

Model Document: Questionnaire

October 18, 20--

To: All Company Employees

From: Nelson Barrett, Director *NB*
Human Resources Department

Subject: Review of Flexible Working Hours Program

Please complete and return the questionnaire below regarding Luxwear Corporation's trial program of flexible working hours. Your answers will help us decide whether the program is worthwhile enough to continue permanently.

Return the completed questionnaire to Ken Rose, Mail Code 12B, by October 28. Your signature on the questionnaire is not necessary. Feel free to raise additional issues pertaining to the program. All responses will be given consideration.

If you want to discuss any item in the questionnaire, call Pam Peters in the Human Resources Department at extension 8812.

1. What kind of position do you occupy?

Supervisory _____

Nonsupervisory _____

2. Indicate to the nearest quarter of an hour your starting time under flextime.

7:00 a.m. _____

8:15 a.m. _____

7:15 a.m. _____

8:30 a.m. _____

7:30 a.m. _____

8:45 a.m. _____

7:45 a.m. _____

9:00 a.m. _____

8:00 a.m. _____

Other (specify) _____

Instructions and contact information are provided up front.

Respondent is asked to specify answer when "Other" is checked.

3. Where do you live?

Talbot County _____ Greene County _____

Montgomery County _____ Other (specify) _____

4. How do you usually travel to work?

Drive alone _____ Walk _____

Taxi _____ Bus _____

Car pool _____ Motorcycle _____

Bicycle _____ Other (specify) _____

5. Has flextime affected your commuting time?

Increase: Approx. number of minutes _____

Decrease: Approx. number of minutes _____

No change _____

6. If you drive alone or in a car pool, has flextime increased or decreased the amount of time it takes you to find a parking space?

Increased _____ Decreased _____ No change _____

7. Has flextime had an effect on your productivity?

a. Quality of work

Increase _____ Decrease _____ No change _____

b. Accuracy of work

Increase _____ Decrease _____ No change _____

c. Quiet time for uninterrupted work

Increase _____ Decrease _____ No change _____

8. Have you had difficulty getting in touch with coworkers who are on different work schedules from yours?

Fill-in-the-blank questions call for clear and simple answers.

All questions are direct and specific, most requiring only a check mark response.

Page design is open rather than crammed with text.

Final questions ask for overall assessment and suggestions.

Respondent is thanked for his or her time.

Yes _____ No _____

9. Have you had trouble scheduling meetings within flexible starting and quitting times?

Yes _____ No _____

10. Has flextime affected the way you feel about your job?

Feel better about job Feel worse about job

Slightly _____ Slightly _____

Considerably _____ Considerably _____

No change _____

11. How important is it for you to have flexibility in your working hours?

Very _____ Not very _____

Somewhat _____ Not at all _____

12. Has flextime allowed you more time to be with your family?

Yes _____ No _____

13. If you are responsible for the care of a young child or children, has flextime made it easier or more difficult for you to obtain baby-sitting or day-care services?

Easier _____ More difficult _____ No change _____

14. Do you recommend that the flextime program be made permanent?

Yes _____ No _____

15. Do you have suggestions for major changes in the program?

Yes (please specify) _____ No _____

THANK YOU FOR YOUR ASSISTANCE