

Model Document: Questionnaire

Luxwear Products Corporation
MEMO

To: All Company Employees
From: Nelson Barrett, Director *NB*
Human Resources Department
Date: October 19, 2009
Subject: Review of Flexible Working Hours Program

Please complete and return the questionnaire enclosed regarding Luxwear's trial program of flexible working hours. Your answers will help us decide whether we should make the program permanent.

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

If you want to discuss any item in the questionnaire, call Pam Peters in the Human Resources Department at extension 8812 or e-mail at pp1@lpc.com.

Enclosure: Questionnaire

FIGURE Q-1. Questionnaire (Cover Memo)

Questionnaire (continued)

Flexible Working Hours Program Questionnaire

1. What kind of position do you occupy?

- Supervisory
 Nonsupervisory

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

- | | |
|------------------------------------|--|
| <input type="checkbox"/> 7:00 a.m. | <input type="checkbox"/> 8:15 a.m. |
| <input type="checkbox"/> 7:15 a.m. | <input type="checkbox"/> 8:30 a.m. |
| <input type="checkbox"/> 7:30 a.m. | <input type="checkbox"/> 8:45 a.m. |
| <input type="checkbox"/> 7:45 a.m. | <input type="checkbox"/> 9:00 a.m. |
| <input type="checkbox"/> 8:00 a.m. | <input type="checkbox"/> Other (specify) _____ |

3. Where do you live?

- | | |
|--|--|
| <input type="checkbox"/> Talbot County | <input type="checkbox"/> Greene County |
| <input type="checkbox"/> Montgomery County | <input type="checkbox"/> Other (specify) _____ |

4. How do you usually travel to work?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Drive alone | <input type="checkbox"/> Walk |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Car pool |
| <input type="checkbox"/> Train | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Other (specify) _____ |

5. Has flextime affected your commuting time?

- Increase: Approximate number of minutes _____
 Decrease: Approximate 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
 Increased Decreased No change
- b. Accuracy of work
 Increased Decreased No change
- c. Quiet time for uninterrupted work
 Increased Decreased No change

FIGURE Q-1. Questionnaire (continued)

Source: Gerald J. Alred, Charles T. Brusaw, Walter E. Oliu (Bedford/St. Martin's 2009)

Questionnaire (continued)

8. Have you had difficulty getting in touch with coworkers who are on different work schedules from yours?
- 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?
- Yes No
- If yes, please answer (a) or (b):
- a. Feel better about job
 Slightly Considerably
- b. Feel worse about job
 Slightly Considerably
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 babysitting or day-care services?
- Easier More difficult No change
14. Do you recommend that the flextime program be made permanent?
- Yes No
15. Please describe below or on an attached sheet any major changes you recommend for the program.

Thank you for your assistance.

FIGURE Q-1. Questionnaire (continued)