

# Employee Survey – Welcome!

Thank you for taking this survey. It should take about 10 minutes. Please return your completed survey to your Department.

If you prefer to take the survey online go to: <https://arcg.is/04ODOu> (zero-four-capital O-capital D- capital O- lowercase u)

## About the survey:

1. We are looking for information to update some of our policies and procedures (safety, facility improvements, teleworking guidance) in response to COVID-19.
2. We are also interested in your ideas of how we can be better positioned to respond to future emergencies or unexpected situations.
3. Please share your ideas and suggestions about what we can keep doing or what we can do differently to best serve the Town of Chapel Hill and our employees.
4. This data will be anonymous so we can understand the needs of our different groups.
5. We have included some basic demographic questions so we can know if the survey results are representative of our employee population.

## Demographics

1. What is your age?

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2. What is your gender expression?

- Male
- Female
- Non-binary
- Prefer not to say
- Other

3. How long have you worked for the Town?

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5. What responsibilities do you have in your job?

- Services out in the community
- Office work
- Supervisor
- Manager
- Department Head
- Other

6. Please provide details if you selected 'Other'.

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7. Optional provide more information about your role.

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## Responsibilities

4. What department do you work in?

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## Communication

8. I know where to go to get work related questions answered about the Town's response to Covid-19.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree

9. Please rank your preferences for receiving Covid-19 Response information from the Town.

1=most preferred

6=least preferred

Give each method a ranking. You may give items equal ranking (the same number).

\_\_\_\_\_ Email

\_\_\_\_\_ Text message

\_\_\_\_\_ The Hive

\_\_\_\_\_ Directly from my supervisor

\_\_\_\_\_ Physical materials (handouts or fliers, posters)

\_\_\_\_\_ Other means of communication

10. If you chose "other", please describe

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11. Please rank your preferences for receiving Covid-19 Response information from your Department.

\_\_\_\_\_ Email

\_\_\_\_\_ Text message

\_\_\_\_\_ The Hive

\_\_\_\_\_ Directly from my supervisor

\_\_\_\_\_ Physical materials (handouts or fliers, posters)

\_\_\_\_\_ Other means of communication

12. If you chose "other", please describe

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13. During an emergency situation I would prefer to receive routine updates about the situation...

Hourly

Daily

Weekly

Only when there is critical information to communicate

Other

14. If you chose "other" (for question 13), please describe

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15. My organization encourages employees to stay home if they are sick or a family member is sick.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree

### Safety and Support

16. Identify the facility in which you primarily worked pre-COVID.

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17. Has your location changed to another facility during COVID?

Yes

No

18. If you chose "yes", to which facility were you relocated?

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19. Do you expect to return to work in a different facility when the Town reopens?

Yes

No

20. If you chose "yes", to which facility do you expect to be relocated?

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21. I feel good about the safety of my post-COVID work location.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree

22. I trust Town leaders to take appropriate safety measures before allowing employees to return to our workplace.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree

23. I feel well-informed about the safety measures being taken to allow our employees to return to the workplace.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree

24. What things do you think can be done to make your work area safe? (select all that apply)

- Limit public access
- Schedule employee times in the workplace
- Provide barriers between employees
- Signage
- Cleaning supplies
- Other

25. If you chose "Other" please explain

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26. Are there any additional personal materials, training, or equipment that you need to feel safe?

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27. What is one thing the Town can do to better support you at this time?

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28. How are you balancing personal and work demands under these conditions?

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29. Of which of these support resources are you aware? (select all that apply)

- The Wellness Clinic (health information and support)
- Employee Assistance (EAP)
- The Hive (<https://thehive.townofchapelhill.org/>)

**Returning to Work**

30. Which of the following factors influence your ability to resume working onsite when your workplace reopens to all employees and the public?

- Ability to work remotely some of the time
- Childcare responsibilities
- School arrangements
- Other family member care
- Health concerns
- Safety concerns

31. If schools use remote learning in the fall and daycares are unavailable, will you have child care challenges?

- Yes
- No

32. If you chose "yes", please describe the challenges to remote school programming.

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33. Do expect to have other dependent care challenges in the next year?

- Yes
- No

34. If you anticipate child/dependent care challenges, how many days per week do you expect to experience challenges?

1	2	3	4	5

35. Optionally describe the challenges to dependent care?

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36. The move of other employees to remote working has negatively affected my ability to perform my job.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree

37. Aside from what has been communicated, do you have additional suggestions to allow us to continue social distancing when we reopen to the public?

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38. What's one process or practice that you would like to see continued when we reopen to the public?

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39. What is one process or practice that you would like to see stopped when we reopen to the public?

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**Working in a Town Facility**

40. I feel safe carrying out my role during the COVID-19 Pandemic.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree

41. What could be done better?

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42. What is going well?

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43. I feel supported by my Manager.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree

44. What could be done better?

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45. What is going well?

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46. I feel supported by my co-workers.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree

47. What could be done better?

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48. What is going well?

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49. I trust Town leaders to take appropriate safety measures before allowing employees and the public to return to our workplace.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree

50. What could be done better?

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51. What is going well?

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52. I feel well-informed about the safety measures being taken to allow our employees and the public to return to workplace.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree

53. What could be done better?

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54. What is going well?

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55. What is something we can do to better support you while working under these conditions?

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56. Aside from what has been communicated, do you have additional suggestions to allow us to continue social distancing when we reopen Town facilities to all employees and the public?

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57. What's a process or practice that you would like to see continued when we open Town facilities to all employees and the public?

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