**Employee Satisfaction Survey**

***Date of Survey:***

**Name**

First Name……………………………………………. Last Name………………………………………………

Department……………………………………………. Designation………………………………………………….

**How would you describe your overall level of job satisfaction?**

* Very satisfied
* Very satisfied
* Neutral
* Dissatisfied
* Very dissatisfied

**How would you rate the following?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Poor | Poor | Average | Good | Excellent |
| Salary |  |  |  |  |  |
| Overall Benefits |  |  |  |  |  |
| Work Environment |  |  |  |  |  |
| Health Benefits |  |  |  |  |  |
| Senior Leadership |  |  |  |  |  |
| Performance Feedback |  |  |  |  |  |
| Employee Evaluations |  |  |  |  |  |
| Recognition |  |  |  |  |  |
| Training Opportunities |  |  |  |  |  |
| Opportunities for Advancement |  |  |  |  |  |

Do you feel valued at work?

* Yes
* No

If your answer is No, then please explain……………………………………………….…………………………………

…………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

Do you have the resources you need to perform your job well?

* Yes
* No

If your answer is No, then please explain……………………………………………….…………………….……………

………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………

Does your job cause stress or anxiety?

* Yes
* No

If your answer is YES, then please explained……………………………………………….…………………………………

………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………

Are sufficient efforts being made to solicit colleague opinions and feedback?

* Yes
* No

If your answer is YES, then please explained……………………………………………….……………………………………

……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

Please provide any additional feedback………………………………………….

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Signature of the Employee]