNOW 8

Q6A3. Are employees guaranteed the same or equivalent job upon return (for parents, including fathers as well as mothers, to care for a newborn)?

- YES 1
- NO 2
- DEPENDS ON CIRCUMSTANCES..... 3
- REFUSED 7
- DON'T KNOW 8

Q6B1. Is up to 12 weeks of leave available for mothers and fathers for adoption or foster care placement?

- YES 1
- NO 2 (SKIP TO Q6C1)
- DEPENDS ON CIRCUMSTANCES..... 3
- REFUSED 7
- DON'T KNOW 8

If respondent answered "don't offer health benefits" in Q6A2, skip to Q6B3.

Q6B2. Are health benefits continued during leave (for mothers and fathers for adoption or foster care placement)?

- YES 1
- NO 2
- DEPENDS ON CIRCUMSTANCES..... 3
- DON'T OFFER HEALTH BENEFITS..... 4
- REFUSED 7
- DON'T KNOW 8

Q6B3. Are employees guaranteed the same or equivalent job upon return (for mothers and fathers for adoption or foster care placement)?

- YES 1
- NO 2
- DEPENDS ON CIRCUMSTANCES..... 3
- REFUSED 7
- DON'T KNOW 8

Q6C1. Is up to 12 weeks of leave available for employee's own serious health condition other than maternity-related reasons? (IF NECESSARY: "This includes workman's compensation.")

- YES 1
- NO 2 (SKIP TO Q6D1)
- DEPENDS ON CIRCUMSTANCES..... 3
- REFUSED 7
- DON'T KNOW 8

If respondent answered "don't offer health benefits" in Q6A2 or Q6B2, skip to Q6C3.

Q6C2. Are health benefits continued during leave (for an employee's own serious health condition other than maternity-related reasons)?

- YES 1
- NO 2
- DEPENDS ON CIRCUMSTANCES..... 3
- DON'T OFFER HEALTH BENEFITS..... 4
- REFUSED 7
- DON'T KNOW 8

Q6C3. Are employees guaranteed the same or equivalent job upon return (for an employee's own serious health condition other than maternity-related reasons)?

- YES 1
- NO 2
- DEPENDS ON CIRCUMSTANCES..... 3
- REFUSED 7
- DON'T KNOW 8

Q6D1. Is up to 12 weeks of leave available for mothers for maternity-related reasons?

- YES 1
- NO 2 (SKIP TO Q6E1)
- DEPENDS ON CIRCUMSTANCES..... 3
- REFUSED 7
- DON'T KNOW 8

If respondent answered "don't offer health benefits" in Q6A2, Q6B2, or Q6C2 skip to Q6D3.

Q6D2. Are health benefits continued during leave (for mothers for maternity-related reasons)?

- YES 1
- NO 2
- DEPENDS ON CIRCUMSTANCES..... 3
- DON'T OFFER HEALTH BENEFITS..... 4
- REFUSED 7
- DON'T KNOW 8

Q6D3. Are employees guaranteed the same or equivalent job upon return (for mothers for maternity-related reasons)?

- YES 1
- NO 2
- DEPENDS ON CIRCUMSTANCES 3
- REFUSED 7
- DON'T KNOW 8

Q6E1. Is up to 12 weeks of leave available for the care of a child, spouse, or parent with a serious health condition?

- YES 1
- NO 2 (SKIP TO Q7)
- DEPENDS ON CIRCUMSTANCES 3
- REFUSED 7
- DON'T KNOW 8

If respondent answered “don’t offer health benefits” in Q6A2, Q6B2, Q6C2, or Q6D2 skip to Q6E3.

Q6E2. Are health benefits continued during leave (for the care of a child, spouse, or parent with a serious health condition)?

- YES 1
- NO 2
- DEPENDS ON CIRCUMSTANCES 3
- DON'T OFFER HEALTH BENEFITS 4
- REFUSED 7
- DON'T KNOW 8

Q6E3. Are employees guaranteed the same or equivalent job upon return (for the care of a child, spouse, or parent with a serious health condition)?

- YES 1
- NO 2
- DEPENDS ON CIRCUMSTANCES 3
- REFUSED 7
- DON'T KNOW 8

Q7. We just asked you about your leave policies when an employee or the employee's family member has a serious health condition. How did you define a serious health condition when you told us about your leave policies?

If no job-guaranteed leave is offered [all NO, DON'T KNOW, or REFUSED to series Q6__3] skip to Q9.

Q8. At this location, does your organization provide:

	<u>YES</u>	<u>NO</u>	<u>DEPENDS ON CIRCUMSTANCES</u>	<u>REFUSED</u>	<u>DON'T KNOW</u>
A. Job-guaranteed leave for more than 12 weeks a year?	1	2	3	7	8
B. Job-guaranteed leave to employees who have worked for your organization less than 12 months?	1	2	3	7	8
C. Job-guaranteed leave to employees who have worked for you less than 1,250 hours in the previous year?	1	2	3	7	8

Q9. Are employees at this location provided any...

	<u>YES</u>	<u>NO</u>	<u>DEPENDS ON CIRCUMSTANCES</u>	<u>REFUSED</u>	<u>DON'T KNOW</u>
A. Paid sick leave?	1	2	3	7	8
B. Paid disability leave?	1	2	3	7	8
C. Paid vacation?	1	2	3	7	8
D. Any other paid time off, excluding holidays?	1	2	3	7	8

Q10INTRO. We just asked if you provided certain kinds of paid leave. Now, we would like to know if you provide any leave to employees at this location at full pay or partial pay for particular circumstances. (IF Q9C =1 DISPLAY: "Please do not include any vacation leave that employees may receive.")

Q10A. Are parents, including fathers as well as mothers provided leave at full pay to care for a newborn?

YES	1 (SKIP TO Q10B)
NO	2
DEPENDS ON CIRCUMSTANCES.....	3
REFUSED	7
DON'T KNOW	8

Q10AA. Is there any leave at partial pay for parents, including fathers as well as mothers, to care for a newborn?

YES	1
NO	2
DEPENDS ON CIRCUMSTANCES.....	3
REFUSED	7
DON'T KNOW	8

Q10B. Are mothers and fathers provided leave at full pay for adoption or foster care placement?

- YES 1 (SKIP TO Q10C)
- NO 2
- DEPENDS ON CIRCUMSTANCES..... 3
- REFUSED 7
- DON'T KNOW 8

Q10BB. Is there any leave at partial pay for mothers and fathers for adoption or foster care placement?

- YES 1
- NO 2
- DEPENDS ON CIRCUMSTANCES..... 3
- REFUSED 7
- DON'T KNOW 8

Q10C. Are employees provided leave at full pay for their own serious health condition other than maternity-related reasons?

- YES 1 (SKIP TO Q10D)
- NO 2
- DEPENDS ON CIRCUMSTANCES..... 3
- REFUSED 7
- DON'T KNOW 8

Q10CC. Is there any leave at partial pay for employee's own serious health condition other than maternity-related reasons?

- YES 1
- NO 2
- DEPENDS ON CIRCUMSTANCES..... 3
- REFUSED 7
- DON'T KNOW 8

Q10D. Are mothers provided leave at full pay for maternity-related reasons?

- YES 1 (SKIP TO Q10E)
- NO 2
- DEPENDS ON CIRCUMSTANCES..... 3
- REFUSED 7
- DON'T KNOW 8

Q10DD. Is there any leave at partial pay for mothers for maternity-related reasons?

- YES 1
- NO 2
- DEPENDS ON CIRCUMSTANCES..... 3
- REFUSED 7
- DON'T KNOW 8

Q10E. Are employees provided leave at full pay to care for a child, spouse, or parent with a serious health condition?

- YES 1 (SKIP TO Q11)
- NO 2
- DEPENDS ON CIRCUMSTANCES..... 3
- REFUSED 7
- DON'T KNOW 8

Q10EE. Is there any leave at partial pay for care of a child, spouse, or parent for a serious health condition?

- YES 1
- NO 2
- DEPENDS ON CIRCUMSTANCES..... 3
- REFUSED 7
- DON'T KNOW 8

Q11. When employees at this location take leave, does your organization:

	<u>YES</u>	<u>NO</u>	<u>DEPENDS ON CIRCUMSTANCES</u>	<u>DOES NOT APPLY</u>	<u>REFUSED</u>	<u>DON'T KNOW</u>
A. Continue its contributions to a pension or retirement plan?	1	2	3	4	7	8
B. Continue its contributions to life or disability insurance?	1	2	3	4	7	8

Q12. Are employees at this location offered the following benefits?

	<u>YES</u>	<u>NO</u>	<u>DEPENDS ON CIRCUMSTANCES</u>	<u>REFUSED</u>	<u>DON'T KNOW</u>
A. Child care assistance, such as day care, or dependent care spending accounts	1	2	3	7	8
B. Elder care assistance.....	1	2	3	7	8
C. Flexible work schedules	1	2	3	7	8
D. Employee assistance program	1	2	3	7	8
E. Adoption assistance	1	2	3	7	8
F. Workplace provisions for lactation.....	1	2	3	7	8

Q13A. Does this location allow employees to take leave for attending school meetings or activities?

- YES 1
- NO 2 (SKIP TO Q13B)
- DEPENDS ON CIRCUMSTANCES..... 3
- REFUSED 7 (SKIP TO Q13B)
- DON'T KNOW 8 (SKIP TO Q13B)

Q13A1. Is this leave separate from the employee's sick leave, vacation or personal days?

- YES 1
- NO 2
- DOES NOT APPLY 3
- REFUSED 7
- DON'T KNOW 8

Q13B. Does this location allow employees to take leave for getting routine medical appointments for self and family?

- YES 1
- NO 2 (SKIP TO BOX BEFORE Q14)
- DEPENDS ON CIRCUMSTANCES 3
- REFUSED 7 (SKIP TO BOX BEFORE Q14)
- DON'T KNOW 8 (SKIP TO BOX BEFORE Q14)

Q13B1. Is this leave separate from the employee's sick leave, vacation or personal days?

- YES 1
- NO 2
- DOES NOT APPLY 3
- REFUSED 7
- DON'T KNOW 8

If there are no other locations, skip to Q15.

Q14. Are your family and medical leave policies determined at the...

- Corporate level, 1
- By each location, 2
- Or both? 3
- SOME OTHER WAY (SPECIFY) _____ 4
- REFUSED 7
- DON'T KNOW 8

Q15. Is this location in a state, county, or city that has its own family and medical leave law? (IF NECESSARY: This includes adding provisions to the Federal Family and Medical Leave Act.)

- YES 1
- NO 2 (SKIP TO Q16)
- REFUSED 7 (SKIP TO Q16)
- DON'T KNOW 8 (SKIP TO Q16)

Q15A. Does it apply to your organization at this location?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

Q16. In 1993, the Federal Family and Medical Leave Act was passed. It gives employees in certain organizations the right to take up to 12 weeks of unpaid, job-guaranteed leave a year for various family and medical reasons. Does the Federal Family and Medical Leave Act apply to this location, does it not apply, or are you not sure if it applies?

- APPLIES 1
- DOES NOT APPLY 2 (SKIP TO Q18)
- NOT SURE/DON'T KNOW 3 (SKIP TO Q18)
- REFUSED 7 (SKIP TO Q18)

Q16A. Has this location been covered by FMLA since the law took effect in 1994?

- YES 1 (SKIP TO Q17)
- NO 2
- NOT IN BUSINESS IN 1994..... 3
- REFUSED 7
- DON'T KNOW 8

Q16B. In what year did this location become covered by FMLA?

____|____|____|____|

- REFUSED 9997
- DON'T KNOW 9998

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

Q17. How many employees at this location have taken leave since January 1st, 1999, which you classified as being under the Federal Family and Medical Leave Act?

____|____|____|____|____|

- REFUSED 999997 (SKIP TO Q17B)
- DON'T KNOW 999998 (SKIP TO Q17B)

If no employees took leave since Jan. 1, 1999, skip to Q17D.

Q17A. How many of these 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.

____|____|____|____|

- REFUSED 999997
- DON'T KNOW 999998

If respondent answered don't know or refused to Q17, do not display "Of these NUMBER IN Q17 employees" in Q17B.

Q17B. {Of these {NUMBER IN Q17} employees,} how many took FMLA leave since January 1st, 2000?

REFUSED 999997 (SKIP TO Q17D)
 DON'T KNOW 999998 (SKIP TO Q17D)

If no employees took leave since January 1, 2000, skip to Q17D.

Q17C. How many of these employees took their leave on an intermittent basis, that is, taking leave a few hours or days at a time, on multiple occasions, but for the same reason?

REFUSED 999997
 DON'T KNOW 999998

Q17D. Since January 1st, 1999, have any employees at this location been denied leave because they used their entire 12 week allotment covered by FMLA?

YES 1
 NO 2 (SKIP TO Q17F)
 REFUSED 7 (SKIP TO Q17F)
 DON'T KNOW 8 (SKIP TO Q17F)

Q17E. How many employees were denied leave for this reason?

REFUSED 999997
 DON'T KNOW 999998

Q17F. Since January 1st, 1999, have any eligible employees been denied leave because the Family and Medical Leave Act did not cover the reason?

YES 1
 NO 2 (SKIP TO Q19)
 REFUSED 7 (SKIP TO Q19)
 DON'T KNOW 8 (SKIP TO Q19)

Q17G. What reasons for leave were denied?

If the business is FMLA covered (Q16 = YES), skip to Q19

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

Q18. Since January 1st, 2000, how many employees at this location have taken leave for family reasons or serious medical reasons lasting more than 3 days?

____|____|____|____|____|____|

REFUSED 999997
 DON'T KNOW 999998

Q18A. How many took leave in 1999? (IF NECESSARY: "leave for family reasons or serious medical reasons lasting more than 3 days")

____|____|____|____|____|____|

REFUSED 999997
 DON'T KNOW 999998

Q19. How does your organization cover work when employees take leave for a week or longer? Do you...

	<u>YES</u>	<u>NO</u>	<u>REFUSED</u>	<u>DON'T KNOW</u>
A. Assign work temporarily to other employees?	1	2	7	8
B. Hire an outside temporary replacement?	1	2	7	8
C. Hire a permanent replacement?	1	2	7	8
D. Put the work on hold until the employee returns from leave?	1	2	7	8
E. Have the employee perform some work while on leave?	1	2	7	8
F. Cover work some other way? (SPECIFY)_____	1	2	7	8

If yes to at least two items in Q19, ask Q19G, else skip to next box.

Q19G. You just said that you {DISPLAY YES ANSWERS FROM Q19} when an employee takes leave for a week or longer. Which of these methods do you use most often at this location?

ITEMS 1 – 6 1 - 6
 REFUSED 7
 DON'T KNOW 8

If not FMLA covered (Q16 does not equal YES) skip to Q37.

Q20. Does your organization maintain records of employee use of FMLA leave?

- YES 1
- NO 2 (SKIP TO Q21)
- REFUSED 7 (SKIP TO Q21)
- DON'T KNOW 8 (SKIP TO Q21)

Q20A. In some companies, employees take leave for family and medical reasons and it is not counted as FMLA leave. How often do you believe this happens in your company? Would you say...

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- Rarely, or 4
- Never? 5
- REFUSED 7
- DON'T KNOW 8

Q21. Are employees at this location who are eligible for FMLA leave...

	<u>YES</u>	<u>NO</u>	<u>DEPENDS</u>	<u>REFUSED</u>	<u>DON'T KNOW</u>
A. Provided with written guidance on how the Act is coordinated with existing leave and benefits policies?	1	2	3	7	8
B. Provided with written notice of how much of the leave taken was counted as FMLA leave?	1	2	3	7	8
C. Required to provide medical documentation for covered leave due to a serious health condition?	1	2	3	7	8
D. Required to use their paid leave before taking unpaid leave?	1	2	3	7	8
E. Ever offered alternative work arrangements instead of leave?	1	2	3	7	8

Q22. Does this location offer the same family and medical leave benefits to employees who are not eligible for FMLA leave?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

Q23. Has your organization reduced benefits at this location to offset any increased costs associated with the Family and Medical Leave Act?

- YES 1
- NO 2 (SKIP TO Q24)
- REFUSED 7 (SKIP TO Q24)
- DON'T KNOW 8 (SKIP TO Q24)

Q23A. Which of the following benefits have been reduced?

	<u>YES</u>	<u>NO</u>	<u>REFUSED</u>	<u>DON'T KNOW</u>
A. Paid vacation and personal leave.....	1	2	7	8
B. Paid sick leave.....	1	2	7	8
C. Health plan contributions	1	2	7	8
D. Pension/retirement plan contributions	1	2	7	8
E. Life insurance	1	2	7	8
F. Disability insurance.....	1	2	7	8
G. Other (SPECIFY) _____	1	2	7	8

Q24. What effect has complying with the Federal Family and Medical Leave Act had on this location's {ITEM FROM LIST}? Would you say a positive effect, negative effect, or no noticeable effect?

	<u>POSITIVE EFFECT</u>	<u>NEGATIVE EFFECT</u>	<u>NO NOTICEABLE EFFECT</u>	<u>REFUSED</u>	<u>DON'T KNOW</u>
A. Business productivity.....	1	2	3	7	8
B. Business profitability.....	1	2	3	7	8
C. Business growth	1	2	3	7	8
D. Employee productivity	1	2	3	7	8
E. Employee absences	1	2	3	7	8
F. Employee turnover ¹	1	2	3	7	8
H. Employee career advancement.....	1	2	3	7	8
I. Employee morale.....	1	2	3	7	8

Q25. You told us that this location has been covered by FMLA since {YEAR FROM Q16B or '1994'}. During that time, has complying with the Federal Family and Medical Leave Act increased, decreased, or not changed {ITEM FROM LIST}?

	<u>INCREASED</u>	<u>DECREASED</u>	<u>NOT CHANGED</u>	<u>NO OTHER COSTS</u>	<u>REFUSED</u>	<u>DON'T KNOW</u>
A. Administrative costs	1	2	3		7	8
B. Cost of continuing benefits such as health plans during leave	1	2	3		7	8
C. Hiring/training costs.....	1	2	3		7	8
D. Other costs (SPECIFY) _____	1	2	3	4	7	8

¹ Due to programming constraints, the items could not be re-lettered when item G was deleted.

Q26. Since January 1, 1999, to what extent has complying with the Federal Family and Medical Leave Act increased this location's {READ ITEM FROM LIST}? Would you say there has been no increase, a small increase, a moderate increase or a large increase?

	<u>NO INCREASE</u>	<u>SMALL INCREASE</u>	<u>MODERATE INCREASE</u>	<u>LARGE INCREASE</u>	<u>NO OTHER COSTS</u>	<u>REFUSED</u>	<u>DON'T KNOW</u>
A. Administrative costs	1	2	3	4		7	8
B. Cost of continuing benefits such as health plans during leave	1	2	3	4		7	8
C. Hiring/training costs.....	1	2	3	4		7	8
D. Other costs (SPECIFY)	1	2	3	4	5	7	8

Q27. Has complying with the Federal Family Medical Leave Act resulted in any cost savings at this location, for example, in reducing employee turnover?

YES	1
NO	2 (SKIP TO Q28)
REFUSED	7 (SKIP TO Q28)
DON'T KNOW	8 (SKIP TO Q28)

Q27A. What are these savings?

Q28. How easy or difficult are each of the following activities for your organization? {ITEM FROM LIST}. Would you say very easy, somewhat easy, somewhat difficult, or very difficult?

	<u>VERY EASY</u>	<u>SOMEWHAT EASY</u>	<u>SOMEWHAT DIFFICULT</u>	<u>VERY DIFFICULT</u>	<u>NA</u>	<u>REFUSED</u>	<u>DON'T KNOW</u>
A. Maintaining additional record keeping necessary for the Family and Medical Leave Act.....	1	2	3	4	5	-7	-8
B. Determining whether the Act applies to your organization	1	2	3	4	5	-7	-8
C. Determining whether certain employees are eligible for leave under the Act	1	2	3	4	5	-7	-8
D. Coordinating state and federal leave policies.....	1	2	3	4	5	-7	-8
E. Coordinating the Act with other federal laws.....	1	2	3	4	5	-7	-8
F. Coordinating the Act with other leave policies	1	2	3	4	5	-7	-8
G. Coordinating the Act with employee attendance policies.....	1	2	3	4	5	-7	-8
H. Administering FMLA's notification, designation, and certification requirements	1	2	3	4	5	-7	-8
I. Determining if a health condition is a serious health condition under FMLA.	1	2	3	4	5	-7	-8

Q29. FMLA allows employees to take intermittent leave. Has leave taken on an intermittent basis had an impact on this location's productivity?

- YES 1
- NO 2 (SKIP TO Q30)
- REFUSED 7 (SKIP TO Q30)
- DON'T KNOW 8 (SKIP TO Q30)

Q29A. Has this impact on productivity been positive or negative?

- POSITIVE 1
- NEGATIVE 2
- REFUSED 7
- DON'T KNOW 8

Q29B. Would you say this impact on productivity has been small, moderate or large?

- SMALL 1
- MODERATE 2
- LARGE 3
- REFUSED 7
- DON'T KNOW 8

Q30. Has leave taken on an intermittent basis had an impact on this location's profitability?

- YES 1
- NO 2 (SKIP TO Q31)
- REFUSED 7 (SKIP TO Q31)
- DON'T KNOW 8 (SKIP TO Q31)

Q30A. Has this impact on profitability been positive or negative?

- POSITIVE 1
- NEGATIVE 2
- REFUSED 7
- DON'T KNOW 8

Q30B. Would you say this impact on profitability has been small, moderate or large?

- SMALL 1
- MODERATE 2
- LARGE 3
- REFUSED 7
- DON'T KNOW 8

Q31. From which of the following do you get information on the Family and Medical Leave Act?

	<u>YES</u>	<u>NO</u>	<u>REFUSED</u>	<u>DON'T KNOW</u>
A. The U.S. Department of Labor	1	2	7	8
B. The media	1	2	7	8
C. A trade or business group	1	2	7	8
D. An attorney or consultant.....	1	2	7	8
E. A union	1	2	7	8
F. Your employees.....	1	2	7	8
G. The Internet	1	2	7	8
I. Existing company policies or procedures ²	1	2	7	8
H. Some other source (SPECIFY)_____	1	2	7	8

Q32. Which of the following methods, if any, do you use to inform employees of their rights under FMLA?

	<u>YES</u>	<u>NO</u>	<u>REFUSED</u>	<u>DON'T KNOW</u>
A. Employee handbook.....	1	2	7	8
B. Notice on bulletin board.....	1	2	7	8
C. Memos.....	1	2	7	8
D. Computer network, Intranet or Email	1	2	7	8
E. Oral notification.....	1	2	7	8
F. Some other method (SPECIFY)_____	1	2	7	8

If Q32A, Q32B, Q32C, Q32D, Q32E, and Q32F all = no, ask Q32G, else skip to Q33.

Q32G. Do you inform your employees of their rights under the FMLA?

YES	1
NO.....	2
REFUSED	7
DON'T KNOW	8

² Due to programming constraints, the items could not be re-lettered when item I was added.

Q33. The Family and Medical Leave Act contains several provisions designed to assist in managing employee's use of FMLA leave. I'm going to read to you a list of these provisions and I'd like you to tell me how useful these provisions are in managing your employee's use of FMLA leave. Let's begin. Would you say {ITEM FROM LIST} is very useful, somewhat useful, or not at all useful in managing your employees use of FMLA leave?

	<u>VERY USEFUL</u>	<u>SOMEWHAT USEFUL</u>	<u>NOT AT ALL USEFUL</u>	<u>NA</u>	<u>REFUSED</u>	<u>DON'T KNOW</u>
A. The exception for highly paid key employees.....	1	2	3		7	8
B. Written medical certifications.....	1	2	3		7	8
C. Second and third medical opinions.....	1	2	3		7	8
D. Advance notice of foreseeable leave.....	1	2	3		7	8
E. Transfer to alternative position.....	1	2	3		7	8
F. Any other provision? (Specify)_____	1	2	3	4	7	8

Q34. Overall, how easy or difficult has it been for your organization to comply with the requirements of the Family and Medical Leave Act? Would you say it was...

Very easy,	1
Somewhat easy,	2
Somewhat difficult, or	3
Very difficult?	4
REFUSED	7
DON'T KNOW	8

If there were no FMLA leave takers since January 1, 1999 (Q17 = 0) or respondent said "don't know" or "refused," to Q17, skip to Q36.

Q35. Did any employees at this location take leave under the Family and Medical Leave Act since January 1st of 1999 and then choose NOT to return to work for you?

YES	1
NO	2 (SKIP TO Q36)
REFUSED	7 (SKIP TO Q36)
DON'T KNOW	8 (SKIP TO Q36)

Q35A. How many of these employees chose not to return?

REFUSED	999997
DON'T KNOW	999998

Q35B. Did you attempt to recover from these employees any health insurance benefits to which your organization was entitled?

- YES 1
- NO 2 (SKIP TO Q36)
- REFUSED 7 (SKIP TO Q36)
- DON'T KNOW 8 (SKIP TO Q36)

Q35C. Did you successfully recover these payments?

- YES 1
- NO 2 (SKIP TO Q36)
- REFUSED 7 (SKIP TO Q36)
- DON'T KNOW 8 (SKIP TO Q36)

Q35D. How easy or difficult was it to recover the benefit payment? Would you say...

- Very easy, 1
- Somewhat easy, 2
- Somewhat difficult, or 3
- Very difficult? 4
- REFUSED 7
- DON'T KNOW 8

Q36. Has the Family and Medical Leave Act had any effects at this location NOT already covered in this survey?

- YES 1
- NO 2 (SKIP TO Q41)
- REFUSED 7 (SKIP TO Q41)
- DON'T KNOW 8 (SKIP TO Q41)
- IF YES, SPECIFY _____ (SKIP TO Q41)

Q37. What effect has your family and medical leave policies had on this location's {ITEM FROM LIST}? Would you say a positive effect, a negative effect, or no noticeable effect?

	Positive Effect	Negative Effect	No Noticeable Effect	REFUSED	DON'T KNOW
A. Business productivity.....	1	2	3	7	8
B. Business profitability.....	1	2	3	7	8
C. Business growth.....	1	2	3	7	8
D. Employee productivity.....	1	2	3	7	8
E. Employee absences.....	1	2	3	7	8
F. Employee turnover ³	1	2	3	7	8
H. Employee career advancement.....	1	2	3	7	8
I. Employee morale.....	1	2	3	97	98

³ Due to programming constraints, the items could not be re-lettered when item G was deleted.

Q38. Earlier I told you about the Federal Family and Medical Leave Act of 1993. It gives employees in certain organizations the right to take up to 12 weeks of unpaid, job-guaranteed leave a year for various family and medical reasons.

Imagine for a moment this law applied to your organization. What effect would complying with the law have on this location's {ITEM FROM LIST}? Would you say a positive effect, a negative effect, or no noticeable effect?

	<u>POSITIVE EFFECT</u>	<u>NEGATIVE EFFECT</u>	<u>NO NOTICEABLE EFFECT</u>	<u>REFUSED</u>	<u>DON'T KNOW</u>
A. Business productivity.....	1	2	3	7	8
B. Business profitability.....	1	2	3	7	8
C. Business growth.....	1	2	3	7	8
D. Employee productivity.....	1	2	3	7	8
E. Employee absences.....	1	2	3	7	8
F. Employee turnover ⁴	1	2	3	7	8
H. Employee career advancement.....	1	2	3	7	8
I. Employee morale.....	1	2	3	7	8

Q39. To what extent would complying with the Federal Family and Medical Leave Act increase this location's {ITEM FROM LIST}? Would you say no increase, small increase, moderate increase, or a large increase?

	<u>NO INCREASE</u>	<u>SMALL INCREASE</u>	<u>MODERATE INCREASE</u>	<u>LARGE INCREASE</u>	<u>NO COST</u>	<u>REFUSED</u>	<u>DON'T KNOW</u>
A. Administrative costs.....	1	2	3	4		-7	-8
B. Hiring/training costs.....	1	2	3	4		-7	-8
D. Litigation costs.....	1	2	3	4		-7	-8
C. Other costs (SPECIFY).....	1	2	3	4	5	-7	-8

Q40. Would complying with the Federal Family and Medical Leave Act result in any cost savings at this location, for example, in reducing employee turnover?

YES.....	1
NO.....	2
REFUSED.....	7
DON'T KNOW.....	8

⁴ Due to programming constraints, the items could not be re-lettered when item G was deleted.

I have only a few more questions.

Q41. How many other people in your organization did you consult to obtain the information we have asked for in this survey?

NONE.....	0
ONE.....	1
TWO.....	2
THREE.....	3
FOUR OR MORE.....	4
REFUSED.....	7
DON'T KNOW.....	8

Q42. Did you or anyone else check in your organization's records to provide us information requested in this survey?

YES.....	1
NO.....	2
REFUSED.....	7
DON'T KNOW.....	8

Q43. In what year did you begin working in your current position with this organization?

|_|_|_|_|

REFUSED.....	7
DON'T KNOW.....	8

Q44. What is your current job title?

REFUSED.....	7
DON'T KNOW.....	8

Q45. Do you have any other comments or concerns related to family and medical leave issues?

REFUSED.....	7
DON'T KNOW.....	8