## **EMPLOYEE SATISFACTION FORM**

EMPLOYEE NAME	DEPARTMENT	JOB TITLE	MANAGER	DATE		

Provide a Rating for each statement, below, by placing an "X" in the corresponding box. STRONGLY DISAGREE DISAGREE **NEUTRAL AGREE** STRONGLY AGREE I feel encouraged to contribute to my team. My work gives me a feeling of personal accomplishment. I have the tools and resources to do my job well. I am informed about policies or business changes that affect me. I feel confident and supported by my team. I feel as though my work is intellectually challenging. I feel like I am contributing meaningful ideas to my team. I am happy in my current position. I am happy with my current pay rate.

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