

Job Aid

Study #22006

FMLA – Employee Survey – Cover Sheet

Updated: 10/20/17

PURPOSE: The FMLA Employee Survey has been designed to be easily administered to and understood by the respondent. The following pages are provided to help you, the telephone interviewers, address areas of potential misunderstanding during the administration of the FMLA Employee Survey.

WHEN TO USE THIS JOB AID: Consult this job aid while you are administering the questionnaire when you encounter any issues in administration or comprehension. There may be clarification in this job aid.

ACTION: If there is no clarification in this job aid, make a note of the area of concern. Notify your Supervisor.

PROCESS FOR REVIEW AND UPDATE OF JOB AID: Supervisors will meet regularly with project staff on the FMLA Employee Survey to review interviewer feedback. They will also review the questionnaire and preliminary findings to identify issues with administration and comprehension. This job aid will be updated regularly to address any areas of concern to make your administration of the questionnaire as easy as possible, both for you and the respondent.

Thank you!

Overview of last update (10/20/17):

- QA43a – clarification text for respondents in California, New Jersey, and Rhode Island
- QE15 and QE16 – updated text
- QD4 – new clarification text

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S11, S12, A1, B1, B2, and C1 ask the respondent if they have taken leave or needed to take leave from work for a variety of reasons – below are the reasons. This will be helpful to reference throughout the survey.

- to care for a newborn, newly adopted or new foster child; (IF NECESSARY: This includes both maternity AND paternity leave)
- for [your own/[FILL A1-X FROM QS6]'s] serious health condition or to care for someone else's serious health condition;
- for [IF GENDER UNKNOWN: your own/the adult's or] a family member's pregnancy-related reason; or
- to care for a military service member, or for reasons related to the deployment of a military service member?

If the respondent has a question about what is considered a serious health condition, the following definition has been provided: 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.

As the interviewer, you cannot provide any additional clarification to the respondent regarding what is and what is not to be considered a serious health condition.

QA4 asks about the number of times the respondent took leave for different reasons or conditions.

QA4. We are interested in the number of times you took leave from work for different reasons or conditions (yours, or that of the person you cared for), and this is regardless of whether you took time off all at once or in separate blocks of time. So, for how many TOTAL reasons or conditions did you take leave from work since [INSERT 12 MONTH PERIOD]?

It is important to stress “different reasons or conditions” when reading this question to the respondent. We want to determine the number of **reasons** or **conditions** that leave was taken care, **NOT** the number of leaves taken.

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QA26 and QA35 ask about medical certification and re-certification.

QA26. Did your employer require medical certification for this leave (IF NECESSARY: for yourself or the person you were caring for)?

A definition of medical certification is provided on screen: By medical certification, we mean documentation from a health care provider to substantiate the medical need for you to take time away from work for this reason or health condition.]

QA35. Did your employer require medical RE-CERTIFICATION (IF NECESSARY: for yourself or the person you were caring for)?

A definition of medical re-certification is provided on screen: Medical RE-certification is documentation from a health care provider in support of continued or extended leave within a leave year for the reason or health condition for which the leave was taken.

For both of these questions it is important to only provide only the definitions on screen to the respondent. You cannot provide any additional clarification regarding the definitions.

QA43a is asked of respondents who have taken a leave, but have indicated they did not receive any pay during their leave.

QA43a Just to confirm, you took a leave from work and you did NOT receive any pay from your main job at that time. [IF NECESSARY: Pay may include vacation hours, sick time, short-term disability, or other.]

- 1 Yes [GO TO A43b]
- 2 No

If the respondent is in California, New Jersey, or Rhode Island and is confused about the question, when reading the “IF NECESSARY” please also add “Pay may also include state paid family leave. State paid family leave are benefits paid through (FILL STATE) state agency’s paid family leave or temporary disability insurance program but not through workers compensation or unemployment insurance.”

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QE15 and QE16 ask about the respondent's job.

QE15. What kind of business or industry is this? [IF NEEDED: What do they make or do where you work; for example, hospital, newspaper publishing, mail order house, auto engine manufacturing, bank. Please think about your main job.]

When reading this question, please also include "food service and health care" when reading the list of industries.

QE16. What kind of work do you do; that is, what is your occupation? For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant. Please think about your main job. [IF NEEDED: What is your job title?]

When reading this question, please also include "food server, health aid, warehouse worker, and cashier" when reading the list of occupations.

QD4 asks about the respondent's family income.

QD4. What is the total combined income of all members of your FAMILY during the past 12 months? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of your family who are 15 years of age or older.

For this question, we want to include family members that live in the respondent's household. IF NEEDED, please read "For this question, please consider the income of all family members in your household who are 15 years of age or older."
