

----- Survey Example -----

## Non-synchronized 4/10 and Telecommuting Alternate Work Arrangements Survey

Questions marked with a \* are required.

Please answer the following questions regarding your current position.

1. What is your employee id?

\*2. Please select your Department.

\*3. Please select your location.

\*4. What is your current job classification?

\*5. What is your current work schedule?

- 4/10 Monday Off  
 4/10 Wednesday Off  
 4/10 Friday Off  
 5 Day Work Week  
 9/80 Non-Pay-Week Friday Off  
 9/80 Non-Pay-Week Monday Off  
 9/80 Pay-Week Monday Off  
 9/80 Pay-Week Thursday Off  
 9/80 Pay-Week Friday Off  
 Other

\*6. How many miles do you drive to work one-way?

Please complete the following questions regarding the 4/10 work schedule.

\*7. Are you interested in working a 4/10 schedule (4 days a week/10 hours per day)?

- Yes  
 No

If you answered Yes to the above question, Please answer the following questions. If you answered no, please proceed to question #12

8. Working on Saturday may be an option. Are you interested in working on Saturday as one of your four workdays?

- Yes  
 No

9. We may not be able to accommodate a Monday or Friday day off for everyone who is interested in a 4/10 schedule. Please rank your choices for your off day in order from 1 to 5 with 1 being most preferred and 5 being least preferred.

	1	2	3	4	5
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. If Monday and Friday were not available options for your day off, would you still be interested in a 4/10 schedule?

- Yes  
 No

11. Employees on a 4/10 schedule must begin work no earlier than 7:00 A.M. and end work no later than 6:00 P.M. What are your preferred hours of work?

Please complete the following questions regarding telecommuting.

\*12. Given our customer service goals and your specific job classification, do you think telecommuting is a practical alternative for your current work assignment? (Please answer the question even if you are not interested in telecommuting)

- Yes  
 No

If you answered Yes to the above question please answer question #13. If you answered No please go to question #14.

13. In your current assignment, how many days per week do you think would be practical for telecommuting without sacrificing office coverage or customer service (consider both internal and external customers)?

\*14. Are you interested in telecommuting? (Please answer even if you don't think telecommuting is a practical alternative for your current work assignment)

- Yes  
 No

If you answered Yes to the above question please answer questions 15-19. If you answered no please go to question #20.

15. How many days per week would you like to telecommute?

Board of Supervisors Policy K-3 establishes specific criteria for telecommuting. Please complete the following statements regarding this criteria:

16. I have been employed by the County for at least one year and/or have passed my probationary period.

- Yes
- No

17. My work assignment allows me to be away from the office.

- Yes
- No

18. I am able to designate and maintain a specific workstation in my home.

- Yes
- No

19. I am willing to allow inspection of my home workstation during work hours.

- Yes
- No

\*20. Will you be the primary care provider for a child under 12 and/or an elderly adult who needs in-home care while telecommuting?

- Yes
- No

21. Please add any additional comments you have regarding either the 4/10 or the telecommuting schedule options.

If you would like a follow-up regarding this survey, please include your name and phone number. You may also include your email address.

22. Please enter your first name (optional):

23. Please enter your last name (optional):

24. Please enter your phone number (optional):

25. Please enter your email address (optional):

Submit Survey

