# Employee Opinion Survey

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| Date: |  | | Department: |  |
| Supervisor’s Name: | |  | | |

1. What do you like most about your working conditions?

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1. What do you like least about them?

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1. What, if anything, could be changed about your work environment in order to make it more pleasant?

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1. Do you feel the work you perform on a daily basis is appreciated? Please explain.

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| 1. Does your supervisor notice when you go out of your way to do a good job? | Yes | No |

1. If no, what could your supervisor do differently to make you feel good about your job performance?

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| 1. Do you feel you have been adequately trained to do the job you are currently assigned? | Yes | No |

1. If no, what additional training would be most useful to you?

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1. Is your current workload reasonable? If not, what tasks could be delegated to other departments in order to make your workload easier to manage?

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1. Do you feel there are adequate opportunities for growth within the company? Please give examples.

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| 1. Do you feel the pay and benefits you receive are reasonable? | Yes | No |

1. Are pay raises given fairly? Please elaborate.

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1. What benefits would you like to see offered that are currently unavailable?

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1. Are there any changes to the benefits policy you would recommend? Please provide specific details.

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1. Overall, how satisfied are you with your employment at Titles Inc.?

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| --- | --- | --- | --- | --- | --- |
|  | Extremely satisfied |  | Somewhat satisfied |  | Neither satisfied nor dissatisfied |
|  | Somewhat dissatisfied |  | Extremely dissatisfied | | |

1. Would you recommend a friend or family member to apply for employment here? Please explain.

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1. Since the last survey, do you feel that conditions in our company have become better, worse, or stayed about the same? Please provide reasons for your answer.

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1. Are there any other comments you would like to make about our organization?

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