

**Job Accommodations Network User Follow-Up Interview
EMPLOYER FORM
Interview Structure**

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Section I. Introduction and Informed Consent

Hello. My name is _____. I am calling to invite you to participate in a research study being conducted by West Virginia University on behalf of the Job Accommodation Network or JAN.

On _____ (date), you contacted JAN, either by phone or electronically to request information about _____. During that consultation you indicated your willingness to participate in a follow-up interview. I have been hired by JAN to do follow-up interviews that will evaluate JAN services.

Have I reached you at an OK time to talk?

If Yes, continue

If No, "What would be a better time?" _____.

As you may be aware, JAN is a free consulting service that provides information about job accommodations, the Americans with Disabilities Act, and the employability of people with disabilities. The purpose of this follow-up is to evaluate JAN's service and to identify ways that it could improve services to its clients.

This follow-up will take about 15 minutes of your time. The information that you provide to us will be kept confidential to the extent permitted by law. Any reports or articles about these follow-ups will describe results in a summarized manner so that you cannot be identified.

Your participation in this interview is voluntary. Your decision whether or not to participate will not affect the services you may receive from JAN. You may choose not to take part at all or you may choose to stop participating at any time, and you won't be penalized or lose the ability to use JAN's services.

There are no foreseeable risks to participating in this research study. There will be no personal benefit to participating in this study.

Do you have any questions at this point?

Do you wish to take part in the follow-up at this time?

If Yes, continue

If No, "Is there a better time in which you wish to take part in the follow-up?" _____

Section II. Outreach

1. How did you know to contact the Job Accommodation Network

(ALL THAT APPLY); [Interviewers FIELD CODE into the following categories]

- a. Used JAN service before
- b. Previous user of JAN service (specify if another employer)
- c. JAN Website
- d. Other website (not JAN website)
- e. Internet search
- f. Referral from:
 - Organization (list) _____
 - Government Agency (list) _____
 - Company
 - DOL Call Center
 - EARN
 - JAN self employment service
- g. Friend/co-worker/word of mouth
- h. Personal contact with JAN staff member
- i. Rehabilitation professional
- j. Medical professional
- k. Educational institution
- l. Union
- m. Legal professional
- n. Newspaper/magazine/book/professional journal article
- o. Television (report or advertisement)
- p. Listed in a directory
- q. I&R Service
- r. Conference
- s. JAN Publication or Brochure
- t. JAN presentation
- u. Used JAN self-employment service before
- v. Previous user of JAN self-employment service
- w. JAN self-employment Website
- x. JAN self-employment Publication or Brochure
- y. Other (please specify): _____

Section III. ACCOMMODATION OUTCOME

"The following questions explore the outcomes of your consultation with JAN."

Ask only if Purpose of Call = WORK ACCOMMODATION
Else Go To Section IV

- W1. Was the accommodation you discussed with the JAN consultant about
- a. a job applicant [application, interview]
 - b. hiring a new employee [already have job offer, maybe just started or hasn't yet started]
 - c. retaining an employee [retention of a current employee]
 - d. promoting a current employee
 - e. other (explain: _____)
 - f. DK
 - g. RF

- W2. a. Does this person have a physical, mental, or other health condition that substantially limits a major life activity other than working, such as breathing, thinking, walking, talking, seeing, hearing, and so on?

Yes
No (Go to Question W2c).

- b. On a scale from 1 to 5, with 1 being not at all limited and 5 being substantially limited, please rate the degree to which the person's physical, mental, or other health condition(s) limit their major life activities.

1	2	3	4	5	DK	RF
Major life activities Not limited				Major life activities Substantially limited		

- c. Does this person have a physical, mental, or other health condition that substantially limits the kind or amount of work that he/she can do?

Yes
No (Go to Question 3)

- d. On a scale from 1 to 5, with 1 being not at all limited and 5 being substantially limited, please rate the extent to which this person's physical, mental, or other health condition(s) limits the kind or amount of work that he/she can do?

1	2	3	4	5	DK	RF
Work Not limited				Work Substantially limited		

W6. What is the employee's gender?

[Interviewers ask even if it seems evident]

[If queried, interviewer may say "Because JAN is a service funded by the federal government, it is important for JAN to establish that they reach a wide range of individuals.]

- a. Male
- b. Female
- c. DK
- d. RF

W7. What is the employee's race or ethnicity? (CHOOSE ALL THAT APPLY?)

Race

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or Other Pacific Islander
- e. White
- f. Other

Ethnicity

- g. Hispanic or Latino
- h. Not Hispanic or Latino
- i. DK
- j. RF

W8. What is the employee's age?

- a. less than 18
- b. 18 - 25
- c. 26 - 35
- d. 36 - 45
- e. 46 - 55
- f. 56 - 65
- g. 66 and over
- h. DK
- i. RF

9. a. Approximately how many employees are in the company? _____
If DK, then ask: How many employees are in your facility? _____
OR in your division? _____

b. Of these _____ employees, how many are individuals that your company considers to have a disability? _____ % OR _____ number

10. After your interaction with JAN, was an accommodation made? (Choose one of a-h)

- a. Yes or No?

- b. Implementation Pending (DECISION TO ACCOMMODATE MADE, BUT IMPLEMENTATION PENDING (EXPLAIN/Why?) _____
- c. Decision pending (explain/Why?) _____
- d. No (Please explain why an accommodation was not made.) [Interviewer to query for reason for rejecting the accommodation.] _____
- e. other (e.g., employee resigned) _____
Please tell me briefly about that. _____
- f. DK
- g. RF
- h. N/A

10a. Who makes the decision whether the company will provide an accommodation? (mark all that apply)

- a. Human Resources department
- b. Personnel department
- c. Legal department
- d. Managers
- e. Employee's supervisor
- f. Other: _____

11. Did this accommodation solution that (was made, is pending implementation, the decision is pending on, was rejected) include: [Repeat as necessary as preface to each item in table.]

	Yes		No	Rejected	Pending	DK	RF
	Made	Waiting					
a. Buying a product or piece of equipment (like software, or a tool)? What specific products or pieces of equipment?	Has that accommodation been made?	Are you still waiting on implementation?					
b. Modifying a product or piece of equipment (like software, or a tool) Please describe how the product or equipment was or will be modified?							
c. Modifying the worksite (like a ramp, lighting or mirrors) Please describe the modifications							

to the worksite							
d. Changes to a work schedule (such as flex time, shift change, part time) Please describe the changes to the work schedule [Light duty = work schedule change if same job, reassignment of changed job title]							
e. Moving the employee to another job (or reassignment) What type of work was the employee doing before reassignment and what type does or is he going to do after reassignment.							
f. Changes in workplace policy What workplace policies were modified?							
	Yes		No	Rejected	Pending	DK	RF
	Made	Waiting					
g. Formal or Company Education of co-workers Please describe how the company was/is going to educate co-workers	Has that accommodation been made?	Are you still waiting on implementation?					
h. Providing an interpreter, reader, job coach or personal attendant services? Which services were provided							
i. Providing information in an alternative format (e.g., large print, taped text, Braille, etc.) What alternative formats were provided							
j. Working from home or							

- 15a. What was the source of funding for this accommodation?
- Departmental funds
 - Human Resources funds
 - Company general funds
 - Other: _____
- 15b. Who has the authority to authorize expenditure for accommodations?
- Local managers/supervisors
 - Human Resources representatives
 - Corporate/General Management
 - Other: _____

[IF ONLY ONE ANSWER, SKIP TO QUESTION 17]

16. How much did (or will) each pay? (PERCENT OR \$ AMOUNT)
- Employer
 - Employee
 - Rehabilitation Services
 - Insurance Company
 - Other

17. How much of the \$_(insert amount from question 14)___ cost was beyond what you would have paid for an employee in the same position who did not have a disability? "For example, an employer might purchase a computer monitor for all of his employees, but an employee may need a large screen rather than a regular monitor as an accommodation. The cost difference between the large screen monitor and the regular monitor would be the amount that we are asking about."

\$_____ [must be \$ amount and not a percentage.]

DK = 888,888

RF = 999,999

DK 888,888, RF 999,999

18. What **benefits** did your company derive from providing this accommodation or do you expect to derive?

19. I will read a list of **direct** benefits that your company may have derived from providing this accommodation. Please answer yes or no to the following:

[For YES, Designate whether D (derived) or E (just expected)]

- | | | | | |
|---|-----------|----|----|----|
| a. The accommodation allowed the company to hire a qualified employee | Yes (D/E) | No | DK | RF |
| b. The accommodation allowed company to retain a qualified employee | Yes (D/E) | No | DK | RF |
| c. The accommodation allowed company to promote a qualified employee | Yes (D/E) | No | DK | RF |
| d. The accommodation eliminated the cost of training a new employee | Yes (D/E) | No | DK | RF |
| e. The accommodation saved workers' compensation or other insurance costs | Yes (D/E) | No | DK | RF |

- | | | | |
|---|-----------|-------|----|
| f. The accommodation increased the accommodated worker's productivity | Yes (D/E) | No DK | RF |
| g. The accommodation increased the accommodated worker's attendance | Yes (D/E) | No DK | RF |
| h. Increased diversity of the company | Yes (D/E) | No DK | RF |
| h. Other _____ | | | |

20 What is your best monetary estimate associated with these direct benefits?

\$ _____ [SKIP TO Q24]

DK = \$888,888

RF = \$999,999

21. Were there any or do you expect any **indirect** costs for the accommodation (Indirect costs are those not directly related to providing the accommodation such as lost time because of training, supervisor's time, loss of production, etc.)?

1. YES
2. NO [SKIP TO Q20]
8. DK [SKIP TO Q20]
9. RF [SKIP TO Q20]

21a. Approximately how much were those costs (or do you expect those costs to be)? \$ _____

[For Each Cost Designate Whether Actual or Predicted Cost]

22. I will read a list of **indirect benefits** that your company may have derived (or may expect to derive) from providing this accommodation. Please answer yes or now to the following:

[For YES, Designate whether D (derived) or E (just expected)]

- | | | | |
|---|-----------|-------|----|
| a. The accommodation increased overall company productivity | Yes (D/E) | No DK | RF |
| b. The accommodation increased overall company attendance | Yes (D/E) | No DK | RF |
| c. The accommodation increased overall company morale | Yes (D/E) | No DK | RF |
| d. The accommodation increased workplace safety | Yes (D/E) | No DK | RF |
| e. The accommodation increased customer base | Yes (D/E) | No DK | RF |
| f. The accommodation increased profitability | Yes (D/E) | No DK | RF |
| g. The accommodation improved interactions with co-workers | Yes (D/E) | No DK | RF |
| h. The accommodation improved interactions with customers | Yes (D/E) | No DK | RF |
| i. Other indirect benefits? _____ | | | |

23. What is your best monetary estimate associated with these **indirect** benefits [recite the ones that were checked in question 24 if necessary]? \$ _____

DK = \$888,888

RF = \$999,999

Section IV. Legislative Outcomes

ASK ONLY IF LEGISLATIVE INFORMATION WAS PROVIDED

Purpose of Call Code = WORK, EDUCATION OR PUBLIC LEGISLATION;
ELSE GO To Section V.

Legislation Information:

The next few questions ask about how you used the information about ADA or other laws that you received from JAN.

1. Did the information help you to understand the ADA or another law?
 - a. YES
 - b. NO
 - c. DK
 - d. RF

2. Was the information used to argue for or make a policy decision?

[FOR WORK LEGISLATION: If interviewee asks for definition of a policy decision, interviewers may say: A policy decision means a change in the way that a company does business. This may include a change in employee guidelines, policies, and exceptions to policies.]

[FOR PUBLIC LEGISLATION: If interviewee asks for definition: A policy decision means a change in the way that a company or government office does business. This may include a change in guidelines, policies and exceptions to policies.]

- a. YES
 - b. NO (SKIP TO Next Section)
 - c. DK (SKIP TO Next Section)
 - d. RF (SKIP TO Next Section)
3. What was the outcome of that policy decision?
 - a. the policy was changed
 - b. the policy was not changed
 - c. the decision about whether to change the policy is still pending
 - d. other. (Explain) _____
 - i. DK
 - j. RF

