



11. Please rate the following in regards to your position and department.

	Excellent	Good	Fair	Poor	No Opinion
Job Duties/Responsibilities	<input type="checkbox"/>				
Working Conditions	<input type="checkbox"/>				
Resources/Equipment	<input type="checkbox"/>				
On the Job Training	<input type="checkbox"/>				

12. Do you feel your performance evaluations were completed accurately and fairly?  Yes  No

**Supervision**

13. Please write the full name of your supervisor. \_\_\_\_\_

14. Rate the following in regards to your supervisor.

	Excellent	Good	Fair	Poor	No Opinion
Supervisory Skills	<input type="checkbox"/>				
Availability	<input type="checkbox"/>				
Communication	<input type="checkbox"/>				
Recognition	<input type="checkbox"/>				
Fairness	<input type="checkbox"/>				

15. Did you ever experience conflicts or problems while performing your job duties?  Yes  No

If YES, did your supervisor know about the problem(s)?  Yes  No  Unsure

16. Did you experience any of the following while working in your department?

	Yes	No
Favoritism of other employees	<input type="checkbox"/>	<input type="checkbox"/>
Unfair treatment	<input type="checkbox"/>	<input type="checkbox"/>
Retaliation/threats for filing a grievance	<input type="checkbox"/>	<input type="checkbox"/>

16. What improvements would you recommend for SFASU or your department that would make working in your department better?

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