

Paid Sick and Family Leave Survey

MHBA Survey Design

Introduction

Thank you for filling out this survey. The Mile High Business Alliance (MHBA) is conducting this survey in order to better understand how small businesses structure their employee leave policies, what types of benefits are offered to employees, and what kinds of programs might address the concerns of employers and employees, should they ever need assistance during extended leave periods.

This survey takes approximately 15 minutes to complete. Your personal and business information will remain private to MHBA, and your feedback will be used to inform policy makers about the small business perspective on employee leave policies.

We appreciate your time, and thank you for your opinions on this subject matter.

Survey Questions

These survey questions are designed to gather basic statistics about small businesses in Colorado, as well as understand the circumstances by which employees at small businesses need to take extended leave. All questions in this survey form are required, and while we ask that you fill out as much as possible, please add "N/A" to any section that you cannot answer, or may not be applicable to your business.

- What is your name?

(Open answer)

- What is the name of your business?

(Open answer)

- What is your role with your business?

Choice: Owner, Manager or Employee (non-owner)

- What zip code is your business located in?

(Answer for Zip only)

- What is your e-mail address?

(Open answer)

- In what industry or sector does your business operate?

(Drop-down options: Agriculture or Mining, Financial, Healthcare, Information Technologies, Manufacturing, Non-profit, Real Estate, Retail/Distribution, Restaurant, Service, Transportation, Utilities, Other (please specify))

- Describe the goods or services your business provides. What is your organization's mission?
Who are your primary clients or customers?

(Open answer) - **OPTIONAL**

- How many people do you employ, in total?

- How many people do you employ as Full-time employees vs. Part-time employees?

- How many people do you employ as Salaried staff vs. Hourly staff?

- How many people do you employ as Exempt staff (FLSA exempt) vs. Non-exempt staff?

- How many of your employees are women?

- How many of your employees are ethnic minorities?

- How many of your employees are represented by a union contract?

- What is the hourly wage and yearly salary **RANGE** (minimum and maximum only) of your employees?

(Sub-answers)

-Hourly employees (by the **per hour** rate)

(minimum): _____ (maximum): _____

-Salaried employees (be the **yearly** salary)

(minimum): _____ (maximum): _____

- What is your estimated employee retention rate during the following time periods?

(Sub-answers) - **OPTIONAL**

-Last six months to a year?

(Drop down menu – increments of 10 percentage points)

-Last 1-5 years?

(Drop down menu – increments of 10 percentage points)

- What benefits are offered to your employees? Please respond where applicable, and elaborate wherever possible.

- Health insurance? (Y/N)

IF YES:

Are there specific requirements for the employee to have this benefit? Please explain

Is it 100% employer paid? Partially paid? Is it a HSA?

What % of employees utilize this benefit?

- Dental insurance? (Y/N)

What % of employees utilize this benefit?

- Travel/mileage/parking reimbursement? (Y/N)

At what rate or % is this reimbursed?

How are employees reimbursed?

What % of employees utilize this benefit?

- Retirement? (Y/N)

Employer match? Matched at a %? Employer-sponsored; no match?

What % of employees utilize this benefit?

- Vacation leave? (Y/N)

If so, how many days per year?

How is it accrued?

What % of employees utilized this benefit IN THE LAST YEAR?

- Personal time? (Y/N)

If so, how many days per year?

How is it accrued?

What % of employees utilized this benefit IN THE LAST YEAR?

- Sick time? (Y/N)

If so, how is it accrued?

How many days allowable for sick time per year?

What % of employees utilized this benefit IN THE LAST YEAR?

- Do you offer other types of benefits not listed above? (Y/N)

If so, what type of benefit is it, and how is it earned, accrued and disbursed?

-Do you believe that your employees find value in having this particular benefit available to them?

(Open answer)

- Do you or your business offer family, medical, parental or disability leave as a benefit to employees? (Y/N)

IF YES:

- What are the details of your organization's leave policy (for example, how are benefits accrued, are benefits disbursed as a percentage of wages back to the employee, who is the policy through, etc)?

(Open answer)

- Is the benefit paid or unpaid?

(Paid/Unpaid)

- If an employee needed to take family, medical, maternity or disability leave, can you describe the process that both you and the employee go through to ensure compliance with the leave policy (for example, who is responsible for reporting, how much paperwork is involved, do medical/privacy issues get in the way, etc)?
(Open answer)

- What % of eligible employees utilized this benefit IN THE LAST YEAR?
(Open answer; preferably #s only)

- What % of eligible employees utilized this benefit in the last 1 – 5 years?
(Open answer; preferably #s only)

- What's the average range of time off used by an employee on leave when utilizing this benefit?
(Drop down menu – options by # of days, # of weeks or # of months)

- Is the employee's job held for them while on leave? (YES, NO, IT DEPENDS)

IF YES:

- Is the employee guaranteed a job upon returning? (Y/N)

IF YES:

- In your opinion, do you believe that providing this benefit has been positive for both you and your employees?
(Open answer)

- Is the employee guaranteed the same job and rate of pay upon returning?
(Open answer)

- Do you seek temporary workers to fill in during the employee's absence? (Y/N)

IF NO:

- How do you delegate work during an absence?
(Open answer)

IF NO:

- Have you considered providing this benefit to your employees? (Y/N)

- Have employees ever asked for this type of benefit to be provided? (Y/N)

- Has there NOT been a need to provide this type of benefit? Why?
(Open answer)

- What factors have led you to NOT provide this benefit? Please select all applicable options.
(Possible options, including: Concerns about cost, Loss of employees time, Decrease in work productivity, Didn't know it was possible to offer as a benefit, Concerns about potential abuse, Other)

- Would you consider providing this type of leave as an UNPAID benefit?

(Open answer)

- Would you support the creation of a paid family leave insurance program for your employees?

The program would be state run and entirely employee-paid, and would allow employees to receive wage replacement when needing, in order to take time off from work to care for themselves, a newborn child, or a seriously ill family member.

(Open answer)

- Would you consider being a part of future conversations about this kind of program in Colorado? (Y/N)

IF YES:

May we share your contact information? (Y/N)

Thank you for completing this survey. The responses and feedback that you have provided to us will remain confidential, and will be used in aggregate format to help analyze paid leave policies, and to better inform policy makers on this important topic.