Organizational Health Employee Feedback Survey

In response to OMB Memo M-23-15 (https://www.whitehouse.gov/wpcontent/uploads/2023/04/M-23-15.pdf) and to gain insight into the agency's organizational performance and health, we ask for your feedback on workplace flexibilities and what meaningful in-person work means to you.

Responses to this survey will be anonymous and will be compiled and analyzed in the aggregate. Once analyzed, the survey results will be shared agency wide. High-level demographic information is requested to help in taking follow-up action at the Regional or Office level, as appropriate.

This short survey should only take a few minutes to complete. Participation is voluntary, but the more people respond, the better we will be able to support you. Thank you in advance for your input!

* Required

1.	helped you be more productive? *
	Yes
	○ No

2. What types of practices would make working in-person in-office more meaningful to you? (Please select no more than three responses.) * Please select at most 3 options.

Having managers and staff in my work unit in the office on the same day
Having in person training
Attending all staff meetings in person
Mentoring
Coaching
Collaborating
Networking
Getting to know my colleagues
Supporting new staff by being available to answer questions, in-person mentoring
Meetings with visitors/customers
Hallway conversations
None of the above
Something not listed. If you would like to make Senior Leadership aware of what is missing, please email futureofwork@epa.gov with the subject "Question 2-Something not listed"

3.	Have you been able to effectively collaborate with your colleagues
	while using workplace flexibilities, such as telework and remote
	work?

()	Yes

4. When deciding whether to work in person in-office or at alternate work location/residence, which of the following are most important to you? (Please select no more than five responses.) *

Please select at most 5 options.		
Commute time		
Transportation costs (e.g., fuel, tolls, public transportation)		
Health (physical)		
Health (mental)		
Physical safety		
Stress		
Productivity		
Work-life balance		
Time with family		
Expectations of professional attire		
Interacting with colleagues		
Workplace distractions (e.g., noise, interruptions, impromptu discussions)		
Flexibility (e.g., work schedule, structure of my day)		
Diversity, Equity, Inclusion, Accessibility (DEIA) concerns		
Interpersonal relationships with colleagues or supervisor		
Interpersonal conflict with colleagues or supervisor (e.g., disagreements, misunderstandings)		
My work-from-home setup (e.g., home office or work area)		

		Overall wellbeing	
		EPA facilities/office space/equipment to perform my work	
		Something not listed. If you would like to make Senior Leadership aware of what is missing, please email futureofwork@epa.gov with the subject "Question 4-Something not listed"	
5. Will you experience personal hardships if telework and remote work are reduced? *			
	\bigcirc	Yes	
	\bigcirc	No	

6. How can EPA best continue to support you? (Please select no more than three) *

Pleas	se select at most 3 options.
	Communication
	Training on working in a hybrid environment
	Technology/IT equipment/resources
	Technology/IT troubleshooting
	Wellness/Work-Life Balance resources
	In-person opportunities to connect with colleagues
	Mentoring
	Coaching
	Gyms or Gym Membership
	Increased Commuting Subsidies
	Something not listed. If you would like to make Senior Leadership aware of what is missing, please email futureofwork@epa.gov with the subject "Question 6-Something not listed"

7. Would you consider leaving the Agency if current workplace flexibilities (telework and remote work) were reduced? *		
	\bigcirc	Yes
	\bigcirc	No
8.	_	ardless of their physical work location, employees in my work meet the needs of our customers.
	\bigcirc	Strongly Agree
		Agree
	\bigcirc	Not sure
	\bigcirc	Disagree
	\bigcirc	Strongly disagree
9. Do you believe diversity, equity, inclusion, and accessibility will be negatively impacted if telework or remote work is reduced? *		
	\bigcirc	Yes
	\bigcirc	No

10. How would you rate your overall job satisfaction at the EPA? *		
\bigcirc	Very satisfied	
\bigcirc	Satisfied	
\bigcirc	Not Sure	
\bigcirc	Dissatisfied	
\bigcirc	Very dissatisfied	

Demographic Questions

11. Select your Organization		
\bigcirc	AO	
	OAR	
	OCSPP	
	OCFO	
	OECA	
\bigcirc	OGC	
\bigcirc	OIG	
\bigcirc	OITA	
\bigcirc	OLEM	
\bigcirc	OMS	
\bigcirc	ORD	
\bigcirc	OW	
\bigcirc	OEJECR	
\bigcirc	Region 1	
\bigcirc	Region 2	
	Region 3	

Region 4

Region 5

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() Region 6	
12. I was hired at EPA	
Prior to 2020	
O In 2020 or after	
13. Are you a Supervisor, SES or SL/ST?	
Yes	
○ No	

14. What is your current Bargaining Unit status at EPA?

\bigcirc	Bargaining Unit

Non-Bargaining Unit

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