

U.S. Department of Labor

Chief Evaluation Office
Washington, D.C. 20210



< hrconm>
< hrname>
< hradd> < hrapt>
< hrcity>, < hrstate> < hrzip>

Month, XX, 2017

Dear < hrFname>,

I am writing to encourage your participation in a major study being conducted by the Department of Labor that will collect information on employers' family and medical leave policies and benefits. Your establishment has been randomly selected for this study. The results of this research will provide critical information on employer perspectives on the costs and benefits of both formal and informal policies regarding family and medical leave. I strongly urge you to participate in this study.

Data for this study are being collected for the Department of Labor by Abt Associates, a private research firm in Bethesda, Maryland. Enclosed you will find more detailed study information from Abt Associates regarding your participation.

You may find more information about this study online at [URL]. If you have any questions about this study, please contact us at <1-xxx-xxx-xxxx>

Thank you in advance for your participation.

Sincerely,

[NAME]

Chief Evaluation Officer

Welcome to the Wave 4 Survey of Employers on the Family and Medical Leave Act!

Your company has been randomly selected to participate in Wave 4 of the *Family and Medical Leave Act Surveys*. Abt Associates is conducting the interviews for the Department of Labor. Your cooperation is essential to the success of this effort to better understand employers' experience with administering the FMLA.

We are enclosing a list of some of the information you will be asked about in the survey. You may also find all of these materials online at [URL]. The survey takes about 25 minutes to complete, and you have the choice of completing it over the web or on the telephone with one of our professional interviewers. Either way, having this information ready before you begin the survey will facilitate getting through the survey faster.

Some things to know about your participation:

- Your participation is voluntary: you may refuse to answer any question or end the survey at any time.
- Your information is private: Abt Associates is required to protect the privacy of all information collected, including the identity of respondents. In addition, the data provided by Abt Associates to the Department will not contain any information that would identify you or your establishment. Individual responses are analyzed only in combination with other responses collected nationwide. The responses will not be linked with your company or with your name. There are many procedures in place to reduce the minimal potential risk in loss of privacy in this study.
- The information gathered through this survey *is not* used for any enforcement purposes and your participation will not affect any relationships you have with the US Department of Labor.

To access the online survey, please go to this link: [URL]. This will bring you to an introductory page where you can enter your unique PIN (qkey) and begin the survey. This ensures that you have exclusive access to your survey. Please feel free to contact the Abt Associates survey center to assist you in either accessing or completing the web survey.

In the next few weeks a member of our staff will follow up with you about the survey and help you with any questions you may have about accessing the online survey. If an interviewer calls at an inconvenient time, he or she will be glad to call back at a mutually arranged time. You may contact the Abt Associates survey center directly to schedule your interview. Please call toll free [INSERT TOLL FREE NUMBER] and give the operator reference number 30559 and participant code (qkey). The call center will be open from 9 AM until midnight (Eastern Time) Monday through Friday.

Thank you in advance for your participation.

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 has 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:

< sqadd> <sqapt>
<sqcity>, <sqstate> <sqzip>

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 2,000 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 [TOLL FREE NUMBER]. To learn more about the survey you may contact Jane Herr at [TOLL FREE NUMBER].

FAMILY MEDICAL LEAVE EMPLOYER SURVEY INFORMATION CHECKLIST

According to the Paperwork Reduction Act (PRA), an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is XXXX-XXXX and it expires MM/DD/YYYY. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, please send them to [NAME],[ADDRESS]; Attn: OMB-PRA XXXX-XXXX.

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, 2016 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.