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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.					

ADDITIONAL COMMENTS

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