

# Employer Interview Script

Employer Name:

Trigger Week:

UI Account No.:

O.M.B. No. 1220-0090

Address:

Approval Expires

Layoff Event ID#:

Jan 31, 2009

Layoff Quarter:

Contact Name/Phone Number:

## Cover these points in your introduction:

- Introduce yourself, and the office you are calling from.
- Explain why you are calling.
- Summarize key points of confidentiality pledge. If asked, give 1220-0141 as the OMB clearance number.
- Explain that this data collection is voluntary, and it will only take a few minutes.

## Questions about the Layoff

1. Based on our unemployment insurance claims records, we believe that you may have had a (layoff/reduction in staff) during (month). Is that true?

- Yes  
 Valid No  (Probe: Do you know why these unemployment claims were filed against your company?) Enter explanation. End interview.)  
 Don't know  (Ask for another contact)  
 Refusal

2. a. When did that layoff begin? \_\_\_\_\_

b. When did you stop laying off workers?  
\_\_\_\_\_

3. Were workers laid off for more than 30 days?

- Yes  
 No

4. About how many workers were laid off for more than 30 days? (Probe: If big gap between number of initial claims and number of separations)

Number: \_\_\_\_\_

- Don't Know/INA<sup>1</sup>

5. What was the primary reason for the job cutbacks?

- Don't Know/INA

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

6. What kind of business is conducted at the worksite that experienced the layoffs? (Probe: What product do you manufacture or what service do you provide at that location?)

Industry: \_\_\_\_\_

- Don't Know/INA

7. Regarding the workers who were laid off, what was their main role or function within the company? For example, were they in manufacturing, sales, personnel, computer support, or something else? (Probe: In addition to {function mentioned}, were any of the employees affected by the layoff involved in other activities of the firm such as clerical support, warehousing, or sales?)

Main: \_\_\_\_\_

Other: \_\_\_\_\_

8. In which county is the worksite located?

County: \_\_\_\_\_

- Layoffs occurred at more than one worksite and county

9. Just prior to the layoff, what was the total number of employees at this worksite, counting both hourly and salaried (an estimate is okay)?

Number: \_\_\_\_\_

- Don't Know/INA

<sup>1</sup> INA – "Is Not Available" Revised: February 2007

10. **During the cutbacks/layoff, has your worksite remained completely open, partially open, or has it shut down completely?**
- Open, no change in operating status
  - Open, divisions stopped or shifts cut
  - Partial closure of single unit establishment
  - Closed, entire worksite(s)
  - Closed, entire establishment
  - Long term work completed offsite
  - Don't know/INA
11. **Will there be a recall of workers, and, if so, what percent will return to work?**
- Yes, enter percent: \_\_\_\_\_ (and check box)
    - 100%
    - 50-99%
    - Up to 50%
    - Don't know
  - No → Skip to Question 13
  - Don't know (ask for another contact) → 13
12. **What is the anticipated return date for those who were separated?**
- Date: \_\_\_\_\_ (and enter range)
- Less than 90 days
  - 90-180 days
  - 181-270 days
  - 271-364 days
  - 365 or more days
  - Don't know/ INA

### Questions about Movement of Work

**Do not ask Questions 13-14, if:**

- Reason for layoff was seasonal or vacation
  - Layoff was temporary (30 days or less)
13. **a. Did this layoff include moving work from this worksite to a different geographic location within your company?**
- Yes → Ask 13b
  - No → Go to 14a
  - Don't know → Go to 14a
- b. Is the other location inside or outside the U.S.?**
- Don't know/INA
  - Inside U. S. → In what State(s)?  
\_\_\_\_\_
  - Outside U.S. → In which country(s)?  
\_\_\_\_\_

- c. **Of the total number of workers laid off, how many were laid off because your company moved work to this new location?** (an estimate is okay)

Don't know/INA

Number inside U.S. \_\_\_\_\_

Enter State(s) & No: \_\_\_\_\_

Number outside U.S. \_\_\_\_\_

Enter Country(s) & No: \_\_\_\_\_

14. **a. Did this layoff include moving work that was conducted in-house by your employees to a different company, through contractual arrangement?**

- Yes → Ask 14b
- No → Go to 15
- Don't know → Go to 15

- b. Is that company located inside or outside of the U.S.?**

- Don't know/INA
- Inside U. S. → In what State(s)?  
\_\_\_\_\_

- Outside U.S. → In which country(s)?  
\_\_\_\_\_

- c. **Of the total number of workers laid off, how many were laid off because your company moved work to a different company?** (an estimate is okay)

Don't know/INA

Number inside U.S. \_\_\_\_\_

Enter State(s) & No: \_\_\_\_\_

Number outside U.S. \_\_\_\_\_

Enter Country(s) & No: \_\_\_\_\_

15. **Thank you very much. Let me be sure I have all of your information correct just in case I need to get back to you at a later date. Can you tell me your name, job title, and phone number?**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Direct telephone number: \_\_\_\_\_

### Summary Information

**Layoff Status (check one)**

- Temporary:** Layoff less than 31 days
- Permanent/Extended:** Layoff included at least 50 separations and lasted more than 30 days
- Closure:** One or more worksites closed or entire establishment closed
- No Layoff:** Employer indicates that there was no layoff or that separations were either voluntary (e.g., quits, retirements, transfers to other locations in company) or involuntary (e.g., firings due to employee misconduct, failure to perform duties).

**Employer Contact Status (check one)**

- Contact completed
- Contact incomplete
- Refused to provide any information

**Additional Contact Persons**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Direct telephone number: \_\_\_\_\_

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Direct telephone number: \_\_\_\_\_

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Direct telephone number: \_\_\_\_\_

**Comments:**