



To see general instructions for this questionnaire, please click the image above.

## Important instructions for filling out the Employer Questionnaire:

Please fill out the questionnaire as completely as possible. Your answers will be used to rank companies and determine the "Best" list. If your organization makes the list, all or a portion of the information you submit may be shared in the publication and/or Web site announcing the list, as well as in "spotlighting" each organization should there be an awards event.

- All questions apply to operations in <Program Area> unless otherwise noted.
- All questions apply to operations within your organization's most recently completed fiscal year, unless otherwise noted.
- If a question asks for a number, please provide whole numbers only (round to nearest whole number if necessary).
- If a question asks for a numeric response regarding an employee benefit (e.g., "How many vacation days do you provide for an employee who has been with the company for at least one year?") and your organization provides different benefits for different classes of employees (e.g., professional vs. non-professional; clinical vs. non-clinical; management vs. non-management; union vs. non-union), please provide the average value across all employees. For example, if you offer 15 vacation days per year to professional staff, 10 to clerical staff and 20 to executives, you would enter 15, which is the average of 15+10+20.
- If a question asks for a NUMERIC answer and the question does not apply to you or if the requested information is not available, please leave the question blank.
- If a question requires a TEXT answer and the question does not apply to you, the requested information is not available, or you do not wish to disclose the requested information, please enter "N/A".
- For some questions, the size of the text boxes for each answer represents the approximate length for the response. A character counter will indicate how much space you have left as you input your response. If you exceed the maximum limit the character counter will reflect a negative number and any additional text you have provided will not appear. Each response box will hold approximately 450 characters of text on the online survey.
- Please be as brief as possible and use language and writing that is easy to comprehend. Avoid industry jargon. Do not include employee or client testimonials or quotes within your responses. Do not include any information you cannot support or would not be comfortable having publicized about your company if you make the list.
- If you need further clarification of any of the questions, place your cursor over the "?" icon near the individual question and a definition will appear.
- To save your responses as you go, you must select the "Save and Continue" button before proceeding to the next page.
- Once you have completed this questionnaire, you will have an option at the end to print out the entire survey and you will also be able to e-mail a copy to your e-mail address. We recommend that you print the completed submission for your records, as we will not be able to send you a copy.
- To print a single page of the Questionnaire, please select the "Print this Page" button found on each page.
- **IMPORTANT:** To submit your responses at the end of the questionnaire, select the option that reads "The questionnaire is complete and ready to be submitted" and then click on the "Save and Continue" button.
- You will be able to access the Questionnaire and make changes as often as necessary prior to the EQ submission deadline. Once the submission deadline has passed, only the most recent SAVED version of your Questionnaire will be used during the ranking analysis process.
- If at any time you need to review these instructions regarding the Employer Questionnaire, simply click on the "Instructions" icon found on each page.



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## Organization and Contact Information

**1: Organization Name (as you would like it to appear on reports and in print if you make the list):**

Please type the full employer name EXACTLY as you would like it printed on all reports and list-related publications/communications.

**2: Survey Administrator name:**

Name of person who is serving as primary contact for this program. This is the person to whom all program-related correspondence will be directed.

**3: Survey Administrator email address:**

Email address of person who is serving as primary contact for this program. This is the person to whom all program-related correspondence will be directed.

**3a: Re-enter Survey Administrator email address**

Email address of person who is serving as primary contact for this program. This is the person to whom all program-related correspondence will be directed.

**4: Survey Administrator phone number:**

Phone number, including area code, of the person who will be the primary contact for the survey program. Please use dashes to separate the area code, prefix and exchange and add the extension number if applicable (example: 800-555-1212 x100).

**5: Survey Administrator mailing address:**

Company Name

Address

City

State

Zip

Mailing address of person listed as primary contact for this program. (Street Address, City, State, Zip)

**6: U.S. Employer Headquarters Address, if applicable:**

Check this box if the addresses are the same.

Company Name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>

Street Address, City, State, Zip code

**7: Employer Web site address:**

Do not include "http://" but do include "www" if applicable.

**8: Industry**

Please choose the industry that best describes your organization. If none apply, please select 'Other'.

**8a: Other**

Sample

# Best Companies Group▶▶▶



To see general instructions for this questionnaire, please click the image above.

**9: Should your organization be named to the list, we would like to notify your top four vendors or suppliers. Please provide the names and contact information of your top four business vendors (include contact name, address, email and telephone):**

Should your organization be named to the list, we would like to notify your top four vendors or suppliers (i.e. health insurer, benefits administrator, bank, accounting firm, etc.).

**Vendor 1:**

Company Name:

Contact Name:

Address:

City, State, Zip:

Telephone:

E-mail Address:

**Vendor 2:**

Company Name:

Contact Name:

Address:

City, State, Zip:

Telephone:

E-mail Address:

**Vendor 3:**

Company Name:

Contact Name:

Address:

City, State, Zip:

Telephone:

E-mail Address:

**Vendor 4:**

Company Name:

Contact Name:

Address:

City, State, Zip:

Telephone:

E-mail Address:

Sample

# Best Companies Group▶▶▶



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**Open-ended responses are limited to a maximum number of characters as indicated by the character counter near each text box. When the maximum limit has been reached, the text box will no longer accept additional text. If you input text by copying/pasting from a Word Document, the text box will indicate if you have exceeded the maximum character limit. If this occurs you will need to condense your response in order to continue with the survey.**



**10: Please provide a brief overview of your organization's products/services:**

A brief description of what your company does in less than 450 words.

Sample

# Best Companies Group▶▶▶



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**11: What do your employees love about your organization? In 75 words or less, please briefly describe what makes your organization a great place to work.**

Since we can't be there to experience your workplace in person, tell us what it is about your organization's culture that makes it stand out from others'. Brag a little! (750 characters have been provided for this space)

Sample



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## Organization and Contact Information

**12: Name of Highest Ranking Official/CEO:**

Please include first name, last name and any suffix if appropriate (examples: Mr. Leslie Smith, Dr. Maria Santiago, Mr. Marcus Williams, Jr.). If your organization does not have a CEO, please provide information for the senior-most position within the organization (e.g., President, Senior Partner, etc.).

**12a: Please confirm the title of the Highest Ranking Official/CEO:**

Example: "President", "CEO", "Grand Poobah."

**12b: Please indicate the office location of the Highest Ranking Official/CEO:**

For example, "U.S. Corporate Office," "San Diego Office," "London, England."

**12c: Please provide the email address of the Highest Ranking Official/CEO. (This email address will only be used to contact this individual to arrange a possible media interview and will not be shared publicly.):**

This email address will only be used to contact this individual to arrange a possible interview for publication purposes and will not be shared publicly.

**12d: How many years has your Highest Ranking Official/CEO been in this position within the organization?:**

Include only their years as CEO/highest ranking official with this organization. Do not include number of total years with the organization or years as CEO at other employers, even if the other employers were part of the current organization. (One- or two-digit number required; please round up to the next whole number if necessary)

**13: At registration, your organization submitted the number below as the total number of full-time, permanent staff employed in the United States. Please verify that this number is current and accurate, and make changes as necessary. (This number should include partners, founders and other salaried executives. Do not include part-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.):**

(This number should include partners, founders and other salaried executives. Do not include part-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.)

**13a: At registration, your organization submitted the number below as the total number of part-time, permanent staff employed in the United States. Please verify that this number is current and accurate, and make changes as necessary. (This number should not include full-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.):**

(This number should not include full-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.)

**14: At registration, your organization submitted the number below as the total number of full-time, permanent staff employed in . Please verify that this number is current and accurate, and make changes as necessary. (This number should include partners, founders and other salaried executives. Do not include part-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.):**

(This number should include partners, founders and other salaried executives. Do not include part-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.)

**14a: At registration, your organization submitted the number below as the total number of part-time, permanent staff employed in . Please verify that this number is current and accurate, and make changes as necessary. (This number should not include full-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.):**

(This number should not include full-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.)

**15: How many full-time Human Resources staff persons do you employ within your organization?:**

Please indicate the total number of full-time staff dedicated solely to human resources functions. This number should not include employees of the organization acting in other roles who also perform the HR function, such as a CFO with HR decision-making responsibilities or a staff accountant who performs payroll functions, nor any outsourced or contracted HR personnel.

**16: What professional Human Resources certifications are currently held by your organization's HR staff (select all that apply):**

List only professional HR certifications such as those granted by the Human Resources Certification Institute (PHR/SPHR/GPHR), World At Work Society of Certified Professionals (CCP/CRP/WLCP) or other accredited institutions.

- Professional in Human Resources (PHR)
- Senior Professional in Human Resources (SPHR)
- Global Professional in Human Resources (GPHR)
- Certified Compensation Professional (CCP)
- Certified Benefits Professional (CBP)
- Global Remuneration Professional (GRP)
- Work Life Certified Professional (WLCP)
- Other

**Other: (Please respond with full certification title, not just initials, and the accrediting institution)**



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**17: What percentage of your employees are male?**

To calculate this percentage, divide the number of male employees by the total number of employees and multiply by 100.

**18: What percentage of your employees are female?**

To calculate this percentage, divide the number of female employees by the total number of employees and multiply by 100.

**19: What percentage of your executive team are male?**

Executive Team refers to Vice President/Partner level and above, but does not include the Board of Directors. To calculate this percentage, take the total number of male employees and divide by the total number of the executive team and multiply by 100.

**20: What percentage of your executive team are female?**

Executive Team refers to Vice President/Partner level and above, but does not include the Board of Directors. To calculate this percentage, take the total number of female employees and divide by the total number of the executive team and multiply by 100.

**21: In the most recently completed fiscal year, what was the average annual salary for exempt employees in your organization? (including partners if salaried)**

\$

Exempt employees are those whose duties, responsibilities, and level of decision-making authority are exempt from the overtime provisions of the Fair Labor Standards Act (FLSA). Exempt employees are expected, by most organizations, to work whatever hours are necessary to accomplish the goals and deliverables of their positions and are not compensated for overtime.

**22: In the last fiscal year, what was the average annual salary for non-exempt employees in your organization?:**

\$

Non-exempt employees are usually non-professional employees who are paid on an hourly basis and are subject to all Fair Labor Standards Act (FLSA) provisions. Non-exempt employees are normally required to account for hours and fractional hours worked and must be compensated for all hours worked, including overtime hours. To calculate the average annual salary of non-exempt employees, multiply the average hourly rate for all non-exempt staff by 2,080 hours. For example, if the average hourly rate for all non-exempt staff in your organization is \$10, the average annual rate would be  $\$10 \times 2,080 = \$20,800$ .

**23: How many new, full-time hourly or salaried permanent positions were created in the last fiscal year?:**

"Newly created positions" are job roles which previously did not exist and were not performed by any individual. Do not include existing positions which were vacated due to voluntary or involuntary turnover, layoffs, discharges or retirement.

**24: How many open, full-time hourly or salaried permanent positions were filled in the last fiscal year?:**

"Open positions filled" includes new hires, and internal transfers and promotions to fill both vacated and newly-created hourly and salaried positions.

**25: Of all open, full-time permanent salaried positions filled in the last fiscal year, what percentage of those positions were filled by internal staff?**

To calculate this percentage, divide the number of transfers and promotions of existing employees within the company by the total number of filled positions and multiply the result by 100.

 **26: What was your organization's percentage of voluntary turnover in the last fiscal year?**

Voluntary turnover refers to instances where management agrees that the employee had the option to continue employment with the organization at the time of separation (i.e., the employee chose to leave rather than was asked to leave the organization). Include anyone who was on the payroll, both full- and part-time. Do not include layoffs, discharges and retirees. To calculate this percentage, divide the number of voluntary separations by the total number of employees and multiply this result by 100. If there was no turnover, please respond 0.

 **27: What was the 2009 average percentage of voluntary turnover within your organization's industry? If you do not know this figure, please click on the ? icon to the left for more information.**



Information Not Available

Click the ? icon to access the Industry Turnover chart. If you are unable to access this document, please temporarily allow popups.

 **28: In the last fiscal year, what percentage of your full-time permanent, hourly or salaried employee population was involuntarily separated from employment due to a layoff or reduction in force?**

A layoff is an involuntary separation initiated by the employer and includes a layoff with no intent to rehire, a formal layoff lasting or expected to last more than 7 days, or a discharge resulting from a merger, downsizing or closing. To calculate this percentage, divide the number of layoffs by the total number of employees and multiply this result by 100.

Sample



To see general instructions for this questionnaire, please click the image above.

## Hiring and Employment Practices

**29: Beyond simply stating that your organization is an Equal Opportunity Employer, please briefly describe any programs/practices you employ to actively recruit/retain employees of varying ethnic and cultural backgrounds.**

Examples may include partnering with and recruiting from local ethnic, cultural and religious organizations; recognizing holidays within your multi-cultural workforce; planning multi-cultural awareness activities; providing diversity training; etc.

Our organization does not employ any programs/practices to actively recruit/retain employees of varying ethnic and cultural backgrounds.

**30: Beyond simply stating that your organization is an Equal Opportunity Employer, please briefly describe any programs/practices you employ to actively recruit/retain members of the disabled community.**

Our organization does not employ any programs/practices to actively recruit/retain members of the disabled community.

**31: Beyond simply stating that your organization is an Equal Opportunity Employer, please briefly describe any practices you employ to actively recruit/retain an aging workforce.**

Examples may include partnering with and recruiting from local seniors organizations; offering semi-retirement options to tenured employees; providing diversity training; etc.

Our organization does not employ any programs/practices to actively recruit/retain an aging workforce.

**32: Does your organization provide any formalized resources or support to employees who feel they have been treated unfairly?**

- Yes
- No

Refers to a formal process, other than approaching an immediate supervisor, for an employee to express fairness concerns. Examples include non-biased third-party conflict resolution or mediation, formal grievance procedure, etc.

**33: Does your organization conduct pre-employment and/or regularly scheduled or random drug screening?**

- Yes
- No

While drug testing is not required under the Drug-Free Workplace Act of 1988, many employers elect to test for a wide variety of substances including amphetamines, cannabinoids, cocaine and opiates.

**34: Does your organization have a formal policy regarding employee blogging, online social networking, or use of employer equipment for personal email access, etc.?**

- Yes
- No

An organization may block access to social media sites on employer equipment, or may enforce a policy that use of the employer's electronic resources to access social media sites (such as Twitter, Facebook or MySpace) for non-business purposes is prohibited.

**35: Does your organization have a formal policy to protect intellectual property, trade secrets or other proprietary information?**

- Yes
- No

Intellectual property refers to intangible proprietary information such as formulas and ideas, inventions, designs, literary and artistic works and web pages. Examples include specific manufacturing processes, plans for a product launch, or a chemical formula.



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## Pay & Benefits

**36: Please briefly describe your top three employee bonus or incentive programs, including who is eligible, typical rewards and any unique aspects.**

Performance bonus/incentive plans are those which provide a financial or other tangible reward based on an employee's performance during a specified time period. Examples of rewards may include cash bonuses, company stock, gifts, vacations, use of a company vehicle or residence, free parking, etc.

Three empty text input boxes for describing employee bonus or incentive programs. Each box has a vertical toolbar on the right side with icons for undo, redo, and delete.

Sample

Our organization does not offer any employee bonus or incentive programs.

**37: Do you offer bonuses to employees who refer new hires?**

Yes

No

Commonly referred to as recruitment bonus or employee-referral bonus. Do not include salary or bonuses that may be provided to recruitment staff. An Employee Referral Bonus provides an incentive award to a current employee who refers a new applicant who is subsequently selected and successfully employed.

**38: Do you offer a Profit Sharing Program?**

- Yes
- No

A profit sharing program is a compensation arrangement in which employees receive additional pay or benefits when the employer earns or increases profits. It is separate from employee's regular salaries or bonuses.

**39: Do you offer an Employee Stock Option Program (ESOP)?**

- Yes
- No

An ESOP (also known as a stock purchase plan) is a trust set up by a corporation to allot some of its stock to be purchased by its employees over time. Used as an employee incentive, an ESOP may be a profit sharing, stock bonus, or money purchase pension plan.

**40: Do you offer a 401(k) or 403(b) retirement savings program?**

- Yes
- No

A 401(k) plan is a retirement plan sponsored by employers. Employees may choose to have a portion of their salary deferred to any of the plan's investment choices selected by the employer. The employer also may contribute to the employee's 401(k) by matching a portion of the investment (for example, \$.50 for every \$1.00 the employee invests). The investments to which money is deferred may include stocks, bonds, money market funds, and employer stock. A 403(b) plan is a retirement plan for civil governments and for nonprofit and nonpolitical religious, charitable, scientific, educational and other public interest-oriented organizations such as private schools, colleges, universities, research institutions and teaching hospitals. It has most of the same characteristics and benefits of a 401(k).

**40a: If yes, when is an employee eligible to begin contributing to their 401(k) or 403(b) account?**

- 30 days after hire
- 90 days after hire
- 6 months after hire
- 1 year after hire
- Other: (Please describe)

 **40b: If yes, do you match employee contributions to their 401(k) or 403(b) account?**

Yes

No

A match is when an employer matches all or part of an employee's contribution to their 401K or 403b plan. Please answer yes only if your organization contributes according to an established policy and independent of employer profits (e.g., not only when profits reach or exceed a certain level).

Sample



Dental coverage refers to plans which cover all or part of the cost of routine dental procedures.

Vision coverage  
(employee)

Vision coverage refers to plans which cover all or part of the cost of routine eye examinations, eyeglass lenses and frames, or contact lenses.

Vision coverage  
(dependents)

Vision coverage refers to plans which cover all or part of the cost of routine eye examinations, eyeglass lenses and frames, or contact lenses.

Long-term care  
insurance (employee)

Long-term care insurance generally covers some of the expenses of nursing care, home care, or assisted living care if a chronic illness or disability leaves an insured unable to care for themselves

Long-term care  
insurance  
(dependents)

Long-term care insurance generally covers some of the expenses of nursing care, home care, or assisted living care if a chronic illness or disability leaves an insured unable to care for themselves

Life insurance  
(employee)

Employee life insurance is coverage that pays out a set amount of money to specified beneficiaries upon the death of the individual who is insured (in this case, the employee)

Life insurance  
(dependents)

Employee life insurance is coverage that pays out a set amount of money to specified beneficiaries upon the death of the individual who is insured (in this case, the employee).

Short-term disability  
benefits

A short-term disability plan generally provides income or other benefits to cover disabilities of 13 to 26 weeks duration. If you do not cap sick time accrual, or if you provide a separate bank of time which employees can save for this specific purpose, please answer "Employer pays 100% of premium."

Long-term disability  
benefits

A long-term disability plan generally provides income or other benefits to cover permanent disabilities due to accident or illness which last longer than 13 to 26 weeks.

**42: If necessary, please use this space to briefly describe any unique aspects of your healthcare benefits (health, dental, vision, long-**

term care, disability, supplemental health insurance, pet insurance, etc.).



Sample



To see general instructions for this questionnaire, please click the image above.

**43: When is a new employee eligible to enroll in the organization's healthcare plan?**

- First day of hire
- First day of the next month after hire
- 30 days after hire
- 60 days after hire
- 90 days after hire
- More than 90 days after hire

**44: What is the minimum number of hours an employee must work per week to be eligible for health coverage?**

Please provide the minimum number of hours a full-time employee must work to be eligible to participate in health coverage benefits. If part-time employees are also eligible, please indicate the minimum number of part-time hours required to participate in health coverage benefits.

**45: Does your organization offer an HMO plan?**

- Yes
- No

A Health Maintenance Organization (HMO) healthcare plan combines a range of coverages in a group basis. A group of doctors and other medical professionals offer care through the HMO for a flat monthly rate with no deductibles. However, only visits to professionals within the HMO network are covered by the policy. All visits, prescriptions and other care must be cleared by the HMO in order to be covered. A primary physician within the HMO handles referrals.

**46: Does your organization offer a High Deductible Health Plan (HDHP) or Consumer-Driven Health Plan (CDHP)?**

- Yes
- No

A high deductible health plan, often called consumer driven insurance, is a health plan with lower premiums and a higher deductible for major care, like a hospitalization or surgery. At the same time someone enrolls in a high deductible plan, he or she may also need to enroll in a health savings account (HSA). Generally, the person may put up to the amount of the deductible from income into this account, and the money is not taxed.

**47: If yes, does your organization make any contribution towards an employee's Health Savings Account?**

- Yes
- No
- Not Applicable

A health savings account (HSA), is a tax-free medical savings account available to employees who are enrolled in a High Deductible Health Plan (HDHP). Unlike a flexible spending account (FSA), funds roll over and accumulate year to year if not spent.

**48: Does your organization offer Flexible Spending Accounts (FSA)?**

- Yes
- No

A Flexible Spending Account (FSA) is a tax-advantaged savings account set up by an employer to allow employees tax-free savings for qualified medical or dependent care expenses.

**49: Does your organization offer domestic partner benefits?**

- Yes
- No

A domestic partner is defined as a person of the same or opposite sex with whom the employee lives as a couple, not necessarily joined in any legal partnership, marriage, or civil union.

**50: What is the number of paid holidays your organization offers per year?**

The number of paid time for an employee's absence for any purpose designated by the employer. If the number varies from year to year, please provide the number offered in the latest fiscal year. If holidays are included in a PTO (paid time off) bank, enter the number the employer allowed in defining the total PTO bank accrual.

**51: Does your organization provide time off as PTO (one bank of time) or as vacation/sick/personal days (separate banks)?**

- PTO
- Vacation / Sick / Personal

In the traditional model, an employer offers separate banks of time for vacation, sick, and personal days, and employees may accrue hours at a different rate for each bank. A paid time off (PTO) model, on the other hand, combines vacation, sick time and personal time into a single bank of paid time for employee use for any purpose. If an employer with separate banks of time allotted 10 vacation days, 5 sick days, and 3 personal days per year and that organization moved to a PTO model, their PTO plan would either provide 18 days of available time (for any purpose) at the beginning of the year, or would allow employees to accrue the 18 days over the course of the year.

Some companies allow employees to "cash-in" all or some of their unused paid time off either at the end of the year or when they are close to or at their maximum accrual. The employee receives a lump-sum payment in exchange for the day/hours cashed in.

IF PTO is selected:

**51a: What is the number of PTO days available after one year of employment? (Do not include company holidays)**

If Vacation / Sick / Personal is selected:

**51b: What is the number of vacation days available after one year of employment?**

**51c: What is the number of sick days available after one year of employment?**

**51d: Can an employee use sick days to care for an ill dependent?**

Yes

No

**51e: What is the number of personal days available after one year of employment?**

**52: Can employees trade accrued days for pay once the maximum accrual has been reached?**

Yes

No

Some companies allow employees to "cash out" all or some of their unused paid time off either at the end of the year or when they are close to or at their maximum accrual. The employee receives a lump-sum payment in exchange for the day/hours cashed in.

**53: Can employees "donate" accrued PTO/sick days to any fellow employees in need?**

Yes

No

Eligible employees may voluntarily donate, and /or receive donations, of accrued paid time off for critical personal situations and family medical emergencies.



To see general instructions for this questionnaire, please click the image above.

## Work / Life Balance and Wellness Initiatives

**54: Does your organization allow employees additional paid time off for community service activities/volunteer work?**

- Yes
- No

Select 'yes' only if you offer this in addition to employee's regular vacation, personal, or paid time off (PTO) days. Time off may be for an employee's chosen activity, or may be for an employer-sponsored organization or event.

**55: Please briefly describe the top three community service initiatives your organization sponsors or actively supports through financial means or volunteer time.**

Examples include support of nonprofit organizations such as Boy/Girl Scouts, Big Brothers/Big Sisters, United Way, Habitat for Humanity and local initiatives such as food banks, anti-littering programs, literacy programs, local shelters or kitchens, disaster relief programs, etc.


- Our organization does not sponsor nor actively support any community service initiatives.

Please tell us about any of the following benefits and/or programs you may provide. The phrase "As a standard practice" implies that the program/benefit is widely accepted within your organization and not an exception to the normal routine.

**56: As a standard practice, does your organization offer telecommuting options to your employees?**

- Yes
- No

Telecommuting may also be known as telework, work-from-home or e-work. It refers to a work arrangement in which employees are given flexibility to work from a location other than the company's offices - most often from their home. Some employees may be full-time teleworkers; others may be extended this arrangement on a limited (e.g., 1-3 days per week) or as-needed basis (e.g., when staying home to care for a sick child, etc.). It is understood that telecommuting is not appropriate for all positions (e.g., receptionists, maintenance or manufacturing staff, etc.).

**57: As a standard practice, does your organization offer job sharing options?**

- Yes
- No

Job sharing is a work arrangement in which two employees share one position in an organization, each working part of the week.

**58: As a standard year-round practice, does your organization offer employees the option to work a compressed work week?**

- Yes
- No

A compressed work week is one in which an employee has the flexibility to work more hours per day in order to work fewer days per week (e.g., four 10-hour days per week instead of five 8-hour days per week). Please answer "Yes" only if a compressed work week option is available year-round, and not just during off-peak seasons.

**59: What dress code applies to the majority of your employees?**

- Business
- Business Casual
- Casual
- Uniforms

Business attire generally means suits with a matching jacket and ties for men, and dresses or pant/skirt sets for women. Business Casual refers to more relaxed attire such as trousers and collared shirts without a tie or jacket for men, and slacks/skirts with blouses or sweaters for women. A Casual dress policy may allow bluejeans, sweatpants and/or sweatshirts, shorts, t-shirts and thong-style sandals. Uniforms refer to company-issued or required standardized clothing such as scrubs for healthcare staff, jumpsuits or workpants/shirt sets for mechanics, required colors and/or styles of clothing for restaurant servers, etc.

**60: Please describe any facilities provided at your workplace which promote exercise and fitness (limit three).**

On-site fitness facilities may include a gym, workout room, exercise equipment, lockers, a shower, walking/jogging trail, bike racks, etc.

	▲ □ ▼
	▲ □ ▼
	▲ □ ▼

Our organization does not provide any workplace facilities to promote exercise and fitness.

**61: Please describe any successful fitness and/or wellness programs available to your employees in your workplace (limit three).**

Examples may include on-site health fairs, fitness challenges, on-site health screenings and/or flu shots, Weight Watchers at Work (or similar) programs, chair massages, etc.

	▲ □ ▼
	▲ □ ▼
	▲ □ ▼

Our organization does not provide any fitness/wellness programs nor practices within the workplace.

**62: Does your organization pay all or part of employees' costs for health club memberships or fitness or wellness programs?**

- Yes
- No

Examples of costs that may be fully or partially reimbursed include: health club/fitness club/gym memberships, registration and/or weekly fees for weight loss programs, costs associated with smoking cessation programs, registration fees for stress management seminars, etc.

**63: Does your organization provide cafeteria or meal subsidies, free daily snacks or beverages?**

- Yes
- No

Examples include free or reduced-cost cafeterias, free meals (regularly or during peak seasons), free beverages (coffee, tea, bottled or filtered water, soft drinks, juices), free snacks (fruit, pretzels, chips, bagels, doughnuts, etc.)

**64: Please describe any sustainable or "green" practices your organization promotes within your workplace to encourage conservation of the environment and its natural resources (limit three).**

Examples include recycling aluminum cans, paper products and ink/toner cartridges; shifting to more paperless work processes; purchasing products made from recycled materials; turning off lights, using renewable energy (e.g., solar or wind power); constructing new facilities using sustainable building practices, etc.

	 
	 
	 

- Our organization does not promote any sustainable or "green" practices.



To see general instructions for this questionnaire, please click the image above.

## Training & Career Development

**65: How often does your organization conduct Employee Performance Appraisals for all staff?**

- As needed
- Once per year
- Twice per year
- More than twice a year
- Our organization does not conduct Employee Performance Appraisals for all staff.

This question refers to employee performance evaluations. Do not include employee engagement or satisfaction surveys.

**66: Does your organization conduct 360-degree Performance Appraisals?**

- Yes, all staff
- Yes, only supervisors and above
- Our organization does not conduct 360-degree Performance Appraisals.

360 degree feedback is an evaluation technique that provides each employee the opportunity to receive performance feedback from his or her supervisor and four to eight peers, direct reports, coworkers and customers. Most also include a self assessment.

**67: What is the average number of hours a new employee spends in orientation? (Do not include departmental orientation or probation.)**

If orientation differs by type of position (e.g., clinical vs. non-clinical, professional vs. non-professional), please provide the AVERAGE number of hours across all positions.

**68: What is the average number of annual training and development hours received per employee?**

This question refers to formal training programs, leadership development courses, departmental or organization-wide in-services, continuing education, etc. If this number varies depending on type of role (e.g., clinical vs. non-clinical; professional vs. administrative), please average across all employee groups. If you do not track this information, please leave blank.

 **69: Do you offer tuition reimbursement?**

- Yes
- No

Refers to reimbursement of tuition for college-level or above classes. May be limited to classes taken toward a degree, or may include any job-related class or seminar. The level of reimbursement may depend on the employee's final grade, or may be capped at a certain number of credits, or a certain dollar amount, per year.

 **70: If applicable, please briefly describe any formal employee career development/job advancement programs/practices. Please list your top three programs/practices.**

Sample

- Our organization does not offer formal employee career development/job advancement programs or practices.

Refers to programs or practices designed to help employees to grow within their current positions or to transfer or advance to a different position within the organization.

 **71: Does your organization have any formalized programs/practices for succession planning?**

- Yes
- No

Succession planning refers to a deliberate process used to ensure that staff are developed who are able to replace senior management as they retire or leave the organization.

 **72: Does your organization offer any programs and/or practices focused on employee leadership training/development? Select all that apply.**

- Mentoring
- Job shadowing/cross training
- Attendance at leadership workshops or other formal leadership education
- Support of leadership roles within volunteer organizations outside of your organization
- Our organization does not offer any programs or practices focused on employee training and development
- Other

**Other: Please describe**

Refers to programs or practices specifically designed to help employees become leaders or improve their leadership skills within the organization.

Sample



To see general instructions for this questionnaire, please click the image above.

## Corporate Culture & Communications

**73: Please describe any unique tools and/or practices your organization utilizes to communicate with and encourage two-way dialogue between your upper management and employees (limit three).**

Examples include an employer Intranet, quarterly "town hall" meetings with upper management, front-line worker meetings without middle managers present, regular employee satisfaction surveys, etc.

Sample

Our organization does not offer any unique internal communications tools and practices.

**74: Please list your organization's top three employee recognition/appreciation programs.**

Refers to practices or programs designed to recognize extraordinary employee performance, show appreciation for employee service or loyalty, etc. Examples include: Years of Service Awards, Employee of the Month Awards, Employee Appreciation dinners or picnics, etc.

Our organization does not offer formal employee recognition/appreciation programs.

**75: Please describe any family-friendly benefits or practices your organization provides to its employees. Select all that apply.**

- Paternity leave (either paid or unpaid) for the birth or adoption of a child
- Adoption assistance, such as reimbursement of agency fees, travel fees, legal assistance, paid time off before or after adoption, etc.
- Lactation facilities for breastfeeding mothers
- All or part of an employees' full- or part-time childcare paid, either on a regular basis or only during busy seasons
- Flexible hours to accommodate school events, taking a family member to the doctor, etc.
- Employer-sponsored Eldercare Assistance for employees with aging family members, such as transportation to medical appointments or meal delivery; securing of proper care and/or assistance facilities; information about financial resources; or counseling support for caregiver stress.
- Immediate families invited to corporate events
- Free or discounted tickets to local family entertainment or sporting events
- Our organization does not offer any family-friendly benefits or practices.
- Other

**Other: Please describe**

Family-friendly practices or benefits are those which help employees balance work with the demands of caring for family members.

Sample



To see general instructions for this questionnaire, please click the image above.

**76: Please describe any programs or practices your organization provides to promote a healthy work/life balance. Select all that apply.**

- No overtime, or overtime kept at a minimum
- Meetings and staff-only events limited to during work hours only
- Monetary incentives or extra paid time off when overnight travel is required
- An employer-sponsored Employee Assistance Program (EAP) which may provide counseling for marital, parental or financial problems, and/or assistance for specific conditions such as substance abuse, smoking and gambling
- Productivity or time management workshops, seminars or classes
- On-site personal development and/or stress management workshops, seminars, or classes
- Paid sabbaticals
- Our organization does not offer any work/life balance programs or practices
- Other

**Other: Please describe**

Work/life balance refers to the ability to balance the demands of, and satisfactions of, one's personal and work life.

**77: What unique activities does your organization initiate to relieve workday stress and promote fun? Please list your top three activities.**

- Our organization does not initiate any activities to relieve stress and promote fun.

Examples include office chair races, silly contests, game tables, costumes at Halloween, allowing pets at work, announcing surprise Fridays off, etc.

 **78: Please list any other awards your organization has been given for best practices in the workplace including the name of the award, by whom it was presented, rank (if applicable) and the year awarded.**

Examples may include #15 "Working Mother Best 100 Companies in 2008" by Working Mother magazine, #98 "Top 100 Companies to Work for in 2002" by Fortune magazine, etc.



To see general instructions for this questionnaire, please click the image above.

**You have reached the end of the questionnaire. Please select the current status of your questionnaire and then select the "Save and Continue" button to save your responses. If you are ready to submit your questionnaire, please select the first option followed by the "Save and Continue" button. Should you choose to re-access the survey and make changes, the most recent version of your saved questionnaire will be used during the analysis process.**

**79: Please indicate the current status of your company's Employer Questionnaire:**

- The questionnaire is complete and ready to be submitted.
- The questionnaire needs minor changes or to be reviewed before submitting.
- The questionnaire is halfway complete.
- The questionnaire still needs a great deal of work.

Sample



To see general instructions for this questionnaire, please click the image above.

**80: How long (in hours) did it take to complete this survey?**

**81: Please check "Yes" below to verify that you are finished and ready to submit your survey. Once you click "Submit Survey" your responses will be submitted and you will be able to print/e-mail your final results.**

Yes

Sample