Survey of Oregon Employers about the Work Share Program

[Survey will be administered online; paper and CATI surveys will be used for follow-up]

*A Federal agency may not conduct or sponsor, and a person is not required to respond to this collection of information, unless it displays a currently valid OMB control number. Your obligation to reply to this survey is voluntary. The public burden for this survey is estimated to be 12 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments concerning this burden estimate or any other aspect of this collection of information to the U.S. Department of Labor, Employment and Training Administration, Room XXXX, 200 Constitution Ave., Washington, DC.*

Introduction

**Who is conducting the survey?**

This survey is being conducted by Westat on behalf of the Oregon Employment Department and the U.S. Department of Labor. The U.S. Office of Management and Budget approved this research (OMB Control No. XXX, expiration date of XXX).

**What is the purpose of the survey?**

The purpose of this survey is to gather information to provide a better understanding of Oregon employers’ familiarity with Oregon’s Work Share program, their views about the program, and their experiences. The Work Share program is an unemployment insurance program that provides employers and their workers with an alternative to layoffs by reducing employees’ hours and partially replacing lost earnings with Unemployment Insurance. You might also know of it as “work sharing” “shared work” or “short-time compensation.”

**Participation and privacy**

Your participation in the study is important to provide an accurate estimate of how familiar Oregon employers are with the program, and to reflect their views about the program. We estimate that the survey will take about 10 minutes to complete. Participation is voluntary and will not affect your firm’s current or future unemployment insurance tax rate or eligibility for any public-funded program. Survey responses will be analyzed together with additional state unemployment insurance administrative information to get a full understanding of employer’s experiences and perspectives. Your answers will be kept private to the extent permitted by law. You and your business will never be identified in any report based on the survey.

**Who to call if you have questions about the survey**

[Westat contact information here]

SECTION A—Awareness of Work Share

1. Have you heard of Oregon’s Work Share program available through the Oregon Employment Department? This program is sometimes known as work sharing, shared work or short-time compensation.

* Yes, have heard of it 1 GO TO QUESTION 2
* No 2 GO TO EXIT

2. When did you first learn about the Work Share program? If you can’t remember exactly, your best estimate is acceptable.

* The letter for this survey is the first I heard of it
* After September 2015 but before the letter for the survey
* Between September 2014 and September 2015
* Before September 2014

3. How did you first hear about the Work Share program? (Select only one response.)

* From one or more of our employees 01
* From organized labor 02
* From another employer 03
* Through a trade association 04
* From advertisement or public service announcements 05
* By email from Oregon Employment Department 06
* By mail from Oregon Employment Department 07
* On the Oregon Employment Department website 08
* From an Oregon Employment Department workforce analysts 09
* From an Oregon Employment Department Unemployment Insurance Services staff person 10
* From an Oregon Employment Department Rapid Response Team 11
* From the U.S. Department of Labor . 12
* Don’t remember 13
* Other 14
* Please specify

**GO TO QUESTION 4**

Exit for Employers not Aware of Work Share Program

THANK YOU FOR COMPLETING THIS SURVEY. PLEASE TELL US WHO YOU ARE:

Name of person completing the survey: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Work Share is a program in Oregon that offers employers an alternative to layoff during declines in regular business activity. Under Work Share, work reductions are shared by reducing employees’ work hours, and Unemployment Insurance partially replaces lost earnings. By avoiding layoffs, employees stay connected to their jobs and employers maintain their skilled workforce for when business improves.*

*You can obtain more information about Work Share by visiting the Oregon Employment Department website at* [www.oregon.gov/Employ/Businesses/Pages/Work-Share-Program-5.aspx](http://www.oregon.gov/Employ/Businesses/Pages/Work-Share-Program-5.aspx).

PLEASE CLICK HERE TO EXIT THE SURVEY.

SECTION B—Ever Contact Oregon Employment Department about Work Share

4. Did your business ever contact Oregon Employment Department about establishing a Work Share Plan in Oregon?

* Yes 1 GO TO QUESTION 5
* No 2 GO TO SECTION D

5. In what year did your business first contact Oregon Employment Department about establishing a Work Share Plan in Oregon?

\_\_ \_\_ \_\_ \_\_ (YYYY)

6. Did your business submit a Work Share application to Oregon Employment Department?

* Yes 1 GO TO QUESTION 7
* No 2 GO TO QUESTION 8

7. How important were the following reasons to your business’ decision to apply to establish a Work Share plan? (CHECK IMPORTANCE FOR EACH STATED REASON)

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason** | **Very important** | **Somewhat important** | **Not important** |
| Business survival in temporary downturn |  |  |  |
| Maintain employee morale |  |  |  |
| Meet needs of employees |  |  |  |
| Retain valued workers |  |  |  |
| Retain skilled workers |  |  |  |
| Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**GO TO SECTION C**

8. What were the reasons why your business did not apply to establish a Work Share plan? (CHECK ALL THAT APPLY)

* Have not had a need to reduce workforce levels 1
* Needed to reduce hours by more than 40 percent 2
* Paperwork requirements too burdensome 3
* Requirement to maintain employee benefits 4
* Potential impact on our UI tax rate 5
* Requirement to obtain employees’ agreement 6
* Requirement to obtain union(s) agreement 7
* Delinquent on UI taxes 8
* Did not have enough employees to qualify 9
* Other 10

Please specify

**GO TO SECTION D**

SECTION C—Work Share Plan Approval

9. Has your business ever had a Work Share Plan approved in Oregon?

* Yes 1 GO TO QUESTION 11
* No 2 GO TO SECTION 10

10. Why was your Voluntary Shared Work Plan not approved in Iowa?

* Owed UI taxes to Oregon 1
* Work Share not available for seasonal work reductions 2
* Unable to certify reduction of hours was in lieu of layoffs 3
* Could not provide estimate of number of layoffs that would occur without Work Share 4
* Affected employees’ collective bargaining representative did not provide written approval 5
* Other 6

Please specify

**GO TO SECTION D**

11. When did your business first have a Work Share Plan approved?

\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ (MMYYYY)

12. How many employees were included in your most recent Work Share Plan at the time when it was first approved?

\_\_ \_\_, \_\_ \_\_ \_\_ employees

13. Has your business used the approved Work Share Plan yet?

* Yes 1 GO TO QUESTION 14
* No 2 GO TO QUESTION 18

14. When did your business first reduce employees’ hours under your approved Work Share Plan?

\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ (MMYYYY)

15. Would you say the Work Share program helped your business survive a business downturn?

* Yes, very helpful 1
* Yes, somewhat helpful 2
* No, not at all helpful 3

16. Would you say the Work Share program helped your business retain skilled or valued workers?

* Yes, very helpful 1
* Yes, somewhat helpful 2
* No, not at all helpful 3

17. What was the general attitude of your employees covered by Work Share about the program?

* Most were positive about it 1
* Most were indifferent 2
* Most did not like it 3

**GO TO QUESTION 19**

18. What are your reasons for not yet having reduced employees’ hours under you’re approved Work Share Plan? (CHECK ALL THAT APPLY)

* Have not had a need to reduce workforce levels 1
* Did not want the administrative burden 2
* Concern about potential impact on our UI tax rate 3
* Reduced demand turned out to be too severe to support shared work 4
* Other 5
* Please specify

19. Would you consider applying to establish a Work Share Plan again?

* Yes 1
* No 2

20. Would you recommend the Work Share Plan program to other employers?

* Yes 1
* No 2

21. We would like to know the cost to your business of developing the Work Share plan. What is your estimate of the number of staff hours it took to develop your Work Share Plan?

\_\_ \_\_ Hours to develop plan

22. What is the average hourly rate of pay (with benefits) for the staff member(s) who developed the plan? If you do not know exactly, your best estimate is acceptable.

$\_\_ \_\_.\_\_ \_\_/hour

**IF QUESTION 13 = NO, THEN GO TO SECTION D**

23. What is your estimate of the number of hours per week required for your business to report on workers’ hours to Oregon Employment Department for the payment of Work Share UI benefits?

\_\_ \_\_ Hours per week to report workers’ hours

24. What is the average hourly rate of pay (including benefits) for the staff member(s) who report(s) workers’ hours? If you do not know exactly, your best estimate is acceptable.

$\_\_ \_\_.\_\_ \_\_/hour

25. How many Work Share employees voluntarily quit their jobs after the start of your firm’s most recent use of the Work Share program? (ENTER ZERO IF NO QUITS)

\_\_\_\_ Number of Work Share employees that voluntarily left the company

26. How many Work Share employees were laid off after the start of your firm’s most recent use of the Work Share program? (ENTER ZERO IF NO LAYOFFS)

\_\_\_\_ Number of Work Share employees who were laid off

**GO TO SECTION D**

SECTION D—Employer Background

27. Approximately how long has your business operated in the state of Oregon?

\_\_ \_\_ \_\_ years

28. About how many Oregon employees were on your business’s payroll as of the most recent payroll period?

* Less than 5 employees
* 5 to 19 employees
* 20 to 49 employees
* 50 to 99 employees
* 100 to 299 employees
* 300 to 499 employees
* 500 to 999 employees
* 1,000 or more employees

29. At any point during the past 24 months, did your business experience a need to reduce its workforce due to reduced demand for its products or services?

* Yes 1 GO TO QUESTION 30
* No 2 GO TO QUESTION 31

30. In the past 24 months, did your business ever lay off Oregon workers due to reduced demand for your products or services?

* Yes 1
* No 2

31. In 2015, for your Oregon employees, which of these employee benefits did you offer and cover at least a part of the cost? (CHECK ALL THAT APPLY)

* Health insurance 1
* Retirement plan, including 401(k), Keogh, etc. 2
* Profit sharing and/or stock options 3
* Paid holidays, vacation, and/or sick leave 4
* Tuition assistance and/or reimbursement 5
* None of the above 6

32. What percentage of eligible Oregon employees participated in the health plan/plans offered by your business in 2015?

* Our business did not offer any health plan 1
* None 2
* Less than 25% 3
* 25-49% 4
* 50-74% 5
* 75-100% 6

33. What percentage of eligible Oregon employees participated in the retirement plan/plans offered by your business?

* Our business did not offer any retirement plan 1
* None 2
* Less than 25% 3
* 25-49% 4
* 50-74% 5
* 75-100% 6

THANK YOU FOR COMPLETING THIS SURVEY. PLEASE TELL US WHO YOU ARE:

Name of person completing the survey: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE CLICK HERE TO EXIT THE SURVEY.