

Employer Resources

Employee Survey

We recognize the value of our employees and want to ensure that we offer the best workplace we can. To be most effective, we want to hear from you about which benefits work well for you and your family and where there may be gaps that our company should understand and seek to address. We want to ensure the best fit for the people who work here! Please take a few minutes to answer the survey.

This survey is 15 Questions, it will take about 12-15 minutes to complete.

1. Who is your employer? _____

2. What is your job title? _____

3. What is your age? 18-25 26-35 36-45 46-55 56-65 65+

4. Do you have caregiving responsibilities for a child/children and/or other family member?

Yes No

IF YOU ANSWERED "YES" TO QUESTION 4, PLEASE CONTINUE THIS SURVEY.

5. Please share the age(s) of child/children: _____

6. Have your caregiving responsibilities changed since the COVID-19 pandemic?

Yes No *If "Yes", please explain:* _____

7. Do your caregiving responsibilities interfere with your ability to perform your job?

Yes No

8. What days/hours are you *unable* to perform your job due to caregiving responsibilities?

	Mon	Tues	Weds	Thurs	Friday	Sat	Sun
From							
To							

9. What age range of child care do you need or currently use?

Infant: 0-18 mos Toddler: 18 mos-3 years Pre-K: 3-5 Kindergarten: 5-6 School-age: 6+

10. Do you consider our workplace "family friendly?" Yes No

Please tell us why:

11. How satisfied are you with the current benefits offered?

- Very Dissatisfied
- Dissatisfied
- Somewhat Satisfied
- Satisfied
- Very Satisfied

12. Which of the benefits offered do you use or have you used in the past? (Please check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Maternity Leave | <input type="checkbox"/> Babies at work | <input type="checkbox"/> Childcare subsidies or vouchers |
| <input type="checkbox"/> Paternity Leave | <input type="checkbox"/> Support for breastfeeding mothers | |
| <input type="checkbox"/> Sick and Safe leave | <input type="checkbox"/> Pregnant worker accommodations | |
| <input type="checkbox"/> Family and Medical leave | <input type="checkbox"/> Health insurance | |
| <input type="checkbox"/> Flextime | <input type="checkbox"/> Wellness benefits | |
| <input type="checkbox"/> Telecommuting (remote work) | <input type="checkbox"/> Flexible Spending Accounts | |
| <input type="checkbox"/> Job sharing and/or part time work | <input type="checkbox"/> Backup/emergency childcare | |
| <input type="checkbox"/> Predictable scheduling | <input type="checkbox"/> Childcare onsite | |

13. Of the benefits listed above, please rank them in priority to you and your family, whether or not they are currently offered in your workplace: (1 being the most important, 5 being the least important)

- | | | |
|--|--|--|
| <input type="checkbox"/> Maternity Leave | <input type="checkbox"/> Support for breastfeeding mothers | <input type="checkbox"/> Childcare subsidies or vouchers |
| <input type="checkbox"/> Paternity Leave | <input type="checkbox"/> Babies at work | |
| <input type="checkbox"/> Sick and Safe leave | <input type="checkbox"/> Pregnant worker accommodations | |
| <input type="checkbox"/> Family and Medical leave | <input type="checkbox"/> Health insurance | |
| <input type="checkbox"/> Flextime | <input type="checkbox"/> Wellness benefits | |
| <input type="checkbox"/> Telecommuting (remote work) | <input type="checkbox"/> Flexible Spending Accounts | |
| <input type="checkbox"/> Job sharing and/or part time work | <input type="checkbox"/> Backup/emergency childcare | |
| <input type="checkbox"/> Predictable scheduling | <input type="checkbox"/> Childcare onsite | |

14. Are there benefits not listed in Question 11 that you would use if offered?

- Yes No **If "Yes", please explain:** _____
- _____

15. Is there anything else that you would like to share? _____
