

FAMILY AND MEDICAL LEAVE SURVEY**PROJECT # 937404**

Hello, may I speak to _____? My name is _____ and I'm calling from Westat, a social science research firm in Rockville, MD. You were recently sent a letter signed by Robert Reich, the U.S. Secretary of Labor, regarding a study we are conducting for the U.S. Commission on Family and Medical Leave, a bipartisan Commission established by Congress. Do you remember receiving this letter?

[IF NO: I am going to FAX(mail) you a copy of the materials sent to you. It will explain the study to you and specify the data we are collecting from organizations in this study, in case you need time to look up the information in your records. Then I will call you back in a couple of days. When would be a good time for me to call back?]

The study asks about your organization's policies with regard to employees taking leave for serious family and medical reasons, and your employees' use of this leave. This information will be used to develop national estimates regarding family and medical leave, and will be a key element in the Commission's final report to Congress. (IF ASKED: By family and medical leave, we mean employees taking extended time off for any of the following reasons: a serious health problem either their own or that of a family member, 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.

Most of our questions request information regarding a specific location. In this interview, we will be asking about your work site located at:

BACKGROUND INFORMATION ABOUT YOUR ORGANIZATION AND EMPLOYEES

1. 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 (READ ADDRESS ON LABEL)? Please include full-time, part-time, and seasonal or stand-by employees.

REFUSED _____ 99997
 DON'T KNOW _____ 99998

2. How many employees at this location are age:

		<u>REFUSED</u>	<u>DON'T KNOW</u>
15 to 34 _____ or _____ %		99997	99998
35 to 49 _____ or _____ %		99997	99998
50 and above _____ or _____ %		99997	99998

2a. How many of your employees at this location are:

Female _____ OR _____ %
 REFUSED _____ 99997
 DON'T KNOW _____ 99998

2b. How many of your employees at this location are unionized?

_____ OR _____ %
 REFUSED _____ 99997
 DON'T KNOW _____ 99998

2c. How many of your employees at this location are managerial or professional?

_____ OR _____ %
 REFUSED _____ 99997
 DON'T KNOW _____ 99998

2d. How many employees at this location worked at least 1,250 hours for your organization in the past 12 months?

_____ OR _____ %
 REFUSED _____ 99997
 DON'T KNOW _____ 99998

IF 50 OR MORE EMPLOYEES AT THIS LOCATION (Q1), SKIP TO Q4

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

- Yes 1
- No 2 (Q4)
- REFUSED 7 (Q4)
- DON'T KNOW 8 (Q4)

3a. Does your organization have other work sites within 75 miles of this location?

- Yes 1
- No 2 (Q4)
- REFUSED 7 (Q4)
- DON'T KNOW 8 (Q4)

3b. INCLUDING THIS LOCATION, how many people are employed, in total, at sites within 75 miles? Would you say...

- Fewer than 50 1
- 50 to 250 2
- More than 250 3
- REFUSED 7
- DON'T KNOW 8

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

	4a. Is up to 12 weeks of leave available?	4b. Are health benefits continued during leave?	4c. Are employees guaranteed their job upon return?
a. Employee's own serious health condition other than maternity-related reasons (THIS INCLUDES WORKMAN'S COMP)	Yes 1 --> No 2 DEPENDS ON CIRCUMSTANCES 3 --> REFUSED 7 DONT KNOW 8	Yes 1 No 2 DEPENDS ON CIRCUMSTANCES 3 DONT OFFER HEALTH BENEFITS 4 REFUSED 7 DONT KNOW 8	Yes 1 No 2 DEPENDS ON CIRCUMSTANCES 3 REFUSED 7 DONT KNOW 8
b. Mothers for maternity-related reasons	Yes 1 --> No 2 DEPENDS ON CIRCUMSTANCES 3 --> REFUSED 7 DONT KNOW 8	Yes 1 No 2 DEPENDS ON CIRCUMSTANCES 3 DONT OFFER HEALTH BENEFITS 4 REFUSED 7 DONT KNOW 8	Yes 1 No 2 DEPENDS ON CIRCUMSTANCES 3 REFUSED 7 DONT KNOW 8
c. Parents, including fathers as well as mothers, to care for a newborn	Yes 1 --> No 2 DEPENDS ON CIRCUMSTANCES 3 --> REFUSED 7 DONT KNOW 8	Yes 1 No 2 DEPENDS ON CIRCUMSTANCES 3 DONT OFFER HEALTH BENEFITS 4 REFUSED 7 DONT KNOW 8	Yes 1 No 2 DEPENDS ON CIRCUMSTANCES 3 REFUSED 7 DONT KNOW 8
d. Mothers and fathers for adoption or foster care placement	Yes 1 --> No 2 DEPENDS ON CIRCUMSTANCES 3 --> REFUSED 7 DONT KNOW 8	Yes 1 No 2 DEPENDS ON CIRCUMSTANCES 3 DONT OFFER HEALTH BENEFITS 4 REFUSED 7 DONT KNOW 8	Yes 1 No 2 DEPENDS ON CIRCUMSTANCES 3 REFUSED 7 DONT KNOW 8
e. Care of child, spouse, or parent for serious health condition	Yes 1 --> No 2 DEPENDS ON CIRCUMSTANCES 3 --> REFUSED 7 DONT KNOW 8	Yes 1 No 2 DEPENDS ON CIRCUMSTANCES 3 DONT OFFER HEALTH BENEFITS 4 REFUSED 7 DONT KNOW 8	Yes 1 No 2 DEPENDS ON CIRCUMSTANCES 3 REFUSED 7 DONT KNOW 8
f. Is there any other specific reason for which you make leave available? (Specify)	Yes 1 --> No 2 DEPENDS ON CIRCUMSTANCES 3 --> REFUSED 7 DONT KNOW 8	Yes 1 No 2 DEPENDS ON CIRCUMSTANCES 3 DONT OFFER HEALTH BENEFITS 4 REFUSED 7 DONT KNOW 8	Yes 1 No 2 DEPENDS ON CIRCUMSTANCES 3 REFUSED 7 DONT KNOW 8
11. _____			
12. _____			

IF NO JOB-GUARANTEED LEAVE IS OFFERED, (ALL NO, REFUSED, DON'T KNOW, OR BLANK IN COLUMN 4C), SKIP TO Q6

5. 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

6. 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. Provide any paid leave, such as sick or vacation leave, or disability insurance?	1	2	3	4	7	8
b. Continue its contributions to a pension or retirement plan?	1	2	3	4	7	8
c. Continue its contributions to life insurance?	1	2	3	4	7	8
d. Continue its contributions to disability insurance?	1	2	3	4	7	8

7. When did your organization first establish its family and medical leave policies? Was it:

- Before 1993..... 1
- In 1993..... 2
- After 1993..... 3
- You have no formal policies on medical or family leave..... 4 (Q9)
- REFUSED..... 7 (Q9)
- DON'T KNOW..... 8 (Q9)

8. In determining your organization's family and medical leave policies, to what extent was each of the following factors considered: (READ ITEM) Would you say a lot, some, a little, or not at all?

	<u>A Lot</u>	<u>Some</u>	<u>A Little</u>	<u>Not At All</u>	<u>REFUSED</u>	<u>DON'T KNOW</u>
a. Encouraging employees to return to work as soon as possible	1	2	3	4	7	8
b. Cost of hiring and training replacement employees	1	2	3	4	7	8
c. Maintaining high morale	1	2	3	4	7	8
d. Showing long-term commitment to employees	1	2	3	4	7	8
e. To comply with the federal, state, or local laws	1	2	3	4	7	8
f1. Other factor (Specify)	1	2	3	4	7	8

f2. Other	1	2	3	4	7	8

9. 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 (Q10)
 REFUSED 7 (Q10)
 DON'T KNOW 8 (Q10)

9a. Does it apply to your organization at this location?

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 8

10. 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 to this location 1
 Does not apply to this location 2 (Q12)
 REFUSED 7 (Q12)
 Not sure if the Law applies to this location 8 (Q12)

11. How many employees at this location have taken leave since January 1st of 1994, which you classified as being under the Federal Family and Medical Leave Act?

REFUSED 99997
 DON'T KNOW 99998

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

12. How many employees in total at this location have taken leave lasting more than 3 days for serious family or medical reasons in 1995? (READ FOR THOSE COVERED BY FMLA [Q10]: Please include those cases that were taken under the Family and Medical Leave Act as well as other family and medical leave.) How many took leave in 1994? 1993? 1992?

	<u>REFUSED</u>	<u>DONT KNOW</u>
1995 _____	99997	99998
1994 _____	99997	99998
1993 _____	99997	99998
1992 _____	99997	99998

**IF NO EMPLOYEES TOOK LEAVE SINCE JANUARY 1, 1994,
SKIP TO QUESTION 15**

12a. What was the average length of leave for those employees who have taken family or medical leave since January 1st of 1994? Would you say:

Less than 2 weeks	1
2 to 4 weeks	2
5 weeks to 12 weeks	3
13 weeks or more	4
REFUSED	7
DONT KNOW	8

12b. How many were:

Female _____ or _____ %
 REFUSED99997
 DONT KNOW99998

12c. How many employees taking leave were age:

	<u>REFUSED</u>	<u>DONT KNOW</u>
16 to 34 _____ or _____ %	99997	99998
35 to 49 _____ or _____ %	99997	99998
50 and above _____ or _____ %	99997	99998

12d. How many employees taking leave had been employed:

Less than one year _____ or _____ %
 REFUSED99997
 DONT KNOW99998

There are many different reasons why employees may take family or medical leave.

13. How many employees took leave since January 1st of 1994 for the following reasons:

	13a Total Leave Takers	13b Number of Female Employees	13c Average Leave in Weeks (All Leave-Takers)
a. Employee's own serious health condition <u>except</u> maternity-related reasons	____ or ____ %	____ or ____ %	_____
b. Mother for maternity-related reasons	____ or ____ %	N/A	_____
c. Parent to care for newborn including father as well as mother beyond maternity-related reasons	____ or ____ %	____ or ____ %	_____
d. Adoption or foster placement of child	____ or ____ %	____ or ____ %	_____
e. Care of child for serious health condition	____ or ____ %	____ or ____ %	_____
f. Care of spouse for serious health condition	____ or ____ %	____ or ____ %	_____
g. Care of parent for serious health condition	____ or ____ %	____ or ____ %	_____
h. Other reason, (such as care of sibling or grandparent) (specify)	____ or ____ %	____ or ____ %	_____
h1. _____	____ or ____ %	____ or ____ %	_____
h2. _____	____ or ____ %	____ or ____ %	_____

14. Of those employees taking leave for family or medical reasons since January 1st of 1994, how many:

		REFUSED	DONT KNOW
a. Have returned to work and are still employed by you?	____ or ____ %	99997	99998
b. Returned to work but are not currently employed by you?	____ or ____ %	99997	99998
c. Wanted to return to work, but you were unable to offer them a job?	____ or ____ %	99997	99998
d. Chose not to return to work?	____ or ____ %	99997	99998
e. Are still on leave?	____ or ____ %	99997	99998

15. How does your organization cover work when employees take leave? 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 work at home while on leave	1	2	7	8
f. Other (Specify).....	1	2	7	8

**IF ORGANIZATION IS NOT COVERED BY FMLA (Q10-PAGE 6),
SKIP TO Q28 (PAGE 15)**

16. Did your organization's family and medical leave policies change because of the Federal Family and Medical Leave Act?

- Yes 1
- No..... 2 (Q17)
- REFUSED 7 (Q17)
- DON'T KNOW..... 8 (Q17)

16a. How did your leave policies change because of the Act?

	<u>Yes</u>	<u>No</u>	<u>REFUSED</u>	<u>DON'T KNOW</u>
a. Leave is now job-guaranteed	1	2	7	8
b. Health insurance is continued during leave or for a longer period of time	1	2	7	8
c. Leave can be taken for more reasons	1	2	7	8
d. Leave can be taken for a longer period of time.....	1	2	7	8
e. Male employees can now take leave to care for sick or newborn children.....	1	2	7	8
f. Employee eligibility requirements have been eased	1	2	7	8
g. Any other changes? (Specify)	1	2	7	8
_____	1	2	7	8

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

Yes 1
 No 2 (Q18)
 REFUSED 7 (Q18)
 DONT KNOW 8 (Q18)

17a. What other benefits have been reduced?

	<u>Yes</u>	<u>No</u>	<u>REFUSED</u>	<u>DONT KNOW</u>
a. Paid vacation and personal leave	1	2	7	8
b. Health plan contributions	1	2	7	8
c. Pension/retirement plan contributions	1	2	7	8
d. Life insurance.....	1	2	7	8
e. Disability insurance	1	2	7	8
f. Other (Please describe).....	1	2	7	8

18. What effect has complying with the Federal Family and Medical Leave Act had on this location's: (READ STATEMENT) Would you say 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>DONT 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	2	3	7	8
g. Employees' ability to care for family members.....	1	2	3	7	8
h. Employee career advancement	1	2	3	7	8

19. To what extent has complying with the Federal Family and Medical Leave Act increased this location's: (READ STATEMENT) Would you say no increase, small increase, moderate increase, or large increase?

	No Increase	Small Increase	Moderate Increase	Large Increase	REFUSED	DON'T KNOW
a. Administrative costs.....	1	2	3	4	7	8
b. Cost of continuation of benefits (health plan, etc.) during leave.....	1	2	3	4	7	8
c. Hiring/training costs.....	1	2	3	4	7	8
d1. Other costs (Please specify).....	1	2	3	4	7	8

d2. _____	1	2	3	4	7	8

20a. Has complying with the Federal Family and Medical Leave Act resulted in any cost savings at this location, for example, in the hiring and training of new employees?

- Yes 1
- No..... 2 (Q21)
- REFUSED 7 (Q21)
- DON'T KNOW 8 (Q21)

20b. What are these savings?

21. How easy or difficult has each of the following activities been for your organization? (READ STATEMENT) 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>REFUSED</u>	<u>DON'T KNOW</u>
a. Additional record-keeping necessary for the Family and Medical Leave Act.....	1	2	3	4	7	8
b. Determining whether the Act applies to your organization.....	1	2	3	4	7	8
c. Determining whether certain employees are eligible for leave under the Act.....	1	2	3	4	7	8
d. Coordinating state and federal leave policies.....	1	2	3	4	7	8
e. Coordinating the Act with other federal laws.....	1	2	3	4	7	8
f. Coordinating the Act with pre-existing leave policies.....	1	2	3	4	7	8
g. Managing intermittent use of leave allowed under the Act.....	1	2	3	4	7	8

22. From which of the following sources did you learn about the Federal Family and Medical Leave Act? Did you learn about it from:

	<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. Some other source (Specify).....	1	2	7	8

23. Did your organization obtain outside assistance in order to ensure its policies were in compliance with the Federal Family and Medical Leave Act?

Yes.....	1
No.....	2 (Q24)
REFUSED.....	7 (Q24)
DON'T KNOW.....	8 (Q24)

FOR NON-FMLA ONLY

28. Have your organization's policies on leave for family or medical reasons **CHANGED** since 1992?

- Yes 1
- No..... 2 (Q29)
- REFUSED 7 (Q29)
- DONT KNOW 8 (Q29)

28a. How have your leave policies changed? Did they change in that:

	<u>Yes</u>	<u>No</u>	<u>REFUSED</u>	<u>DONT KNOW</u>
a. Leave is now job-guaranteed.....	1	2	7	8
b. Health insurance is continued during leave or is continued for a longer period of time.....	1	2	7	8
c. Leave can be taken for more reasons.....	1	2	7	8
d. Leave can be taken for a longer period of time.....	1	2	7	8
e. Male employees can now take leave to care for sick or newborn children.....	1	2	7	8
f. Employee eligibility requirements have been eased.....	1	2	7	8
g. Any other changes? (Specify).....	1	2	7	8
_____	1	2	7	8

29. What effect has your family and medical leave policies had on this location's: (READ STATEMENT) Would you say 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>DONT 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	2	3	7	8
g. Employees' ability to care for family members.....	1	2	3	7	8
h. Employee career advancement.....	1	2	3	7	8

23a. Where did you obtain this outside assistance?

	<u>Yes</u>	<u>No</u>	<u>REFUSED</u>	<u>DON'T KNOW</u>
a. U.S. Department of Labor	1	2	7	8
b. A trade or business group	1	2	7	8
c. An attorney or consultant	1	2	7	8
d. Any other type of help	1	2	7	8

23b. Did your organization incur any cost in obtaining this assistance?

Yes	1
No	2 (Q24)
REFUSED	7 (Q24)
DON'T KNOW	8 (Q24)

23c. What was the cost?

\$ _____
 REFUSED 999997
 DON'T KNOW 999998

24. The Family and Medical Leave Act contains several provisions that were included to ease the compliance burden for employers. Which of the following have been helpful to your company.

	<u>Yes</u>	<u>No</u>	<u>REFUSED</u>	<u>DON'T KNOW</u>
a. The high-paid employee exemption	1	2	7	8
b. Written medical certifications	1	2	7	8
c. Second and third medical opinions	1	2	7	8
d. Advance notice of foreseeable leave	1	2	7	8
e. Transfer to alternative position	1	2	7	8
f. Any other provision? (Specify)	1	2	7	8

25. Overall, how easy or difficult it has 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	3
Very Difficult	4
REFUSED	7
DON'T KNOW	8

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

- NONE..... 1
- ONE..... 2
- TWO..... 3
- THREE..... 4
- FOUR OR MORE..... 5
- REFUSED..... 7
- DON'T KNOW..... 8

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

- Yes..... 1
- No..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

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

IF NO EMPLOYEES HAVE TAKEN LEAVE SINCE JANUARY 1ST OF 1994, OR THE RESPONDENT DOES NOT KNOW HOW MANY (Q12-PAGE 7), THEN END INTERVIEW

In the information we sent you regarding this study, you may remember we indicated that we would like to survey employees at this location who have taken leave since January 1st of 1994. In order to insure the privacy of your employees, we would like to send some questionnaires and postage-paid return envelopes to you. If you could distribute these materials to the employees, they could complete the questionnaire at their convenience and mail it back to us. We will not ask for their names or phone numbers, so their answers will be anonymous.

Let me verify the address to which these materials should be mailed. (VERIFY MAILING ADDRESS OF RESPONDENT)

THANK YOU VERY MUCH FOR YOUR PARTICIPATION IN THIS SURVEY.

30. 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 that this law applied to your organization. What effect would complying with the law have on this location's: (READ STATEMENT) Would you say positive effect, 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.....	1	2	3	7	8
g. Employees' ability to care for family members.....	1	2	3	7	8
h. Employee career advancement.....	1	2	3	7	8

31. To what extent would complying with the Federal Family and Medical Leave Act increase this location's: (READ STATEMENT) Would you say no increase, small increase, moderate increase, or a large increase?

	No Increase	Small Increase	Moderate Increase	Large Increase	REFUSED	DON'T KNOW
a. Administrative costs.....	1	2	3	4	7	8
b. Hiring/training costs.....	1	2	3	4	7	8
c1. Other costs (Please describe)	1	2	3	4	7	8

c2. _____	1	2	3	4	7	8

32. Would complying with the Federal Family and Medical Leave Act result in any cost savings at this location, for example, in the hiring and training of new employees?

- Yes 1
- No..... 2
- REFUSED 7
- DON'T KNOW..... 8