Questions about the Layoff

1. Based on our unemployment insurance claims records, we believe that you may have had a (layoff/reduction in staff) during (month). Is that true?
   - Yes
   - Valid No → (Probe: Do you know why these unemployment claims were filed against your company?) Enter explanation. End interview.)
   - Don’t know → (Ask for another contact)
   - Refusal

2. a. When did that layoff begin? __________
    b. When did you stop laying off workers? __________

3. Were workers laid off for more than 30 days?
   - Yes
   - No

4. About how many workers were laid off for more than 30 days? (Probe: If big gap between number of initial claims and number of separations)
   - Number: ______________
   - Don’t Know/INA

5. What was the primary reason for the job cutbacks?
   - Don’t Know/INA
   - Primary: __________________________
   - Secondary: __________________________

6. What kind of business is conducted at the worksite that experienced the layoffs?
   (Probe: What product do you manufacture or what service do you provide at that location?)
   Industry: _____________________________
   - Don’t Know/INA

7. Regarding the workers who were laid off, what was their main role or function within the company? For example, were they in manufacturing, sales, personnel, computer support, or something else? (Probe: In addition to {function mentioned}, were any of the employees affected by the layoff involved in other activities of the firm such as clerical support, warehousing, or sales?)
   Main: ________________________________
   Other: ________________________________

8. In which county is the worksite located?
   County: ______________________________
   - Layoffs occurred at more than one worksite and county

9. Just prior to the layoff, what was the total number of employees at this worksite, counting both hourly and salaried (an estimate is okay)?
   Number: _____________________________
   - Don’t Know/INA

10. During the cutbacks/layoff, has your worksite remained completely open, partially open, or has it shut down completely?
  ☐ Open, no change in operating status
   ☐ Open, divisions stopped or shifts cut
   ☐ Partial closure of single unit establishment
   ☐ Closed, entire worksite(s)
   ☐ Closed, entire establishment
   ☐ Long term work completed offsite
   ☐ Don’t know/INA

11. Will there be a recall of workers, and, if so, what percent will return to work?
   ☐ Yes, enter percent: ________ (and check box)
     ☐ 100%
     ☐ 50-99%
     ☐ Up to 50%
     ☐ Don’t know
   ☐ No → Skip to Question 13
   ☐ Don’t know (ask for another contact) → 13

12. What is the anticipated return date for those who were separated?
    Date: __________ (and enter range)
    ☐ Less than 90 days
    ☐ 90-180 days
    ☐ 181-270 days
    ☐ 271-364 days
    ☐ 365 or more days
    ☐ Don’t know/INA

Questions about Movement of Work
Do not ask Questions 13-14, if:
- Reason for layoff was seasonal or vacation
- Layoff was temporary (30 days or less)

13. a. Did this layoff include moving work from this worksite to a different geographic location within your company?
   ☐ Yes → Ask 13b
   ☐ No → Go to 14a
   ☐ Don’t know → Go to 14a
   b. Is the other location inside or outside the U.S.?
      ☐ Don’t know/INA
      ☐ Inside U.S. → In what State(s)?
      ☐ Outside U.S. → In which country(s)?

14. a. Did this layoff include moving work that was conducted in-house by your employees to a different company, through contractual arrangement?
    ☐ Yes → Ask 14b
    ☐ No → Go to 15
    ☐ Don’t know → Go to 15
   b. Is that company located inside or outside of the U.S.?
      ☐ Don’t know/INA
      ☐ Inside U. S. → In what State(s)?
      ☐ Outside U.S. → In which country(s)?

15. Thank you very much. Let me be sure I have all of your information correct just in case I need to get back to you at a later date. Can you tell me your name, job title, and phone number?
    Name: __________________________
    Job Title: __________________________
    Direct telephone number: __________________________
**Summary Information**

**Layoff Status** (check one)
- ☐ Temporary: Layoff less than 31 days
- ☐ Permanent/Extended: Layoff included at least 50 separations and lasted more than 30 days
- ☐ Closure: One or more worksites closed or entire establishment closed
- ☐ No Layoff: Employer indicates that there was no layoff or that separations were either voluntary (e.g., quits, retirements, transfers to other locations in company) or involuntary (e.g., firings due to employee misconduct, failure to perform duties).

**Employer Contact Status** (check one)
- ☐ Contact completed
- ☐ Contact incomplete
- ☐ Refused to provide any information

**Additional Contact Persons**

Name: ______________________________
Job Title: ______________________________
Direct telephone number: _________________

Name: ______________________________
Job Title: ______________________________
Direct telephone number: _________________

Name: ______________________________
Job Title: ______________________________
Direct telephone number: _________________

**Comments:**