

OMB No. 1290-XXXX
EXP. Date:
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2017 FAMILY AND MEDICAL LEAVE ACT (FMLA) SURVEY
EMPLOYER/WORKSITE - SCREENER SURVEY

NOTE:

**RESPONSE OPTIONS IN ALL CAPS ARE NOT READ ALOUD BY THE INTERVIEWER.
TEXT IN ALL CAPS IS A PROGRAMMER NOTE OR INTERVIEWER INSTRUCTION.
TEXT IN BRACKETS IS TO BE FILLED IN PROGRAMMATICALLY.
SECTION Q IS INCLUDED IN THE EXTENDED INTERVIEW INSTRUMENT.**

**FAMILY AND MEDICAL LEAVE ACT (FMLA)
2017 SURVEY OF WORKSITES – CATI SCREENER**

TIPRESP. Hello, my name is [INTERVIEWER NAME] and I'm calling from Abt Associates, a public policy research firm. We are conducting a study on behalf of the Department of Labor that will collect information on employers' family and medical leave policies and benefits.

[IF SAMP2=1 (R NAMED IN SAMPLE) THEN GO TO S1.
IF SAMP2=2 (NO NAMED R IN SAMPLE) THEN GO TO S2.]

S1. May I speak to [INSERT NAME FROM SAMPLE]?

- | | | |
|---|-----------------------|-------------------------------|
| 1 | YES, SPEAKING WITH R | [GO TO S1A] |
| 2 | YES, R COMES TO PHONE | [GO TO S1A] |
| 3 | NO, NOT AVAILABLE | [GO TO S1A] |
| 4 | NO, NO SUCH PERSON | [GO TO S1A] |
| 5 | WRONG NUMBER | [GO TO S1A] |
| 9 | DK/REF (VOL) | [THANK AND END, SOFT REFUSAL] |

S1A. Is this [INSERT BUSINESS NAME FROM SAMPLE]?

- | | | |
|---|--------------|-------------------------------|
| 1 | YES | [GO TO S2] |
| 2 | NO | [DISPO AS WRONG NUMBER] |
| 9 | DK/REF (VOL) | [THANK AND END, SOFT REFUSAL] |

S2. [IF S1=2: Hello, my name is [INTERVIEWER NAME] and I'm calling from Abt Associates, a public policy research firm. We are conducting a study on behalf of the Department of Labor that will collect information on employers' family and medical leave policies and benefits.]

[IF S1=1 OR S1=2 DISPLAY:]

I'm looking for the person responsible for administering leave internally to answer survey questions. [IF NECESSARY: This may be your human resources director, a benefits coordinator, a leave administrator, or the person responsible for compliance with federal employment laws for this location].

[IF NECESSARY: This may also be your company's personnel manager, or payroll manager]

[IF DON'T KNOW FIRST ASK: Is there someone else there who would know?]

Are you that person?

[IF S1=4 THEN DISPLAY:]

[IF NECESSARY: We selected employers from a national listing of businesses and got a name from this listing. However it may not be the right person.] I'm looking for the person responsible for administering leave internally to answer survey questions. This may be your human resources director, a benefits coordinator, a leave administrator, or the person responsible for compliance with federal employment laws for this location.

[IF NECESSARY: This may also be your company's personnel manager, or payroll manager]

[IF DON'T KNOW FIRST ASK: Is there someone else there who would know?]

- 1 YES [GO TO S3]
- 2 NO [GO TO S2A]
- 9 DK/REF (VOL) [THANK AND END, SOFT REFUSAL]

S2a. What is that person's name?

[COLLECT NAME, TITLE]

- 9 DK/REF (VOL) [THANK AND END, SOFT REFUSAL]

[IF NAME COLLECTED, UPDATE SAMP2=1]

S3. Is this business considered to be any of the following: a public school [PAUSE], a public university [PAUSE], a post office [PAUSE], or a government organization at the federal, state, or local level?

[IF DON'T KNOW FIRST ASK: Is there someone else there who would know?]

- 1 YES, PUBLIC SCHOOL [END - S/O - S3 - PUBLIC]
- 2 YES, PUBLIC UNIVERSITY [END - S/O - S3 - PUBLIC]
- 3 YES, POST OFFICE [END - S/O - S3 - PUBLIC]
- 4 YES, GOVERNMENT ORGANIZATION [END - S/O - S3 - PUBLIC]
- 5 NO/NONE OF THE ABOVE [GO TO S4]
- 9 DK/REF (VOL) [THANK AND END, SOFT REFUSAL]

S4. Abt Associates is conducting this study to find out about your organization's policies with regard to employees taking leave for family reasons or serious medical reasons, and your employees' use of this leave. Some of our questions will ask about the Family and Medical Leave Act, also referred to as FMLA. FMLA gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons. The data will be used for research purposes only, NOT for compliance with FMLA.

[IF NECESSARY: We are interested in employers who are covered by FMLA and those who are not covered.]

- 1 CONTINUE

[IF S2A HAS DATA (NOT REF), SKIP TO S6, ELSE ASK S5]

S5. This survey takes about 25 minutes to complete, depending on your answers. I could send you an email with the study information and a link to an ONLINE version of the survey and a unique PIN to enter the survey. Would you prefer to complete the survey online or continue by phone?

- 1 ONLINE
- 2 CONTINUE BY PHONE [GO TO S7]
- 3 PLEASE SEND INFO BY MAIL (VOL)
- 9 DK/REF (VOL) [SOFT REFUSAL]

S6. [IF S5=1:] Before I send you the link to the online survey /[IF S5=3 OR IF S2 HAS DATA (NOT REF): [NO PREFACE]] I would like to confirm [IF S2=1: your/ IF S2A HAS DATA (NOT REF): [INSERT S2A NAME]'s contact information at this location.
 [IF NECESSARY: This is so we can send information about the study.]

[IWER: VERIFY SPELLING/ACCURACY OF ALL ENTRIES]

TITLE	[IF S1=4 INSERT FROM S2, ELSE FROM SAMPLE]
FIRST NAME LAST NAME	[IF S1=4 INSERT FROM S2, ELSE FROM SAMPLE]
COMPANY NAME	[FROM SAMPLE]
ADDRESS	[FROM SAMPLE]
CITY, STATE ZIP	[FROM SAMPLE]
DIRECT PHONE NUMBER, EXTENSION	[FROM SAMPLE - DO NOT REQ EXTENSION]
9 DK/REF (VOL)	[SOFT REFUSAL]

EMAIL. Is there an email address where we can contact [IF S2=1: you/ IF IF S2A HAS DATA (NOT REF): [INSERT S2A NAME]]?

1	YES
2	NO
9	DK/REF

[IF S5=1, EMAIL CANNOT BE DK/REF. IF S5=1 AND EMAIL=DK/REF, PROMPT: You said you would like to complete the online version of the survey. Please provide an email address so we can send you the link to the survey. IWER NOTE: IF R STILL REFUSES, RE-ASK S5. IF S5=3 ALLOW EMAIL=NO/DK/REF. IF S2A HAS DATA (NOT REF) ALLOW EMAIL=NO/DK/REF.]

[UPDATE SAMPLE WITH NEW INFORMATION IF COLLECTED: NAME (UNAME), PHONE, EXTENSION, EMAIL.]

S7. To the best of your knowledge, does your organization maintain records of employee use of leave under the Family and Medical Leave Act, also known as FMLA leave? [IF NECESSARY: The FMLA gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons.]

1	YES	[ASK S8]
2	NO	[GO TO INSTRUCTION AFTER S8]
9	DK/REF (VOL)	[GO TO INSTRUCITON AFTER S8]

S8. And does your company process requests for FMLA internally, or do you utilize a third party for this? (IF NECESSARY: do you hire another company to administer the requests for FMLA, or do you do this yourselves?)

1	INTERNALLY
2	OUTSOURCE
3	OTHER
9	DK/REF (VOL)

[IF S5=1 THEN GO TO S10. IF S5=2 THEN GO TO INTRO3. IF S5=3 GO TO S9. IF S2A HAS DATA (NOT REF) AND EMAIL=1 THEN CONTINUE TO S8A. IF S2A HAS DATA (NOT REF) AND EMAIL=2 OR THEN GO TO S9.]

[ONLY ASK S8A IF SAMP2=2]

S8A. To verify that I have spoken to someone at this company, may I please get your name?

[ENTER NAME, ASK FOR SPELLING IF UNSURE]

9 REF (VOL)

S9. Thank you. Those are all the questions I have at this time. [IF S5=3: We will mail the study information and call back to follow up.]

[IF S2A HAS DATA (NOT REF) AND EMAIL=1 THEN GO TO S11.]

[IF S7=2 OR 9 THEN S/O - NO RECORDS]

[IF S5=3 OR IF S2 HAS DATA (NOT REF) AND EMAIL = 2 OR 9 THEN SCHEDULE CALLBACK FOR 2 WEEKS - START AT INTRO_CB.]

[PD NOTE: MAIL INFO, TALKED TO R OR MAIL INFO, REFERRED TO R, NO EMAIL ADDR]

S10. To access the survey online, please use the following web address: www.FMLAsurvey.com. Once there, enter your unique PIN [INSERT KEY] to begin the survey. I will also send this information to you now via email at [EMAIL ADDRESS FROM S6].

[CONFIRM EMAIL ADDRESS. UPDATE IF NECESSARY. SELECT 1 TO SEND EMAIL]

1 SEND EMAIL [AUTO SEND EMAIL]

S10A. Did you receive the email? The sender of the email will be FMLAsurvey@abtassoc.com and the subject line will read, "Please complete the 2017 DOL FMLA Survey of Employers."

1 YES [GO TO S10B.]

2 NO [GO TO S10A1]

S10A1. Please check your spam or junk folder. Do you see the email there?

1 YES [GO TO S10B.]

2 NO [GO TO S10A2]

S10A2. Sorry we cannot get the email to you right now. We will send the study information in the mail, to the address you provided. In the meantime, please access the survey at www.FMLAsurvey.com. Once there, enter your unique PIN [INSERT KEY] to begin the survey. Thank you in advance for your participation.

[SCHEDULE CALLBACK FOR 2 WEEKS - START AT INTRO_CB.]

[PD NOTE: MAIL INFO; TALKED TO R.]

S10B. We encourage you to take a moment to complete the survey now and we thank you in advance for completing the survey. Your participation is very important to our study.

[SCHEDULE CALLBACK FOR 1 WEEK – START AT INTRO_CB.]
[PD NOTE: SENT EMAIL; TALKED TO R.]

S11. DISPLAY INTERVIEWER INSTRUCTIONS: INTERVIEWER SELECT ONE TO SEND EMAIL TO: [EMAIL ADDRESS FROM S6]

1 SEND EMAIL [AUTO SEND EMAIL]

[SCHEDULE CALLBACK FOR 2 DAYS – START AT INTRO_CB]
[PD NOTE: SENT EMAIL; REFERRED TO R.]

INTRO_CB.

Hello, may I speak to [INSERT NAME]? My name is [INTERVIEWER NAME] and I'm calling from Abt Associates, a public policy research firm.

1	YES, SPEAKING WITH R	[GO TO INTRO_CB2]
2	YES, R COMES TO PHONE	[GO TO INTRO_CB2]
3	NO, NOT AVAILABLE	[SCHEDULE CB]
4	NO, NO SUCH PERSON	[WRONG NUMBER]
9	DK/REF (VOL)	[THANK AND END, SOFT REFUSAL]

INTRO_CB2.

[IF INTRO_CB=2: Hello my name is [INTERVIEWER NAME] and I'm calling from Abt Associates, a public policy research firm.] We recently sent you a letter from Chief Evaluation Officer, Molly Irwin, regarding a study we are conducting for the U.S. Department of Labor. We may have emailed you this letter. It included a link to the online survey and a unique PIN.

[IF NECESSARY: We received your name as the person to contact for this study from [S8A].]

Do you remember receiving this letter?

1	YES	[GO TO INTRO2B]
2	NO/DK/REF	[GO TO INTRO2]
3.	(VOL) Will complete/Already completed on web	[SCHEDULE CALLBACK FOR 1 WEEK – START AT NC1]

INTRO2. Would you like another copy sent to you?

1	YES	[GO TO RESEND]
2	NO	[GO TO INTRO2B]
3	SOFT REFUSAL	
4	HARD REFUSAL	

RESEND. How would you like this re-sent: by mail or email?

1	MAIL	[INSERT S6 ADDRESS AND CONFIRM WITH RESPONDENT]
2	EMAIL	[GO TO S10]
3	FAX (VOL)	[COLLECT FAX NUMBER AND CONFIRM WITH RESPONDENT]

[We will send the study information. Those are all the questions I have for now, thank you. DISPO AS CALLBACK – RESEND; SCHEDULE CALLBACK FOR 1 WEEK – START AT NC1]

[IF INTRO_CB2=3, OR IF RESEND=1-3, OR IF INTRO2B=5, IF INTRO3=5, OR IF START1=5 THEN – START CB AT NC1.]

NC1.

Hello, may I speak to [INSERT NAME]? My name is [INTERVIEWER NAME] and I'm calling from Abt Associates, a public policy research firm.

- | | | |
|---|-----------------------|-------------------------------|
| 1 | YES, SPEAKING WITH R | [GO TO NC2] |
| 2 | YES, R COMES TO PHONE | [GO TO NC2] |
| 3 | NO, NOT AVAILABLE | [SCHEDULE CB] |
| 4 | NO, NO SUCH PERSON | [WRONG NUMBER] |
| 9 | DK/REF (VOL) | [THANK AND END, SOFT REFUSAL] |

NC2.

[IF NC1=2: Hello my name is [INTERVIEWER NAME] and I'm calling from Abt Associates, a public policy research firm.] We recently sent you a letter from Chief Evaluation Officer, Molly Irwin, regarding a study we are conducting for the U.S. Department of Labor. We may have emailed you this letter. It included a link to the online survey and a unique PIN. According to our records you have not completed the survey.

[GO TO INTRO2B]

INTRO2B. I can take you through the survey now.

- | | | |
|----|--|---------------------|
| 1 | YES | [GO TO INTRO3] |
| 2 | NO | [SCHEDULE CALLBACK] |
| 3 | SOFT REFUSAL | |
| 4 | HARD REFUSAL | |
| 5. | (VOL) Will complete/Already completed on web [SCHEDULE CALLBACK FOR 1 WEEK – START AT NC1] | |

INTRO3. Let's get started.

- | | | |
|----|---|---------------------|
| 1 | YES | [GO TO START1] |
| 2 | NO | [SCHEDULE CALLBACK] |
| 3 | SOFT REFUSAL | |
| 4 | HARD REFUSAL | |
| 5. | (VOL) Will complete/Already completed on web [SCHEDULE CALLBACK FOR 1 WEEK, START AT NC1] | |

START1.

Please bear with me on the details of this study. I am required to give this information to all study respondents.

Your participation in this study will help the Department of Labor calculate national estimates. 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. [IF NECESSARY: Wide dissemination of data facilitates our understanding of the FMLA and its impacts on employers; it enables researchers and policy makers to further the national policy discussion, and it helps ordinary citizens learn about the issues American employers face.]

[IF S5=2 DO NOT DISPLAY: The survey should take about 25 minutes to complete, depending on your answers.] 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 minimal potential risk of loss of privacy in this study. No information tied specifically to your organization will be shared or released in any form.

Let's begin.

- 1 CONTINUE [GO TO START2]
- 2 CALLBACK
- 3 SOFT REFUSAL
- 4 HARD REFUSAL
- 5 (VOL) ALREADY COMPLETED WEB SURVEY [SET UP CALLBACK FOR 1 WEEK – START AT NC1]
- 6 (VOL) PREFERS TO COMPLETE ON WEB [GO TO START1A]

START1A. Let me send you the web link and your PIN.

- 1 CONTINUE [UPDATE S5 TO 1, GO TO EMAILYN AFTER S6]

START2.

So that we can collect the most accurate data possible, we'd like you to consult HR records, if necessary. These would include the number of full- and part-time employees at your organization, leave-taking activity, and company policies regarding time off for family and medical leave. Do you have access to that information now?

[INTERVIEWER: I can wait while you locate your records. IF NECESSARY: We can schedule a better time to call back.]

- 1 YES, RESP HAS RECORDS / HOLD WHILE RESP. LOCATES RECORDS [GO TO START3]
- 2 RESP. DOES NOT NEED TO CONSULT RECORDS [GO TO START3]
- 3 RESP. DOES NOT HAVE RECORDS ON HAND [SCHEDULE CALLBACK]

START3. Please allow me a moment to bring up your survey.

[DISPLAY RESP KEY # (PIN)]

[DISPLAY "S8 COMPLETED BY: (EITHER R OR GATEKEEPER)"]

IF S1=4 OR S2=HAS DATA (NOT REF) THEN DISPLAY: GATEKEEPER

ELSE, DISPLAY: RESPONDENT]

INTERVIEWER: GO TO www.opinionport.com/fmlacati AND ENTER KEY TO BEGIN SURVEY. STAY ON THIS SCREEN UNTIL DONE WITH WEB SURVEY.

*******IMPORTANT:** DO NOT USE THE STOP MENU TO DISPO CALL*****

PRESS 1 TO CONTINUE.

END.

INTERVIEWER RECORD STATUS OF WEB SURVEY.

- 1 COMPLETE [END]
- 2 PARTIAL - CALLBACK AT SAME NUMBER
- 3 PARTIAL - CALLBACK AT DIFFERENT NUMBER [GO TO UP1]
- 4 PARTIAL - SOFT REFUSAL
- 5 PARTIAL - HARD REFUSAL
- 6 SCREENOUT Q1.1 = 1
- 7 SCREENOUT Q2.1 = 1

[CATI- ADD ECHO HERE]

[CATI: If END = 2 or 3, unset START2, and END and start callback at START2]

UP1. [INTERVIEWER: UPDATE PHONE NUMBER]

UP2. Is that a landline or cell phone?

- 1 Landline
- 2 Cell phone

[LEAVE VM ON FIRST AND THIRD ATTEMPTS]

VOICEMAIL SCRIPT.

Hello, my name is [INTERVIEWER], and I'm calling from Abt Associates, a public policy research firm, on behalf of the U.S. Department of Labor. We are conducting an important nationwide study regarding businesses' leave policies and would like to include your company in this important study. We will call back within the next day or two. If you would like to reach us to complete the survey, you can call our toll-free number, 1-800-244-4135, and reference study number 30557 and your unique PIN [READ RESP KEY #]. Thank you.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The time required to complete this collection of information is estimated to average 4 minutes, including the time to review instructions, gather the data needed and complete and review the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Christina Yancey at 202-693-5910 or Yancey.Christina.L@DOL.gov and reference the OMB Control Number 1290-XXXX.