2017 FAMILY AND MEDICAL LEAVE ACT (FMLA) SURVEY

EMPLOYER/WORKSITE EXTENDED INTERVIEW

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 S IS INCLUDED IN THE SURVEY SCREENER INSTRUMENT.

[PROGRAMMER: DO NOT DISPLAY QUESTION NUMBERS (INTRO1, INTRO1.1, ETC.) ON SCREEN]

INTRO1.
[CENTERED] Thank you for participating in this important research study!

This study asks about your organization's policies with regard to employees taking leave for family and medical reasons, and your employees' use of this leave. Some questions ask about the Family and Medical Leave Act, also referred to as FMLA. 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 policy makers to further the national policy discussion, and it helps ordinary citizens learn about the issues facing their employers. [HYPERLINK "public-use data set", "FMLA" IN THREE PLACES]

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. The Department of Labor (DOL) could not conduct this survey without the Office of Management and Budget approval. DOL received such approval under OMB control #XXXX, which expires on XX/XX/XXXX. No information tied specifically to your organization will be shared or released in any form. The survey should take about 25 minutes depending on your answers. We have provided definitions for terms used throughout the survey, which you may consult by clicking on terms highlighted in blue, underlined font. Doing so will open a new window containing the definitions, which you may consult for the duration of the survey.
[HYPERLINK "definitions" – SEE DEFINITIONS BELOW]

If you have any questions while completing the survey, please contact the study hotline at 1-888-999-2750 or by email, FMLAsurvey@abtassoc.com. We ask that you complete your survey no later than INSERT NEW DATE HERE.

[THE FOLLOWING DEFINITIONS SHOULD BE DISPLAYED IN EVERY HYPERLINK, IN ALPHABETICAL ORDER:
Care of a military service member
The employee could be the service member's spouse, son, daughter, or parent or next of kin.

Complete and sufficient
A certification is considered incomplete if the employer receives a certification, but one or more of the applicable entries have not been completed. A certification is considered insufficient if the employer receives a complete certification, but the information provided is vague, ambiguous, or non-responsive.

Eldercare
Eldercare is care provided for individuals who are aged 65 years or older with age-related physical or mental impairments, not related to a serious health condition.

Elderly
Elderly refers to a person aged 65 years or older.

Complete and sufficient
A certification is considered incomplete if the employer receives a certification, but one or more of the applicable entries have not been completed. A certification is considered insufficient if the employer receives a complete certification, but the information provided is vague, ambiguous, or non-responsive.

(FMLA) Eligible employee
An employee that worked for your organization for at least 12 months, works at a location where 50 employees are employed at the location or within 75 miles, and had at least 1,250 hours of service in the 12 months prior to the needed leave.

Entire time allotment
We mean the total amount of time provided for by the Federal Family and Medical Leave Act for protected leave reasons. In general, the FMLA provides up to 12 weeks of leave in a 12-month leave year for the birth or placement of a child, the employee's own or a qualifying family members' serious health condition and for qualifying exigencies arising from a parent, spouse, or child's covered active duty in the military. The FMLA also provides up to 26 weeks in a single 12-month period for military caregiver leave. State laws may provide additional time.

Federal Family and Medical Leave Act (FMLA)
The act gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons such as: to care for their own or family members' serious health condition or pregnancy; for the birth of a child; for the placement of a child for adoption or foster care; to care for a newborn, or newly adopted or newly placed foster child; and to care for a covered service member, with a serious injury or illness and for qualifying reasons arising while the employee's spouse, son, daughter, or parent is on covered active duty or call to covered active duty (or has been notified of an impending call or order to covered active duty).

Flex time
By "flex time" we mean a flexible work schedule which allows workers to choose when they work, as long as they meet their total expected work hours.

Intermittent leave
Intermittent leave means leave taken in separate periods of time due to a single illness or injury, rather than for one continuous period of time, and may include leave of periods from an hour or more to several weeks.

Paid time off or PTO
Instead of designating employee paid time off as vacation, sick leave and such, many employers lump it all together and simply call it "paid time off" or PTO for short. PTO provides a "pool" of hours that an employee can draw from to take time off from work, without having to specify a reason.

Public-Use data set
A public-use data set is a file with data from the survey that will be posted by the Department of Labor on their web site or other data repository. Several measures are employed to ensure privacy of the

study participants. No personal names or company names or addresses will be present in the data. Other information, such as geographic information, will be suppressed. Other potentially identifying information, such as company size and industry type will be suppressed or re-categorized into broader groups so as to make identification of any individual respondent impossible.

Qualifying exigency leave

FMLA entitles eligible employees who work for covered employers to take up to 12 work weeks of unpaid, job-protected leave in a 12-month period for a "qualifying exigency" arising out of the foreign deployment of the employee's spouse, son, daughter, or parent. If the military member is on covered active duty, the employee may take FMLA leave for the following qualifying exigencies: short notice deployment, military events and related activities, childcare and related activities, care of the military member's parent, financial and legal arrangements, counseling, rest and recuperation, and post-deployment activities.

Serious health condition

Is a condition that:
-    Lasted more than three days and required treatment by a health care provider OR
-    A condition that required an overnight stay in a hospital, hospice, or residential medical care facility 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
-    A condition that requires treatments to keep from becoming incapacitated.

Third party for processing FMLA requests

A third party for processing FMLA requests is a company that is hired to administer the requests for FMLA.]

INTRO1.1.

A few instructions before you begin…
▪   If you need to exit this survey for any reason, you may return by clicking the unique link we sent or by logging in with your same PIN, and continue the survey from the point at which you left off. If you need to go back to change an answer use the "LAST" button on the bottom of the screen. Do not use your browser's back button.
▪   TO LEAVE A QUESTION BLANK, because for example you don't know the answer or the question is not applicable, you may select "NEXT" to move forward without selecting a response. If you would like to un-select a response to leave a question blank, you may choose the "Clear my response" option to remove your response and continue the survey.

[VERIFICATION QUESTIONS FOR THE WEB SURVEY:]

V1A.   Is this [INSERT BUSINESS NAME FROM SAMPLE]?

        1   YES   [GO TO V2]
        2   NO   [SCREEN OUT]

V2.   Are you the person responsible for administering leave internally at your organization? 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. Are you that person?

       1   YES   [GO TO V3]
       2   NO   [GO TO V4]

V3.   Please confirm your name.

              Name: [INSERT NAME FROM SAMPLE]

              1 CONFIRM [GO TO V5]
              2 UPDATE [GO TO V4]

V4.   Please provide the name and email of the person responsible for administering leave internally.

              Name:
              Title:
              Email:
              [SCREENOUT]

V5.   Is this business considered to be any of the following: a public school, a public university, a post office, or a government organization at the federal, state, or local level?

       1   YES, PUBLIC SCHOOL   [END – S/O]
       2   YES, PUBLIC UNIVERSITY   [END – S/O]
       3   YES, POST OFFICE   [END – S/O]
       4   YES, GOVERNMENT ORGANIZATION [END – S/O]
       5   NO/NONE OF THE ABOVE   [GO TO INTRO1.2]

[PROGRAMMING: IF "NEXT" IS SELECTED WITHOUT A RESPONSE, RESPONDENTS SHOULD BE PROMPTED TO ANSWER. ON SECOND ATTEMPT TO GO FORWARD WITHOUT RESPONSE, ALLOW NO ANSWER AND CODE REFUSED.]

INTRO1.2.

To speed up the survey process, please have the following information available 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 a twelve month period since January 1, 2016, that is most convenient to you.

[BOLD->] Information About Your Business [<-BOLD]
- 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 represented by a union.
- The number of employees who worked at least 1,250 hours for your organization in the past 12 months.

[BOLD->] Information About Employees Taking Leave For Family Or Medical Reasons [<-BOLD]
- 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 three 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 three days for serious medical reasons during your designated 12-month reporting period, but whom have NOT returned to work for you.

[VERSION 2 (CATI) – BEGIN WITH QR]

QR.   INTERVIEWER ENTER, WHO COMPLETED S8 IN SCREENER?

        1   GATEKEEPER
        2   RESPONDENT

QTime. The survey contains several questions that require information over a 12-month period. You may provide this information for any 12-month period between January 2016~~71~~ and now that is most convenient to you.   Please select the 12-month reporting period for this survey.

        1   January 2016 to December 2016
        2   February 2016 to January 2017
        3   March 2016 to February 2017
        4   April 2016 to March 2017
        5   May 2016 to April 2017
        6   June 2016 to May 2017

        [PROGRAMMING – WE WILL ADD OPTIONS 3-6 EACH MONTH AS THEY APPLY]

        [12-MONTH FILL= [QTIME]

        REMINDER AFTER QTIME= "Reminder: Please answer all questions using data from the 12-month reporting period you specified earlier, [QTIME]."
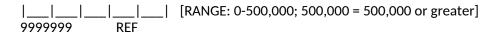
        IF QTIME = REF, THEN 12-MONTH FILL= "during your 12-month reporting period" AND REMINDER AFTER QTIME= "Reminder: ...using data from your company's 12-month reporting period."]

BACKGROUND INFORMATION ABOUT THE ESTABLISHMENT'S EMPLOYEES

Q1. First, we would like some general information that describes your organization as a whole. How many employees are currently on the payroll? Please include all full-time, part-time, and seasonal or stand-by employees within your firm or organization across all worksites.
[Please think about the entire firm or organization.]
[Please enter zero (0) if the answer is "none".]

|___|___|___|___|___| [RANGE: 0-500,000; 500,000 = 500,000 or greater]
9999999   REF

IF Q1=0 GO TO Q1.1
IF Q1=REF GO TO Q1.2
IF Q1>0 AND NE REF GO TO INTRO2

[PROGRAMMER NOTE: **FOR ALL NUMERIC QUESTIONS-** FORCE A NUMERIC RESPONSE THAT IS WITHIN RANGE BUT ALLOW BLANK TO CONTINUE (DO NOT ALLOW A NUMERIC RESPONSE THAT IS OUT OF RANGE). ERROR MESSAGE SHOULD READ: Please enter a number [less than or equal to [X]]. But if you really don't know the answer or if you'd prefer to skip this question, you can continue by leaving the box blank and clicking 'Next'.]

Q1.1 You have indicated that, including yourself, there are ZERO (0) employees currently on your payroll. Is that correct?

1   YES   GO TO QEND [IF VERSION 2: GO TO QEND THEN
        GO TO SCREENOUT TEXT AT END]
2   NO   GO TO Q1 .2
9   REF   GO TO Q1.2

Q1.2 Can you please provide a range of employees currently on your payroll?
                1   1-10
                2   11-24
                3   25-49
                4   50-99
                5   100-250
                6   251-999
                7   1,000+.
                9   REF

INTRO2.
Most of our questions request information about your work site at its address, for example [LOCATION ADDRESS]. Many companies have branches or offices located outside of the main or headquarter city. Our study has been designed to scientifically select work [BOLD->] sites [<-BOLD], as opposed to entire companies. In order to get the most accurate data possible, we will need you to report on your work

site's address, for example the [LOCATION ADDRESS] location, for most of our questions. Since we will be referring to this location several times throughout the survey, can you please tell me how we should refer to it throughout the survey? For example, do you call it the [INSERT CITY] office, or branch? Or something else?

    1   [INSERT CITY] office
    2   [INSERT CITY] branch
    3   Something else, please specify: _____
    9   REF

[IF INTRO2=3, WORK SITE FILL= TEXT SPECIFIED. IF INTRO2=REF , THEN WORK SITE FILL= "your work site", IF INTRO2=3, force specify response]

Q2. And how many employees report to or receive work from [WORK SITE FILL]?
        [Please think only about this location, not the entire firm or organization. This includes all individuals who receive work assignments from or are based out of this site, including those who may work from home or telecommute.]
        [Please enter zero (0) if the answer is "none".]

        [PROGRAMMING: Q2 SHOULD BE LESS THAN OR EQUAL TO Q1 UNLESS Q1= 0 or REF, THEN RANGE SHOULD BE LESS THAN OR EQUAL TO HIGHER RANGE IN Q1.2. IF Q1.2=REF THEN RANGE=0-500,000.]
        |___|___|___|___|___| [RANGE: 0-Q1 OR 0-HIGHER RANGE Q1.2 OR 0-500,000]
        88888 DK
        99999 REF

        IF Q2=0 GO TO Q2.1
        IF Q2=REF GO TO Q2.2
         IF Q2>0 AND NE REF GO TO PROGRAMMING INSTRUCTION BEFORE Q3

        Q2.1 You have indicated that, including yourself, there are ZERO (0) employees who report to or receive work from [WORK SITE FILL]. Is that correct?

        1   YES   GO TO QEND [IF VERSION 2: GO TO QEND THEN GO TO SCREENOUT TEXT AT END]
        2   NO   GO TO Q2.2
        9   REF   GO TO Q2.2

        Q2.2 Can you please provide a range of employees who report to or receive work from this location?

            [RANGE: 0-Q1 OR 0-HIGHER RANGE Q1.2 OR 0-500,000]

          1   1-10
          2   11-24
          3   25-49
          4   50-99
          5   100-250
          6   251-999
          7   1,000+.

<pre>   9   REF</pre>

> **(IF Q2=1-49) OR (IF Q2 = 0 or REF AND Q2.2<4) ASK Q3 ELSE SKIP TO Q4**

Q3. Including the employees at this site, what is the TOTAL number of employees who report to or receive work at sites within 75 miles of this location?
[This includes employees who work from home if the worksite to which they report or from which their work is assigned is within the 75 mile limit.]

[PROGRAMMING: Q3 SHOULD BE GREATER THAN OR EQUAL TO Q2 UNLESS Q2=0 or REF, THEN MIN RANGE=LOWER RANGE IN Q2.2. IF Q2.2=REF THEN MIN RANGE=0]

|___|___|___|___|___| [RANGE: Q2-10,000 OR LOWER RANGE Q2.2-10,000 OR 0-10,000]
99999   REF

IF Q3=REF GO TO Q3.1
IF Q3>0 AND NE REF GO TO Q4

Q3.1 Can you please provide a RANGE of employees who report to or receive work at sites within 75 miles of this location?

[RANGE: Q2-10,000 OR LOWER RANGE Q2.2-10,000 OR 0-10,000]

<pre>
1   1-10
2   11-24
3   25-49
4   50-99
5   100-250
6   251-999
7   1,000+.
9   REF
</pre>

Q4. Just to confirm, we have your organization's main activity described as [INSERT INDUSTRY DESCRIPTION FROM SAMPLE]; is that correct?

<pre>
1   YES   [GO TO Q6]
2   NO   [GO TO Q5]
8   DK   [GO TO Q5]
9   REF   [GO TO Q5]
</pre>

Q5. How would you describe your company's main activity? [RECORD VERBATIM]

Q6. How many of your employees at [WORK SITE FILL] are represented by a union?
[Please enter zero (0) if the answer is "none".]

1   NUMBER   [Q6 SHOULD BE LESS THAN OR EQUAL TO Q2 UNLESS Q2 = 0 or REF, THEN MAX RANGE=HIGHER RANGE Q2.2. IF Q2.2=REF THEN RANGE=0-10,000.]
2   PERCENT
8   DK
9   REF

|___|___|___|___|___|___| [RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2 OR 0-10,000]
|___|___|___| PERCENT
88888 DK
99999 REF

[PROGRAMMING: IF Q6=0 or REF ASK Q6a]
Q6a. Across all sites in your organization, are any employees represented by a union?

1   Yes
2   No
9   REF

Q7. How many of your employees at [FILL WORKSITE] are female?
[Your best estimate is fine.]
[Please enter zero (0) if the answer is "none".]

1   NUMBER   [Q7 SHOULD BE LESS THAN OR EQUAL TO Q2 UNLESS Q2= 0 or REF, THEN MAX RANGE=HIGHER RANGE Q2.2. IF Q2.2=REF THEN RANGE=0-10,000.]
2   PERCENT
8   DK
9   REF

|___|___|___|___|___|___| [RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2 OR 0-10,000]
|___|___|___| PERCENT
88888 DK
99999 REF

Q8. How many of your employees at [WORK SITE FILL] have been working at your organization for at least one year?
[Please enter zero (0) if the answer is "none".]

1   NUMBER   [Q8 SHOULD BE LESS THAN OR EQUAL TO Q2 UNLESS Q2 = 0 or REF, THEN MAX RANGE=HIGHER RANGE Q2.2. IF Q2.2=REF THEN RANGE=0-10,000.]
2   PERCENT
8   DK
9   REF

|___|___|___|___|___|___| [RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2 OR 0-10,000]
|___|___|___| PERCENT
88888 DK
99999 REF

[PROGRAMMING: DISPLAY Q9 ON SAME SCREEN AS Q8; IT SHOULD APPEAR ON SCREEN ONLY *AFTER* Q8 RESPONSE IS SUBMITTED. IF Q8=0 FOR EITHER NUMBER OR PERCENT, SKIP TO Q10 (DO NOT DISPLAY Q9). IF Q8>0 OR REF, DISPLAY Q9.]

Q9. Of the employees working there at least a year, how many worked at least 1,250 hours for your organization in the past year?
[Please enter zero (0) if the answer is "none".]

     1   NUMBER   [Q9 SHOULD BE LESS THAN OR EQUAL TO Q8 UNLESS REF, THEN RANGE Q9 SHOULD BE LESS THAN OR EQUAL TO Q2 UNLESS Q2 = 0 or REF, THEN MAX RANGE=HIGHER RANGE Q2.2. IF Q2.2=REF THEN RANGE=0-10,000.]
     2   PERCENT
     8   DK
     9   REF

|___|___|___|___|___|___| [RANGE: 0-Q8 OR 0-10,000]
|___|___|___| PERCENT   [RANGE: 0-100]
88888 DK
99999 REF

Q10. Does your firm have worksites WITH MORE THAN 50 EMPLOYEES in multiple states?

     1   Yes
     2   No
     9   REF

Q11. How many employees are provided with each of the following types of leaves? How many are provided...?

[INSERT GRID – ROWS]
A. Paid sick leave
B. Paid disability leave
C. Paid vacation
D. Paid maternity leave
E. Paid paternity leave
F. Paid leave for another family member's illness or medical care
G. Paid leave for eldercare? [HYPERLINK "eldercare"]
H. Flex time [HYPERLINK "Flex time"]
I. Any other paid time off, excluding paid holidays

[COLUMNS – ALLOW ONE PER ROW]

[IF SAMP1=1 THEN SHOW THESE OPTIONS]
1   All
2   Most-(half or more)
3   Some (less than half)
4   None
9   REF

[IF SAMP1=2 THEN SHOW THESE OPTIONS]
1   All

2   Half or more
3   Less than half
4   None
9   REF

Q11.1. [ASK Q11.1 IF Q11A AND C= 2/3/4/9] How many employees are provided paid time off or PTO? [HYPERLINK "paid time off or PTO"]

[IF SAMP1=1 THEN SHOW THESE OPTIONS]
1   All
2   Most (half or more)
3   Some (less than half)
4   None
9   REF

[IF SAMP1=2 THEN SHOW THESE OPTIONS]
1   All
2   Half or more
3   Less than half
4   None
9   REF

[ASK Q11.2 FOR EACH Q11 A-I and Q11.1 IF Q11_A-I= 2 OR 3 OR Q11.1=2 OR 3]

Q11.2   Do you provide [UNDERLINE->][this type of leave] [<-UNDERLINE] for any staff who have worked at your company for a pre-established length of time?

1   Yes
2   No   [GO TO Q11.3]
9   REF

Q11.3   In your entire organization, among staff who have worked here long enough, what type(s) of employees do you consider to be eligible for [UNDERLINE->][this type of leave][<-UNDERLINE]? SELECT ALL THAT APPLY.
[PROGRAMMER: DISPLAY "SELECT ALL THAT APPLY" IN SMALLER BLUE FONT BELOW QUESTION TEXT BOX, IN ALL INSTANCES.]

1   Senior managers/professional staff
2   Hourly staff
3   Part-time staff
4   None of these [NOT ALLOWED WITH OTHER RESPONSES]
9   REF

[GO BACK TO Q11.2 FOR NEXT TYPE OF LEAVE (Q11_A-I=2 OR 3). IF NO OTHERS, CONTINUE TO Q14.]

Q14.   Do you have any workers at this worksite who are paid hourly?

<pre>
1   Yes   [GO TO Q14A]
2   No
8   DK
9   REF
</pre>

Q14A. How many of your hourly workers earn an hourly wage below $15.00 per hour?

<pre>
        [IF SAMP1=1 THEN SHOW THESE OPTIONS]
        1   All
        2   Most (half or more)
        3   Some (less than half)
        4   None
        9   REF

        [IF SAMP1=2 THEN SHOW THESE OPTIONS]
        1   All
        2   Half or more
        3   Less than half
        4   None
        9   REF
</pre>

Q15. Does your company policy use a point or demerit system that tracks an employee's absences?

<pre>
        1   Yes for all employees
        2   Yes for some employees [GO TO Q15_A]
        3   No
        4   Depends on circumstances
        9   REF
</pre>

Q15A. For what types of employees does your company policy use a point or demerit system to track absences? Does your company use this system to track absences for...? SELECT ALL THAT APPLY.

<pre>
        1   Hourly workers
        2   Part-time workers (less than 20 hours per week)
        3   Senior managers/professional staff
</pre>

Q16. For employees at this location, please indicate whether this site's policies allow for family or medical leave for the following reasons:

[INSERT GRID – ROWS]
A. For the care of a newborn
B. For an adoption or foster care placement
C. For an employee's own serious health condition (not including pregnancy-related health reasons) [HYPERLINK "serious health condition"]
D. For a pregnancy-related health reason
E. For the care of a child with a serious health condition [HYPERLINK "serious health condition"]

F.   For the care of a spouse or parent with a serious health condition [HYPERLINK "serious health condition"]
G.   For the eldercare of a parent or spouse [HYPERLINK "eldercare"]
H.   For the care of a military service member with a serious injury or illness or a qualifying exigency while the employee's spouse, son, daughter, or parent is on covered active duty or call to covered active duty status [HYPERLINK "care of a military service member," "qualifying exigency"]

    [COLUMNS – ALLOW ONE PER ROW]
    1   Yes
    2   No
    3   Depends on circumstances
    9   REF

[IF Q16A/B/E= 1 or 3 GO TO Q16x_1
IF Q16A/B/E NE 1 or 3 AND Q16C/D/F/G/H= 1 or 3 GO TO Q16x_2
IF ALL Q16A-H= 2 or9, GO TO Q17]

[ASK IF Q16A/B/E = 1 or 3]
[SHOW Q16X_1 ON ONE PAGE]
Q16x_1. Does this site's leave policies for these types of leave cover guardians and caregivers of a child regardless of their legal or biological relationship to that child?

    [GRID: ROWS]
    [IF Q16A=1 OR 3, INSERT Q16A
    IF Q16B= 1 OR 3, INSERT Q16B
    IF Q16E= 1 OR 3, INSERT Q16E]

    [COLUMNS]
    1   Yes
    2   No
    9   REF

[SHOW Q16X_2-5 ON ONE PAGE]
Q16x_2. How much notification is needed for foreseeable absences? [If it differs by type of leave, what is the MAXIMUM notification needed?] Please respond in hours OR days OR weeks. [Enter zero (0) if the answer is "none".]

    1   Hours [RANGE: 0 – 24]
    2   Days [RANGE: 0 – 180]
    3   Weeks [RANGE: 0 – 52]
    9   REF

Q16x_3. Does this site have a WRITTEN policy for taking family and medical leave?

    1   Yes
    2   No
    9   REF

Q16x_4. What is the MINIMUM time increment employees are permitted to take for these types of leave? Please respond in minutes OR hours OR days.
[Enter zero (0) if the answer is "none".]

1 Minutes [RANGE: 0 – 59]
2 Hours [RANGE: 0 – 24]
3 Days   [RANGE: 0 – 100]
9 REF

Q16x_5. Does this site provide full or partial pay during these types of leave? [We are only interested in wages provided by the employer, not any state assistance that may be provided.]

1 Yes, full
2 Yes, partial
3 No paid leave offered
4 Other, please specify _____ [DO NOT FORCE RESPONSE, HOWEVER DO FORCE SPECIFY IF RESPONSE IS SELECTED]
9 REF

Q17. In 1993, the Federal Family and Medical Leave Act, or FMLA was passed. It gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons. Does the FMLA apply to [WORK SITE FILL], does it not apply, or are you not sure if it applies? [HYPERLINK "Family and Medical Leave Act"]

1 Applies
2 Does not apply   [GO TO Q57]
3 Not sure   [GO TO Q57]
9 REF   [GO TO Q57]

USE OF FAMILY AND MEDICAL LEAVE BY EMPLOYEES AT THIS COVERED LOCATION

[IF QR=2 RESPONDENT THEN ASK Q18, ELSE GO TO Q19. ASK Q18 OF ALL WEB RESPONDENTS.]
Q18. Does your company process requests for FMLA internally, or do you utilize a third party for this?
[HYPERLINK "FMLA", "third party"]

      1   Internally
      2   Outsource to a third party
      3   Other
      9   REF

Q19. [IF Q2.2=REF, SKIP TO Q19.1:] At the beginning, you told us that [WORK SITE FILL] has a total of [INSERT # OF EMPLOYEES FROM Q2 UNLESS Q2 = zero or REF then insert RANGE FROM Q2.2] employees. [From [FILL 12-MONTH PERIOD HERE]], how many of those employees took leave that you classified as being under FMLA? [HYPERLINK "FMLA"]
[Please enter zero (0) if the answer is "none".]

[Q19 MUST BE LESS THAN OR EQUAL TO Q2 UNLESS Q2= 0 or REF THEN MUST BE LESS THAN OR EQUAL TO HIGHER RANGE FROM Q2.2]
      |___|___|___|___|___| [RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2]
      99999   REF

Q19.1. [From [FILL 12-MONTH PERIOD HERE]], how many employees took leave that you classified as being under FMLA? [HYPERLINK "FMLA"]
[Please enter zero (0) if the answer is "none".]

      |___|___|___|___|___| [RANGE: 0-10,000]
      99999   REF

IF [Q19=0 OR REF] OR [Q19.1=0 OR REF] SKIP TO Q27,
ELSE IF [Q19>0 OR Q19.1>0], GO TO Q20

Q20. We just asked you about the total number of EMPLOYEES that have taken leave [from [INSERT 12-MONTH REFERENCE PERIOD]]. Of the [FILL NUMBER FROM Q19] employees who took leave, how many total LEAVES did they take in this same time period? A leave is time taken off for a single reason; this time could be taken all at once or intermittently over time. [HYPERLINK "intermittent"]
[For example, one employee could take multiple leaves, such as one for their own surgery and another to care for a sick spouse. This would count as two leaves.]

[Q20 MUST BE GREATER THAN OR EQUAL TO Q19 OR Q19.1]
      |___|___|___|___|___| [RANGE: Q19/Q19.1-10,000]
      99999   REF

Q21. How many of the [FILL IN FROM Q19 OR Q19.1] employees took their leave on an intermittent basis? By intermittent, we mean taking leave a few hours or days at a time, on multiple occasions, but for the same reason. [HYPERLINK "intermittent" IN BOTH PLACES]
[Please enter zero (0) if the answer is "none".]

[Q21 SHOULD BE LESS THAN OR EQUAL TO Q19 OR Q19.1]
|___|___|___|___|___| [RANGE: 0-Q19/Q19.1]
99999   REF

[IF Q21=0 OR REF, SKIP TO Q22]
 Q21a. How would you evaluate the ease or difficulty of administering intermittent leaves? Would you say administering intermittent leaves is...? [HYPERLINK "intermittent leaves"]

1   Very easy
2   Somewhat easy
3   Neither easy or difficult
4   Somewhat difficult
5   Very difficult
9   REF

[DO NOT DISPLAY QTIME REMINDER]
Q21b. Of the [FILL IN FROM Q20] FMLA granted LEAVE(S) taken during the last 12 months, what percent would you estimate were taken on an intermittent basis? [HYPERLINK "FMLA", "intermittent"]

1   None
2   1-5%
3   6-10%
4   11-15%
5   16-20%
6   21 to 50%
7   More than 50%
9   REF

Q22. What is your policy on intermittent leave for shift workers; do you permit the employee to rejoin mid-shift or do you require the employee to take the entire shift as leave? [HYPERLINK "intermittent leave"]

1   Rejoin mid-shift
2   Require entire shift as leave
3   Depends on supervisor
4   This organization does not have shift workers
9   REF

Q23. Did any of the [INSERT # OF EMPLOYEES FROM Q19 OR Q19.1] employees at [WORK SITE FILL] take leave under FMLA from [INSERT 12-MONTH REFERENCE PERIOD]and then choose NOT to return to work for you? [HYPERLINK "FMLA"]

1   Yes   [GO TO Q24]
2   No   [SKIP TO Q25]

9   REF   [SKIP TO Q25]

Q24. How many employees chose not to return?
[Please enter zero (0) if the answer is "none".]

       1   NUMBER   [Q24 SHOULD BE LESS THAN OR EQUAL TO Q19 OR Q19.1]
       2   PERCENT
       |___|___|___|___|___| [RANGE: 0-Q19/Q19.1]
       |___|___|___| PERCENT
       99999 REF

Q25. About how many leaves taken under FMLA are given with notice from the employee
       that is consistent with your company's policies? [HYPERLINK "FMLA"]

       [IF SAMP1=1 THEN SHOW THESE OPTIONS]
       1   All
       2   Most (half or more)
       3   Some (less than half)
       4   None
       9   REF

       [IF SAMP1=2 THEN SHOW THESE OPTIONS]
       1   All
       2   Half or more
       3   Less than half
       4   None
       9   REF

Q26. How many medical certifications for FMLA leave did you accept as complete and
       sufficient [from [12-MONTH REFERENCE PERIOD]] at this location? [HYPERLINK
       "complete and sufficient"]

       |___|___|___|___|___| [RANGE 0 – 10,000]
       99999 REF

Q26a. How many medical certifications for FMLA leave were returned to the employee to provide
       additional information [from [12-MONTH REFERENCE PERIOD]] at this location?

       |___|___|___|___|___| [RANGE 0 – 10,000]
       99999 REF

IMPLEMENTATION OF FMLA – COVERED WORKSITES

Q27 INTRO. Now we would like to ask you about implementing FMLA. Let's start with denial of FMLA leave.

Q27. How many FMLA leave applications were denied [from [INSERT 12-MONTH REFERENCE PERIOD]] for ANY reason? [HYPERLINK "FMLA"]

    [IF SAMP1=1 THEN SHOW THESE OPTIONS]
    1   All
    2   Most (half or more)
    3   Some (less than half)
    4   None
    9   REF

    [IF SAMP1=2 THEN SHOW THESE OPTIONS]
    1   All
    2   Half or more
    3   Less than half
    4   None
    9   REF

> **IF Q27 = 4/9, SKIP TO Q34,**
> **ELSE IF Q27 <4, GO TO Q28**

Q28. [From [INSERT 12-MONTH REFERENCE PERIOD]], Were any eligible employees at [WORK SITE FILL] denied family and medical leave because… [HYPERLINK "eligible employees"; "entire time allotment"; "FMLA"]

    ROWS

    A. They used their entire time allotment covered by FMLA

    B. The employee's care recipient was not a qualifying family member under the FMLA

    C. Because the medical condition did not meet the criteria for a serious health condition under the FMLA

    D. They did not meet your organization's notice requirements

    COLUMNS
    1   Yes
    2   No
    9   REF

Q34 INTRO. Now we have a few questions about conditions for taking leave and for returning to work.

Q34. How often do you require medical certification for employees that request FMLA leave? [HYPERLINK "FMLA"]

1	Always	[GO TO Q35]
2	Often	[GO TO Q34A]
3	Half the time	[GO TO Q34A]
4	Rarely	[GO TO Q34A]
5	Never	[GO TO INTRO BEFORE Q40]
9	REF	

Q34A. Which aspects of employee FMLA leave requests generate the need for medical certification?
SELECT ALL THAT APPLY.

1 Length of time for which leave was requested
2 Nature of the medical condition for which leave is requested
3 Supervisor request
4 Care is for employee's family member
5 Care is for employee's own serious health condition
6 Other (Specify)_____

Q35. Does your organization contact employees' health care providers as part of the certification process?

1 Yes
2 No
3 Depends
9 REF

Q37. The FMLA generally permits employers to request recertification of long-term serious health conditions. How often do you require recertification? [HYPERLINK "serious health conditions" AND "FMLA"]

1 Less frequently than every 6 months
2 Every 6 months
3 More frequently than every 6 months
5 Never
9 REF

Q39. Does your organization pay for each of the following types of certification visits? Does your organization pay for...?
[INSERT GRID – ROWS]
A. Initial medical certification
B. Recertification
C. Second or third certifications
D. Fitness for duty certification
E. Insufficient certification correction

[COLUMNS]
1 YES

2	NO
9	REF

[ASK Q40 IF Q20>1 AND SHOW Q40 INTRO. IF Q20=1 THEN SKIP TO Q40a AND SHOW Q40 INTRO. IF Q20=0/REF/SKIPPED DUE TO LOGIC THEN SKIP TO Q42 AND SHOW Q40 INTRO.]

Q40 INTRO. The next few questions are about employee misuse of FMLA.

Q40. You told me that approximately [INSERT # FROM Q20] leaves were taken over the 12-month reporting period. How many of these leaves do you suspect were misused? [HYPERLINK "FMLA"]
[Please enter zero (0) if the answer is "none".]

|__|__|__|__| [RANGE: 0 – Q20] [IF 0 SKIP TO Q42, IF >0 GO TO Q41]
99999   REF   [SKIP TO Q42]

[ASK Q40A and Q41 ONLY IF Q20=1, otherwise skip to Q42]
Q40a. You told me that one leave was taken over the 12-month reporting period.
Do you suspect this leave was misused? [HYPERLINK "FMLA"]

1	Yes	
2	No	[SKIP TO Q42]
9	REF	[SKIP TO Q42]

Q41. Why did you suspect this misuse? Did you suspect misuse because...? SELECT ALL THAT APPLY.

[RANDOMIZE LIST]
1   The employee had a predictable leave pattern (around weekends, holidays, days off, etc.)
2   The employee used leave to cover tardiness
3   The employee used common excuses/doubting the reason for leave (migraines, back pain, etc.)
4   You doubted the validity of a certification (heard information to the contrary, seen employee elsewhere performing allegedly restricted activity, etc.)
5   The employee took frequent leave with short or no advance notice provided or intermittent leave in general [HYPERLINK "intermittent leave"]
6   Of past experience with employee (previous attendance problems, suspected of lying, past misuse, etc.)
7   Of some other reason not listed, please specify this reason: _____
9   REF

Q42. Have you ever confirmed an employee's misuse of FMLA AT THIS LOCATION?
[HYPERLINK "FMLA"]

1	Yes	[GO TO Q43]
2	No	[GO TO Q44 INTRO]
9	REF	[GO TO Q44 INTRO]

[ASK Q43 IF Q42=1 ELSE SKIP TO Q44INTRO]

Q43. What disciplinary action was taken for the most recent case of FMLA misuse?
[HYPERLINK "FMLA"]

[INSERT GRID – ROWS –RANDOMIZE]
A.   The absence counted against the employee on your point system
B.   The employee given a verbal warning/disciplinary notice
C.   The employee given a written warning/disciplinary notice
D.   The employee suspended
E.   The employee terminated
F.   Other, please specify _____ [DO NOT FORCE RESPONSE TO F,
HOWEVER DO FORCE SPECIFY IF A RESPONSE IS SELECTED FOR F]

[COLUMNS – ALLOW ONE PER ROW]
1   Yes
2   No
9   REF

Q44 INTRO. Next, we will ask a few additional questions about your organization as a
whole…

Q44. Are employees at [WORK SITE FILL] who are eligible for FMLA leave…? [HYPERLINK
"FMLA"]

[INSERT GRID – ROWS –RANDOMIZE]
A.   Provided with written guidance on how the Act is coordinated with
existing leave and benefits policies?
B.   Provided with written notice of how much of the leave taken was counted
as FMLA leave? [HYPERLINK "FMLA"]
C.   Required to use their paid leave before taking unpaid leave?
D.   Ever offered alternative work arrangements instead of leave?

[COLUMNS – ALLOW ONE PER ROW]
1   Yes
2   No
3   Depends on circumstances
9   REF

Q47. From which of the following sources do you get information on FMLA? Do you get
FMLA information from…? SELECT ALL THAT APPLY.

[RANDOMIZE, ITEM 9 & 10 ALWAYS LAST] [HYPERLINK "FMLA"]
[PUNCH 10, 99 = SINGLE PUNCH]
1   The U.S. Department of Labor
2   The media
3   A trade or business group
4   An attorney or consultant
5   A union
6   Your employees
7   Existing company policies or procedures
8   Third party hired to process FMLA leave requests
9   Some other source
10   Do not use any source

99   REF

Q48. Which of the following methods, if any, do you use to inform employees of their rights under FMLA?   Do you inform them using...? SELECT ALL THAT APPLY.

[RANDOMIZE, ITEM 7&8 ALWAYS LAST] [HYPERLINK "FMLA"]
[PUNCH 8, 99 = SINGLE PUNCH]
1   An employee handbook
2   A notice on bulletin board
3   Memos
4   Computer network, Intranet or Email
5   Oral notification
6   Employee orientation and/or other meetings with employees
7   Some other method_____
8   Do not inform employees of their rights [SKIP TO Q 49]
99   REF

Q48A. When do you notify employees about their rights under the FMLA? Do you notify them...?
[HYPERLINK "FMLA"] SELECT ALL THAT APPLY.

1   When they are first hired
2   Annually
3   As soon as they provide notice of any event for which they may need FMLA-eligible leave
8   DK [SKIP TO Q 49]
99   REF

Q49 INTRO. Now, a few questions on the possible effects of FMLA on your organization.

Q49.   [DO NOT DISPLAY QTIME REMINDER]
Over the years, has complying with the FMLA increased, decreased, or not changed each of the following? Has complying with FMLA increased, decreased, or not changed...? [HYPERLINK "FMLA"]

[INSERT GRID – ROWS –RANDOMIZE, ASK D,E LAST]
A.   Administrative costs
B.   Cost of continuing benefits such as health plans during leave
C.   Hiring/training costs
D.   Other costs, please specify which costs: _____ [DO NOT FORCE RESPONSE TO D, HOWEVER DO FORCE SPECIFY IF A RESPONSE IS SELECTED FOR D]
E.   Any additional other costs, please specify which costs: _____ [DO NOT FORCE RESPONSE TO E, HOWEVER DO FORCE SPECIFY IF A RESPONSE IS SELECTED FOR E]

[COLUMNS – ALLOW ONE PER ROW]
1   Increased
2   Decreased
3   Not changed
9   REF

Q50. How easy or difficult are each of the following activities for your organization?
Would you each activity is very easy, somewhat easy, somewhat difficult, or very difficult to do?

[INSERT GRID – ROWS –RANDOMIZE]
A.   Coordinating your leave and attendance policies with FMLA [HYPERLINK "FMLA"]
B.   Coordinating your leave policies with Americans with Disabilities Act (ADA) requirements
C.   Coordinating your leave policies with state leave policies or laws
D.   Coordinating your leave policies with local (city or county) leave policies or laws
E.   [DISPLAY ITEM E IF (Q6>0 EXCEPT REF) OR (Q6A=1)] Coordinating the FMLA with your Collective Bargaining Agreement
F.   Administering FMLA's notification, designation, and certification requirements [HYPERLINK "FMLA"]
G.   Determining if a health condition is a serious health condition under FMLA [HYPERLINK "serious health condition" AND "FMLA"]

[COLUMNS – ALLOW ONE PER ROW]
1   Very easy
2   Somewhat easy
3   Somewhat difficult
4   Very difficult
5   Not applicable
9   REF

Q51. The FMLA contains several provisions designed to assist in managing employees' use of FMLA leave. How helpful has each of the following provisions been in administering the FMLA at [WORK SITE FILL]? [HYPERLINK "FMLA"]

[INSERT GRID – ROWS –RANDOMIZE]
A.   The exception for highly paid key employees
B.   Medical certifications for a serious health condition [HYPERLINK "serious health condition"]
C.   Second and third medical opinions
D.   Advance notice of foreseeable leave
E.   Transfer to an alternative position
F.   Medical recertification
G.   The fitness-for-duty certification for employees
E.   Certification of leave for the care of a military service member with a serious illness or injury or for a qualifying exigency while the employee's spouse, son, daughter, or parent is on covered active duty or call to covered active duty status [HYPERLINK "care of a military service member," "qualifying exigency"]

[COLUMNS – ALLOW ONE PER ROW]
1   Very helpful
2   Somewhat helpful
3   Not at all helpful
4   Not applicable
9   REF

Q52. In general, how easy or difficult has it been for this location to comply with FMLA? [HYPERLINK "FMLA"]

[PROGRAMMER: IF SAMP1=1 THEN SHOW 1-5,9 BELOW]
1 Very easy
2 Somewhat easy
3 Somewhat difficult
4 Very difficult
5 Neither easy nor difficult
9 REF

[PROGRAMMER: IF SAMP1=2 THEN SHOW 1-5,9 BELOW, WITH #5 IN THE MIDDLE POSITION]
1 Very easy
2 Somewhat easy
5 Neither easy nor difficult
3 Somewhat difficult
4 Very difficult
9 REF

Q53. Has complying with the federal Family and Medical Leave Act resulted in any cost savings at this location; for example, fewer training costs as a result of reduced employee turnover?-

1 Yes
2 No
9 REF

[ASK Q54-55 IF Q21> 0 AND NOT REF/SKIPPED, ELSE SKIP TO Q56]
Q54. FMLA allows employees to take intermittent leave. Has leave taken on an intermittent basis had an impact, either positive or negative, on this location's productivity? [HYPERLINK "FMLA", "intermittent leave"]

1 Yes [GO TO Q54a]
2 No [SKIP TO Q55]
9 REF [SKIP TO Q55]

[ASK Q54a IF Q54=1]
Q54a. Has this impact on productivity been positive, negative, or both positive and negative?

1 Positive
2 Some positive some negative
3 Negative
9 REF

[ASK Q54b IF Q54=1]
Q54b. Would you say this impact on productivity has been small, moderate or large?

1 Small
2 Moderate

3   Large
9   REF

Q55. Has leave taken on an intermittent basis had an impact, either positive or negative, on this location's profitability? [HYPERLINK "intermittent']

1   Yes   [GO TO Q55a]
2   No   [SKIP TO Q55c]
9   REF   [SKIP TO Q55c]

[ASK Q55A IF Q55=1]
Q55a. Has this impact on profitability been positive, negative, or both positive and negative?

1   Positive
2   Some positive some negative
3   Negative
9   REF

[ASK Q55B IF Q55=1]
Q55b. Would you say this impact on profitability has been small, moderate or large?

1   Small
2   Moderate
3   Large
9   REF

[ASK Q55C IF Q21>0]
Q55c. Has leave taken on an intermittent basis had an impact on this location's overall employee morale? [HYPERLINK "intermittent"]

1. Yes
2. No
3. Refuse

[ASK Q55D IF Q55C=1]
Q55d. Has this impact on overall employee morale been positive, negative, or both positive and negative?

1   Positive
2   Some positive some negative
3   Negative
9   REF

Q56. Thinking about employee productivity, absenteeism, turnover, career advancement and morale, as well as the business' profitability, what effect has complying with FMLA had on this location? [HYPERLINK "FMLA"]

[PROGRAMMER: IF SAMP1=1 THEN SHOW 1-5,9 BELOW]
1   Very positive
2   Somewhat positive
3   Somewhat negative

4   Very negative
5   Neither positive nor negative
9   REF

[PROGRAMMER: IF SAMP1=2 THEN SHOW 1-5,9 BELOW, WITH #5 IN THE MIDDLE POSITION]

1   Very positive
2   Somewhat positive
5   Neither positive nor negative
3   Somewhat negative
4   Very negative
9   REF

FMLA NON-COVERED WORKSITES

[ASK Q57 – 60 IF Q17 = 2, 3, OR REF, ELSE SKIP TO Q61X]

[IF ALL Q16_A-H=2 OR 9 THEN SKIP TO Q58]

[SHOW Q57_1 ON ONE PAGE]
Q57_1. For employees who have worked with your organization for one year, how much TOTAL time does this site allow for leave in a year for each of the following? How much TOTAL time does this site allow…?

ROWS
A. [IF Q16_A=1 OR 3 OR Q16_B=1 OR 3] For the birth of a child, or an adoption or foster placement
B. [IF Q16_C=1 OR 3] For an employee's own serious health condition [HYPERLINK "serious health condition"]
C. [IF Q16_D=1 OR 3] For a pregnancy-related health reason
D. [IF Q16_E=1 OR 3 OR Q16_F=1 OR 3] For the care of a child, spouse, or parent with a serious health condition [HYPERLINK "serious health condition"]
E. [IF Q16_G=1 OR 3] For the care of a parent or spouse who is elderly regardless of any serious health condition [HYPERLINK "elderly"; "serious health condition"]
F. [IF Q16_H=1 OR 3] For the care of a military service member with a serious injury or illness or a qualifying exigency while the employee's spouse, son, daughter, or parent is on covered active duty or call to covered active duty status. [HYPERLINK "care of a military service member," "qualifying exigency"]

Please respond in hours OR days OR weeks OR months.
[Enter zero (0) if the answer is "none".]

COLUMNS
1   Hours [RANGE: 0 – 24]
2   Days [RANGE: 0 – 180]
3   Weeks [RANGE: 0 – 30]
4   Months [RANGE: 0 – 6]
9   REF

[SHOW Q57_2-3 ON NEW PAGE, TOGETHER ON ONE PAGE]
Q57_2. Are the health benefits that an employee receives while employed continued during these types of leave?

1   Yes
2   No
3   No health benefits offered
9   REF

Q57_3. Is there a guarantee of the same or equivalent job upon return from these types of leave?

1   Yes
2   No
9   REF

Q58. [From [INSERT 12-MONTH REFERENCE PERIOD]], how many employees at [WORK
      SITE FILL] have taken leave for family reasons or a serious health condition
      lasting more than three days? [HYPERLINK "serious health condition"]
   [Please enter zero (0) if the answer is "none".]

      [Q58 SHOULD BE LESS THAN OR EQUAL TO Q2 UNLESS Q2=0 or REF THEN SHOULD BE LESS
THAN OR EQUAL TO HIGHER RANGE Q2.2, IF Q2.2=REF THEN RANGE=0-10,000]
      |___|___|___|___|___| [RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2 OR 0-10,000]
      99999 REF

[IF Q58 = 0/REF SKIP TO Q61x ELSE ASK Q59 and Q60]

Q59. How many of these employees took leave to care for a military service member
      with a serious injury or illness because they were the service member's spouse,
      son, daughter, parent or next of kin?
   [Please enter zero (0) if the answer is "none".]

      |___|___|___|___|___| [RANGE: 0-Q58]
      99999 REF

Q60. How many of these employees took leave for a qualifying exigency while the
      employee's spouse, son, daughter, or parent was on covered active duty or call to
      covered active duty status? [HYPERLINK "qualifying exigency"]
   [Please enter zero (0) if the answer is "none".]

      |___|___|___|___|___| [RANGE: 0-Q58]
      99999 REF

Now we'll list some ways that your organization may cover work when employees take leave for a week or longer, for a scheduled DAY or less, and for an unscheduled DAY or less.

Q61X. To cover work when employees take leave, do you ever [A-G]...?

    A.   assign work temporarily to other employees
    B.   hire a temporary replacement
    C.   call in an employee on vacation
    D.   hire a permanent replacement
    E.   put the work on hold until the employee returns from leave
    F.   have the employee perform some work while on leave
    G.   cover work some other way (SPECIFY) _____

        1   Yes
        2   Depends
        3   No
        9   REF (VOL)

    [IF Q61X=1 OR 2, ASK Q61AX RIGHT AFTER, THEN GO BACK TO Q61X FOR THE NEXT ITEM. IF Q61X=3/9, GO TO NEXT ITEM. IF ALL Q61X=3/9, GO TO Q67]

Q61aX. Do you [A-G] when employees take...?

    A.   leave for a week or longer
    B.   scheduled leave for a day or less
    C.   unscheduled leave for a day or less
    D.   some other leave circumstance (SPECIFY) _____

        1   Yes
        2   No
        9   REF (VOL)

Q61bX. Which of these ways does your organization use MOST FREQUENTLY to cover work when employees take leave for a WEEK or longer?

[DISPLAY WAYS TO COVER LEAVE FROM Q61X, THAT ARE USED WHEN EMPLOYEE TAKES LEAVE FOR A WEEK OR LONGER (WHERE Q61aA=1). IF Q61aA=1 FOR ONLY ONE WAY FROM Q61X, THEN AUTOPUNCH AND GO TO Q67.]

Q67. How easy or difficult is it for your company to deal with each of the following types of leave?

[INSERT GRID – ROWS]
A. Planned long-term leave for a family or medical reason
B. Planned short-term leave
C. Planned intermittent leave [HYPERLINK "intermittent leave"]
D. Unplanned intermittent leave [HYPERLINK "intermittent leave"]
E. Unscheduled leave for any duration

[COLUMNS – ALLOW ONE PER ROW]
1 Very Easy
2 Somewhat easy
3 Somewhat difficult
4 Very difficult
9 REF

Q68. Do you have a specific computer software or a person in Human Resources that tracks use of family and medical leave?

1 Computer software
2 Designated person in Human Resources
3 Both computer software and designated HR person
4 Other method of tracking FMLA leave, please specify: _____
[HYPERLINK "FMLA"]
5 Do not track family and medical leave
9 REF

QEND. [BANNER HEADING] FEDERAL FAMILY AND MEDICAL LEAVE ACT (FMLA)

Thank you for your assistance. We greatly appreciate your time and consideration.

Please note that you may receive a follow-up phone call from an Abt Associates representative for quality control purposes only.

If you have any questions or would like to talk more about this research please call the study hotline at 1-888-999-2750 or email FMLAsurvey@abtassoc.com.

[VERSION 2 ONLY: INTERVIEWER: GO BACK TO CATI AND DISPO CALL AS 1. COMPLETE [PROG: ADD LINK BACK TO LOGIN SCREEN HERE]

QEND2. [DISPLAY IF RESPONDENT HAS ALREADY COMPLETED THE SURVEY AND TRIES TO RE-ACCESS IT AT A LATER TIME]

Your questionnaire is complete and entry to your survey is now closed.

To regain access to your survey, please call the study hotline 1-888-999-2750 or email FMLAsurvey@abtassoc.com–and we will be happy to re-activate your survey for you.

SCREENOUT TEXT FOR VERSION 2 ONLY:

SCREENOUT TEXT IF Q1.1 = 1 (YES): "INTERVIEWER: GO BACK TO CATI AND DISPO CALL AS: 6-SCREENOUT Q1.1 = 1 "

SCREENOUT TEXT IF Q2.1 = 1 (YES): "INTERVIEWER: GO BACK TO CATI AND DISPO CALL AS: 7-SCREENOUT Q2.1 = 1"

VERSION 2 ONLY: EACH SCREEN SHOULD HAVE A "TERMINATE CALL" BUTTON ON THE TOP RIGHT HAND CORNER OF THE SCREEN. (EXCEPTION: DO NOT ADD TO QEND)

If interviewer selects "TERMINATE CALL" the following CATI instruction screen should come up:

INTERVIEWER: GO BACK TO CATI AND DISPO CALL AS CALLBACK/SOFT REFUSAL/HARD REFUSAL [PROG: ADD LINK BACK TO LOGIN SCREEN HERE]

[PROGRAMMING: IF CALLBACK/SOFT REFUSAL/HARD REFUSAL – SURVEY SHOULD START BACK UP AT THE QUESTION WHERE INTERVIEWER PRESSED 'TERMINATE CALL' BUTTON, NOT AT CATI INSTRUCTION SCREEN.]