

This page as attachment for Employer Cover Letter

## Study of Family and Medical Leave Act - Project Information Sheet

**What is this study about?** The purpose of this study is to better understand family and medical leave policies (FMLA) from the perspective of American business.

By “**Family and Medical Leave**” we mean employees taking time off for any of the following reasons:

- to care for their own or family members' serious health condition (for purposes of this study, a serious health condition, 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);
- for pregnancy-related reasons;
- to care for a service member, or for reasons related to the deployment of a military member;
- to give birth to a child, for the placement of a child for adoption or foster care; or
- to care for a newborn, newly adopted or new foster child.

Information from this study will be used to develop national estimates of: (a) employer policies with regard to allowing leave for family and medical reasons; (b) employees' use of leave for family and medical reasons; and (c) business costs and benefits stemming from these leave policies (including, if applicable, policies related to the Family and Medical Leave Act.)

**Who is conducting this study?** Abt Associates and its survey division, Abt SRBI, have been contracted by the Department of Labor to conduct this study.

**What will be asked of me?** If you decide to participate, we will ask you some questions about your business' leave policies and benefits at the following location:

**<Place holder for MERGE SAMPLED LOCATION HERE>**

To reduce the amount of time it takes to complete the survey, it would be helpful if you have information available about your business and about employees taking leave for family or medical reasons. WE HAVE INCLUDED A CHECK LIST FOR YOUR CONVENIENCE. It will be important to have this information with you before the interviewer calls or before you begin the web survey.

**Why should I participate?** Your business was scientifically selected from a national listing of American businesses, and your response is very important. The information gathered by the survey will provide critical information on employer perspectives on the costs and benefits of both formal and informal policies regarding family and medical leave. 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.

**Who will know what I say?** No one. Your responses are completely private, and your name will not be linked to the feedback you provide. Your participation is completely voluntary.

**How can I be sure my rights as a participant are protected?** Your participation in this research is entirely voluntary. Without the help of employers like you, we could not conduct this work. Abt Associates' Institutional Review Board (IRB) protects the rights of research participants. For questions about your rights as a participant in this study, contact Teresa Doksum, Institutional Review Board Administrator, at 877-520-6835 (toll-free). To learn more about the survey you may contact Jacob Klerman at 877-666-8756 (toll-free).

(INFORMATION CHECK LIST ON NEXT PAGE)

## FAMILY MEDICAL LEAVE EMPLOYER SURVEY INFORMATION CHECKLIST

To speed up the survey process, please have the following information available for the telephone interview, or *before* you begin the web survey. In order to achieve a high degree of accuracy in this study, we encourage you to consult, if necessary, relevant records (payroll, etc.) maintained by your organization. **Because many businesses have different fiscal years and record keeping systems, we ask that you report the following information over any twelve month period ending between January 1, 2011 and now that is most convenient to you.**

### INFORMATION ABOUT YOUR BUSINESS

- The number of employees presently on the payroll at this address (including full-time, part-time, and temporary employees).
- The number of female employees.
- The number of employees who are unionized.
- The number of employees who worked at least 1,250 hours for your organization in the past 12 months.

### INFORMATION ABOUT EMPLOYEES TAKING LEAVE FOR FAMILY OR MEDICAL REASONS

- The NUMBER OF EMPLOYEES AT THIS LOCATION TAKING LEAVE which you categorized as being under the Federal *Family and Medical Leave Act* (if applicable to your organization at this location).
- THE NUMBER OF EMPLOYEES AT THIS LOCATION, IN TOTAL, TAKING LEAVE lasting more than 3 days for family or serious medical reasons (including leave taken under the *Family and Medical Leave Act* as well as other family and medical leave) **in the 12-month reporting period you have designated.**
- For businesses for which the Federal Family and Medical Leave Act applies: The number of employees who took leave for family reasons or leave lasting for more than 3 days for serious medical reasons during your designated 12-month reporting period, but whom have NOT returned to work for you.