

**Attachment F: Statement of Privacy****Employee Survey**

*The following statement will be read to respondents of the Employee Survey prior to beginning the telephone interview.*

Abt Associates is conducting this study to find out about employees' use of, and attitudes about, family and medical leave policies in their workplace. Study results will be used to assess the impact of family and medical leave policies on employees. If you complete the survey, we will pay you \$15 as a token of our appreciation. Your participation is voluntary and all information you provide will be kept private to the greatest extent possible under the law. There are many procedures in place to reduce the potential minimal risk of loss of privacy. If we should come to any question that you don't understand or don't want to answer, just let me know and I will try to help you, or we can go on to the next question. The survey should take about 15 to 25 minutes to complete, depending on your answers.

**Employer Survey**

*The following statement will be read to respondents of the Employer Survey prior to beginning the telephone interview and will be included in the introductory text prior to beginning the web survey.*

Abt Associates is conducting this study to find out about your organization's policies with regard to employees taking leave for family and medical reasons, and your employees' use of this leave. This information will be used to develop national estimates regarding provisions and usage of family and medical leave.

(IF ASKED IN TELEPHONE VERSION, OTHERWISE INCLUDED FOR ALL IN WEB VERSION:  
By family and medical leave, we mean employees taking time off to care for their own or family members' serious health condition or pregnancy to give birth to a child, for the placement of a child for adoption or foster care; to care for a newborn, adopted or foster child; or to care for a military service member, or for reasons related to the deployment of a military service member. A serious health condition, for purposes of this survey, 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.)

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 2,000 responses from employers across the country, and it will not include any identifying information on any individual employer. They will make available a public-use data set on their website or other data repository. Wide dissemination of data facilitates our understanding of the FMLA and its impacts on employers; it enables researchers and policymakers to further the national policy discussion, and it helps ordinary citizens learn about the issues facing their employers.

Your responses to this survey are voluntary and will remain private to the greatest extent possible under the law. There are many procedures in place to reduce the potential minimal risk of loss of privacy. No

## ATTACHMENT F

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information tied specifically to your organization will be shared or released in any form. The interview should take about 25 minutes, depending on your answers.