

## Staff Satisfaction Survey

ID: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Unit Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Instructions:** This survey will be used to improve our workforce practices. Please answer each accurately as possible. If you do not understand a question, answer it as well as you can and note question(s) in the margin. Your answers will be kept confidential and will not affect your status employee at our organization. When you have completed this survey please return it in the envelope provided. If you have questions, you can contact xxx. Thank you.

A. **Opinion Questionnaire.** Please rate your work at our organization in the following areas, under the word that most closely describes your overall opinion of each item.

<u>Orientation and Training</u>	Poor	Fair	Good	Excellent
1. Availability of a clear job description for your position.	1	2	3	4
2. Communication of expectations about your job performance	1	2	3	4
3. Completeness and timeliness of orientation about our organization in general and your workplace in particular.	1	2	3	4
4. Sufficient training materials and training opportunities to allow you to perform your job well.	1	2	3	4
5. Availability of follow-up training.	1	2	3	4
<u>Supervision</u>				
6. Availability of a supervisor to answer your questions and to assist you to carry out your duties.	1	2	3	4
7. Feedback and evaluation regarding your performance.	1	2	3	4
8. Recognition by your supervisor for your accomplishments.	1	2	3	4
9. Fairness in supervision and employment opportunities.	1	2	3	4
10. Relationship with your supervisor.	1	2	3	4
<u>Compensation and Benefits</u>				
11. Your rate of pay for your work.	1	2	3	4
12. Paid time off you receive.	1	2	3	4
13. Our policy regarding eligibility for paid time off.	1	2	3	4
14. Benefits you receive - (for example, health and dental insurance, retirement).	1	2	3	4
15. Our policy regarding eligibility for benefits.	1	2	3	4