



# ***EMPLOYER OF CHOICE***

**“Give us your Feedback on  
Performance Management...”**

This questionnaire is intended to help your company improve. There are several items in the questionnaire. We would like you to answer each item as openly and honestly as you can.

You will not be identified unless you choose to be.

Once you have completed the questionnaire, place it the envelope supplied and mail it.



**SEQUUS**

Box 545 Winnipeg Beach, MB R0C 3G0

## Give us your Feedback on How our Company manages Employee Performance...

1. \*Overall, how do you rate your SATISFACTION with the way our company helps you to perform at your best?

Extremely Dissatisfied					Extremely Satisfied
1	2	3	4	5	

2. Are you aware of our company's mission, vision and strategic priorities?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. If you answered yes above, what is the company mission?

Vision?

Strategic priorities?

4. Rate your AGREEMENT with the following statements about the person to whom you report.

Makes the purpose of my work clear to me

Strongly Disagree					Strongly Agree	NA
1	2	3	4	5		

Makes my goals and priorities clear to me

Strongly Disagree					Strongly Agree	NA
1	2	3	4	5		

Makes performance expectations clear

Strongly Disagree					Strongly Agree	NA
1	2	3	4	5		

Provides clear direction and supervision when I need it

Strongly Disagree					Strongly Agree	NA
1	2	3	4	5		

Gives me fair and effective feedback on my performance

Strongly Disagree					Strongly Agree	NA
1	2	3	4	5		

Makes the rewards of good performance clear to me

Strongly Disagree					Strongly Agree	NA
1	2	3	4	5		

Makes it clear where I can get help when I need it

Strongly Disagree					Strongly Agree	NA
1	2	3	4	5		

Provides support, encouragement and assistance when I struggle with difficult tasks

Strongly Disagree					Strongly Agree	NA
1	2	3	4	5		

Delegates work to me and leaves me alone to do it.

Strongly Disagree					Strongly Agree	NA
1	2	3	4	5		

Acknowledges and rewards outstanding performance

Strongly Disagree					Strongly Agree	NA
1	2	3	4	5		

5. Please rate your workplace on the following factors.....

The way the company supports outstanding performance

Poor					Outstanding	N/A
1	2	3	4	5		

The way fellow workers support outstanding performers

Poor					Outstanding	N/A
1	2	3	4	5		

The way we balance the need for high performance and the need for work-life balance

Poor					Outstanding	N/A
1	2	3	4	5		

The training and development we provide to support performance

Poor					Outstanding	N/A
1	2	3	4	5		

The way that work is organized to allow you to perform at your best

Poor					Outstanding	N/A
1	2	3	4	5		

The way our culture supports high performance

Poor					Outstanding	N/A
1	2	3	4	5		

The way barriers to high performance are removed or minimized

Poor					Outstanding	N/A
1	2	3	4	5		

The way pay reflects performance

Poor					Outstanding	N/A
1	2	3	4	5		

The provision of tools and equipment to help you perform at your best

Poor					Outstanding	N/A
1	2	3	4	5		

The provision of knowledge and information to help you perform at your best

Poor					Outstanding	N/A
1	2	3	4	5		

6. Do most other employees feel the same way you do about the company?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Do you have any recommendations about what might improve the way the company manages employees performance?

8. How long have you been working for the company?

- Less than a year
- 1-2 years
- 3-5 years
- 6-10 years
- More than 10 years

9. Select from the list below the label that best fits your job.

- Operational
- Clerical
- Professional
- Supervisor/Manager
- Senior Executive
- Other Please Specify \_\_\_\_\_

Thank you for your opinions. We really want to make this a great place to work! If you would like to add your name and contact data below for us to follow-up with you on your answers, please do so. This is entirely optional.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Email \_\_\_\_\_