

HR Satisfaction Survey

DATE: Once complete, please give to your supervisor to forward t				
	John Miller, Director of Continuous Improvement, Campus Box A, or drop off at the Executive Office to John Miller's attention.			
	or drop on at the Executive Office to John Miller's attention.			
DEMOGRAPHIC INFORMA	ATION			
1. Please identify what type of emp	oloyee you are:			
Lead (crew leader)	Director Supervisor			
Individual Contributor (no	o direct reports: student employees or permanent employees)			
2. How long have you worked for A	AHEC?			
Less than 6 months	1 to 3 years 5 to 10 years			
6 months to 1 year	3 to 5 years 10 years or more			
3. Select the ONE division and ON	E work group to which you are assigned.			
Operations Division				
Early Learning Center	Facilities Services Human Resources King Center			
Media Center	Custodial/Event Services Tivoli Student Union			
Business Division				
Purchasing / Distribution	Services Accounting Parking			
Starbucks	Tivoli Station (Bookstore) IT/Telecom			
Safety and Communications D	livision			
Marketing & Communica	tions Emergency Preparedness Auraria Campus Police Department			
Executive Office				
Campus Planning	Continuous Improvement Other			
GENERAL INFORMATION				
4. When was the last time you inte	racted with the HR staff in your professional role?			
Within the past week	Within the past 6 months			
Within the past month	Greater than 6 months ago			

O	O		O	
Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (not applicabl
e HR office is resp	onsive			
\bigcirc	<u> </u>		$\overline{}$	————
Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (not applicable
e HR office is cour	teous.			
O-	$\overline{}$	$\overline{}$	$\overline{}$	$\overline{}$
Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (not applicable
		mprove the quality o	of services that they pr	
		mprove the quality o		
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hat changes, if any you, their custom		mprove the quality o		
you, their custome	ers?	mprove the quality o		
ECTION SER	vices	ved in any of the follo	of services that they provided the provided	rovide

EVALUATION OF SELECTION SERVICES

Helped wit	l for a job			
	th selection (served as an	interviewer, rater, or de	eveloper of exam material	ls)
Was the hi	ring manager for an open	position		
am satisfied with	the quality of services	I received during the	e selection process.	
0	O	$\overline{}$	$\overline{}$	
Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (not applicable)
he amount of tim	e the selection process	s took was acceptab	le.	
0	$\overline{}$	$\overline{}$	$\overline{}$	$\overline{}$
Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (not applicable)
he communication	on I received regarding	the selection proces	s was satisfactory.	
0	O	O	$\overline{}$	
Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (not applicable
n an effort to imp	rove HR selection servi	ces to AHEC, I offer	the following suggesti	ons:

EVALUATION OF CONSULTATIVE SERVICES

As a superv	risor, I contacted HR to	deal with an issue in m	y work unit.	
As an individ	dual contributor, I conta	cted HR to deal with ar	n issue in my work unit.	
Other (pleas	se specify)			
ne HR representa ith the information		n had the relevant kr	nowledge to provide n	ne
0	O	O	O	————
Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (not applicable
ne HR representat	tive I interacted with เ	understood my needs	S.	
0	<u> </u>		<u> </u>	
Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (not applicable
e HR representa	tive I interacted with o	displayed profession	alism.	
0		$\overline{}$		
Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (not applicable
				-
an effort to impro	ove HR consultative s	ervices to AHEC, I of	fer the following sugge	estions:

BENEFITS SERVICES

health insurance,	s, have you contacted dental insurance, FML/ and/or tuition reimbur	A, worker's compens	_	
	(If you select No , skip to			
EVALUATION OF	BENEFITS SERV	/ICES		
22. Please check all the	e options that correspon	nd to your role in worl	king with the HR office	regarding benefits.
	byee signing up for benefi			
Someone v	who contacted the HR of	fice for benefits informa	ation (including leave or to	uition reimbursement)
23. I am satisfied with	the information I was	given regarding bene	efits.	
O-	$\overline{}$	$\overline{}$	$\overline{}$	$\overline{}$
Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (not applicable)
24. The timeliness of H	HR's response to my qu	uestions regarding bo	enefits was acceptable	. .
Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (not applicable)
25. In an effort to impr	ove HR benefits servic	es to AHEC, I offer t	he following suggestio	ns:
ADDITIONAL SE	RVICES			
performance evalu	us, have you contacted uations, leave, timekee	ping, employee pers	onnel files, or new emp	

EVALUATION OF ADDITIONAL SERVICES

27. Please cl	neck all the box	ces that correspond	to your role in workir	ng with the HR office	
regarding	g additional ser	vices.			
	Customer needing	g payroll information			
	Customer needing	g leave information			
	Customer needing	g performance evaluatio	n information		
	A new employee v	who received orientation	ı paperwork		
	Customer needing	g employee personnel fil	le information		
28. I am satis	fied with the qu	ality of HR services r	egarding additional as	ssistance.	
<u> </u>		—			—
Stron Disag		Disagree	Agree	Strongly Agree	N/A (not applicable)
29. The timeli	iness of HR's re	sponse to my reques	t for additional assista	ance was appropriate.	,
O-					—
Stror Disag		Disagree	Agree	Strongly Agree	N/A (not applicable)
30. In an effo	rt to improve HI	R's additional service	s to AHEC, I offer the	following suggestions	: :