



## MERIT PRINCIPLES SURVEY 2007 U.S. MERIT SYSTEMS PROTECTION BOARD

OMB Control No. 3124-0014  
RCS# MSPB-2007-001. Expires December 31, 2007

Dear Federal Colleague:

Your opinion counts! The U.S. Merit Systems Protection Board (MSPB) asks that you take a few minutes to participate in our Merit Principles Survey 2007—a Government-wide survey of Federal employees that covers a variety of workforce issues, including supervision, employee development, performance management, and more. Because you are part of a random sample of Government employees, your views about your work and work environment will represent those of the larger Federal workforce. This is an opportunity for you to inform policy by voicing your opinions and concerns about workforce issues.

This survey is an important part of MSPB's responsibility to assess the soundness of Federal merit systems. Your responses will help us recommend to the President, Congress, agency leaders, and other decision makers how to improve the Federal workplace. The information you share will make a positive difference!

Your responses to this survey are voluntary and **strictly confidential**. Only MSPB staff and our survey support contractor staff will have access to the surveys and no data will be disclosed to anyone that could be used to identify individual participants.

On average, the survey will take about 20 minutes for employees to complete and about 30 minutes for supervisors. It may be completed at your work site or at home. Additional information about the Merit Principles Survey is available by clicking the "MSPB Studies" tab on MSPB's website ([www.mspb.gov](http://www.mspb.gov)). If you have questions about this survey, please email us at [MeritPrinciplesSurvey@mspb.gov](mailto:MeritPrinciplesSurvey@mspb.gov) or call our survey hotline at 1-888-260-4798 or 202-653-8896 (V/TDD) for live support Monday through Friday, 8:00 a.m. to 5:00 p.m. Eastern and voice mail at all other times.

Thank you! We appreciate your help.

Sincerely,

John Crum, Ph.D.  
Acting Director, Policy and Evaluation

## Privacy Statement

MSPB wants to assure survey participants that your involvement in the Merit Principles Survey 2007 is both voluntary and confidential. This Privacy Statement identifies MSPB's authorization to conduct the survey and explains how we will manage the data we receive.

- The purpose of collecting this information is to study how well the Federal Government is managing its workforce in adherence to the merit system principles. The results of the survey will be shared with the President, Congress, and other Federal decision-makers to be used in developing policy that supports both merit and mission accomplishment.
- Collection of the information is authorized by Section 1204 of Title 5, US Code.
- This survey has been approved by the Office of Management and Budget in accordance with 5 CFR 1320.
- Your responses to this survey are completely voluntary. There is no penalty if you choose not to participate. However, we encourage your participation to ensure that our data is complete and representative of the Federal workforce.
- Only MSPB staff and our survey support contractor staff will have access to individually completed surveys. In accordance with the Privacy Act of 1974 (Public Law 93-579), no data will be disclosed that could be used to identify individual participants.
- Your agency may receive the raw data to be analyzed by agency staff, but MSPB will cleanse the data in such a way as to ensure that whatever data we give to agencies cannot be used to identify individual participants.

## Marking Instructions

- Place a ✓ in the box next to your response.
- Please use a No. 2 pencil or blue or black ink.
- Please print when you write in your response.
- To change your answer, cross out the incorrect answer and put a ✓ in the correct box. Also draw a circle around the correct answer.

~~Yes~~     No

## Definitions of Survey Terms

**Executives** are members of the Senior Executive Service or equivalent.

**Leaders** are an agency's management team. This includes anyone with supervisory or managerial duties including supervisors, managers, and executives.

**Managers** are those individuals in management positions who typically supervise one or more supervisors.

**Organization** means an agency, office, or division.

**Supervisors** are first-line supervisors who do not supervise other supervisors; typically those who are responsible for employees' performance appraisals and approval of their leave.

**Team leaders** are those who provide employees with day-to-day guidance in work projects, but do not have supervisory responsibilities or conduct performance appraisals.

**Work unit** means an employee's immediate work unit headed by the employee's direct supervisor.

## Agency and Supervisory Status

Please select your agency or agency component.

- Defense:** Air Force
- Defense:** Army
- Defense:** Navy
- Defense:** Defense Logistics Agency (DLA)
- Defense:** Other DoD Office, Agency, or Field Activity  
(including those administratively serviced by DLA)
- Energy:** Headquarters Staff and Support Offices
- Energy:** Power Marketing Administrations
- Energy:** The Under Secretary
- Energy:** The Under Secretary for Science
- Energy:** The Under Secretary for Nuclear Security (NNSA)
- Energy:** Other
- EPA:** Region 1
- EPA:** Region 2
- EPA:** Region 3
- EPA:** Region 4
- EPA:** Region 5
- EPA:** Region 6
- EPA:** Region 7
- EPA:** Region 8
- EPA:** Region 9
- EPA:** Region 10
- EPA:** Office of the Administrator
- EPA:** Office of Administration and Resources Management
- EPA:** Office of Air and Radiation
- EPA:** Office of Chief Financial Officer
- EPA:** Office of Enforcement Compliance Assurance
- EPA:** Office of Environmental Information
- EPA:** Office of General Counsel
- EPA:** Office of Inspector General
- EPA:** Office of International Affairs
- EPA:** Office of Prevention, Pesticides, and Toxic Substances
- EPA:** Office of Research and Development
- EPA:** Office of Solid Waste and Emergency Response
- EPA:** Office of Water
- Federal Energy Regulatory Commission**
- Interior:** Bureau of Indian Affairs
- Interior:** Bureau of Land Management – Headquarters
- Interior:** Bureau of Land Management – Field
- Interior:** Bureau of Reclamation
- Interior:** Fish and Wildlife Service – Headquarters
- Interior:** Fish and Wildlife Service – Regional Office
- Interior:** Fish and Wildlife Service – Field Office
- Interior:** Minerals Management Service – Offshore Minerals Management
- Interior:** Minerals Management Service – Minerals Revenue Management
- Interior:** Minerals Management Service - Other
- Interior:** National Park Service – Headquarters
- Interior:** National Park Service – Regional Office/Center

- Interior:** National Park Service – Park
- Interior:** Office of the Inspector General
- Interior:** Office of the Secretary: Assistant Secretary, Policy, Management, and Budget
- Interior:** Office of the Secretary – National Business Center
- Interior:** Office of the Secretary – Other
- Interior:** Office of the Solicitor – Headquarters
- Interior:** Office of the Solicitor – Field
- Interior:** Office of Surface Mining – Headquarters
- Interior:** Office of Surface Mining – Field
- Interior:** United States Geological Survey – Headquarters
- Interior:** United States Geological Survey – Eastern Region
- Interior:** United States Geological Survey – Central Region
- Interior:** United States Geological Survey – Western Region
- Justice:** Bureau of Alcohol, Tobacco, Firearms, and Explosives
- Justice:** Bureau of Prisons
- Justice:** Civil Division
- Justice:** Justice Management Division
- Justice:** Office of Justice Programs
- Justice:** Other
- Labor:** Bureau of Labor Statistics
- Labor:** Employee Benefits Security Administration
- Labor:** Employment Standards Administration
- Labor:** Employment and Training Administration
- Labor:** Mine Safety and Health Administration
- Labor:** Occupational Safety and Health Administration
- Labor:** Office of the Assistant Secretary for Administration and Management
- Labor:** Other
- Merit Systems Protection Board**
- NASA:** Ames Research Center
- NASA:** Dryden Flight Research Center
- NASA:** Glenn Research Center
- NASA:** Goddard Space Flight Center
- NASA:** Headquarters
- NASA:** Johnson Space Center
- NASA:** Kennedy Space Center
- NASA:** Langley Research Center
- NASA:** Marshall Space Flight Center
- NASA:** Stennis Space Center
- NASA:** Shared Service Center
- National Archives and Records Administration**
- Nuclear Waste Technical Review Board**
- Securities and Exchange Commission**
- SSA:** Deputy Commissioner for Human Resources
- SSA:** Deputy Commissioner for Disability and Income Security Programs
- SSA:** Deputy Commissioner for Business, Finance and Management
- SSA:** Deputy Commissioner for Disability Adjudication and Review
- SSA:** Deputy Commissioner for Communications

- SSA:** Deputy Commissioner for Legislation and Congressional Affairs
- SSA:** Deputy Commissioner for Policy
- SSA:** Deputy Commissioner for Systems
- SSA:** Deputy Commissioner for Operations
- SSA:** Other
- Transportation:** Federal Aviation Administration
- Transportation:** Federal Highway Administration
- Transportation:** Federal Motor Carrier Safety Administration
- Transportation:** Federal Railroad Administration
- Transportation:** Federal Transit Administration
- Transportation:** Maritime Administration
- Transportation:** National Highway Traffic Safety Administration
- Transportation:** Office of the Secretary of Transportation
- Transportation:** Office of the Inspector General
- Transportation:** Pipeline and Hazardous Materials Safety Administration
- Transportation:** Research and Innovative Technology Administration
- Transportation:** Saint Lawrence Seaway Development Corporation
- Transportation:** Surface Transportation Board
- Treasury:** Alcohol and Tobacco Tax and Trade Bureau
- Treasury:** Bureau of Engraving and Printing
- Treasury:** Bureau of Public Debt
- Treasury:** Departmental Offices
- Treasury:** Financial Crimes Enforcement Network
- Treasury:** Financial Management Service
- Treasury:** Inspector General for Tax Administration
- Treasury:** Internal Revenue Service
- Treasury:** Office of the Comptroller of the Currency
- Treasury:** Office of the Inspector General
- Treasury:** Office of Thrift Supervision
- Treasury:** United States Mint

**What is your supervisory status?**

- Non-supervisor** (You do not supervise other employees.)
- Team Leader** (You are not an official supervisor; you provide employees with day-to-day guidance in work projects, but do not have supervisory responsibilities or conduct performance appraisals.)
- Supervisor** (You are responsible for employees' performance appraisals & approval of their leave, but you do not supervise other supervisors.)
- Manager** (You are in a management position and supervise one or more supervisors.)
- Executive** (Member of the Senior Executive Service or equivalent.)

**Part A: My Job**

**A1. For each question, please indicate your level of agreement or disagreement with the statement by placing a check in the box under your response choice.**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. My agency is successful in accomplishing its mission .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I would recommend my agency as a place to work .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The workforce has the job-relevant knowledge and skills necessary to accomplish organizational goals .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My work unit is able to recruit people with the right skills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Employees have a feeling of personal empowerment with respect to work processes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I like the kind of work I do .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My workload is reasonable .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My work gives me a feeling of personal accomplishment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My talents are used well in the workplace.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I know how my work relates to the agency's goals and priorities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The work I do is important.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. The people I work with cooperate to get the job done.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A2. For each question, please indicate how often the event occurs by placing a check in the box under your response choice.**

	Always or Almost Always	Most of the Time	Some of the Time	Usually Not	Rarely or Never
a. How often can at least one of your co-workers fill in for you when you are not at work?.....	<input type="checkbox"/>				
b. How often do you have the resources you need to do your job well? .....	<input type="checkbox"/>				
c. How often do you receive the information and guidance you need to do your work efficiently and effectively? .....	<input type="checkbox"/>				
d. How often do you do more than your fair share of work because of the poor performance or low productivity of one or more of your co-workers? .....	<input type="checkbox"/>				

**A3. For each question, please indicate your level of satisfaction by placing a check in the box under your response choice.**

	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
a. Considering everything, how satisfied are you with your job? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How satisfied are you with your involvement in decisions that affect your work? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A4. Overall, how good a job do you feel is being done by your immediate supervisor/team leader?**

- Very good
- Good
- Fair
- Poor
- Very Poor

**Part B: My Immediate Supervisor**

**B1. For each question, please indicate your level of agreement or disagreement with the statement by placing a check in the box under your response choice.**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. My supervisor communicates high performance expectations to employees .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My supervisor talks with me or assists me when I need help .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My supervisor treats me with courtesy and respect.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My supervisor compliments me when I do a good job.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My supervisor explains the reasons for work changes before they take place.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My supervisor works hard to maintain and improve our work unit's performance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My supervisor follows through on commitments .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My supervisor speaks up for employees.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I have trust and confidence in my supervisor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. My supervisor makes decisions based on what is personally best for him or her rather than what is best for the organization .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. My supervisor demonstrates a high level of integrity .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. My supervisor has a good understanding of my job performance and accomplishments .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. My supervisor supports my need to balance work and family issues .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Discussions with my supervisor/team leader about my performance are worthwhile.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B2. About how often do you meet individually with your supervisor to discuss the progress of your work?**

- Weekly or more often
- Every two weeks
- Monthly
- Quarterly
- Twice per year
- Annually
- Less than once per year

**B3. The frequency with which my supervisor meets with me to discuss the progress of my work is:**

- Not often enough
- About right
- Too often

**B4. How often do you typically receive formal or informal feedback from your supervisor?**

- Weekly or more often
- Every two weeks
- Monthly
- Quarterly
- Twice per year
- Annually
- Less than once per year

**B5. How helpful is your supervisor's feedback in helping you improve or enhance your performance?**

- Very Helpful
- Somewhat Helpful
- Not Helpful
- Harmful

**B6. What does your supervisor do (or not do) that helps you do your best work? Please list one to three actions or behaviors. If your supervisor does not help you do your best work, write "none".**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**B7. What does your supervisor do (or not do) that makes it difficult for you to do your best work? Please list one to three actions or behaviors. If your supervisor does not make it difficult for you to do your best work, write "none".**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**B8. Overall, how would you rate your immediate supervisor's performance as a supervisor?**

- Very Good
- Good
- Fair
- Poor
- Very Poor

**Part C: Performance Management**

**C1. Do you have written individual performance goals that clearly define the results you are expected to achieve during the performance period?**

- No → *Skip to Question C5*
- Yes
- Don't Know → *Skip to Question C5*

**C2. Have your individual performance goals been developed, reviewed, updated, or discussed with your supervisor for the current performance period (or if your performance period ended within the past two months, answer for your goals for the previous performance period)?**

- No
- Yes
- Don't Know

**C3. Are your individual performance goals clearly linked to organizational or work unit goals?**

- No
- Yes
- Don't Know

**C4. Do your individual performance goals accurately define what is expected of you?**

- No
- Yes
- Don't Know

**C5. For each question, please indicate your level of agreement or disagreement with the statement by placing a check in the box under your response choice.**

	Strongly Disagree				
	Disagree				
	Neither Agree nor Disagree				
	Agree				
	Strongly Agree				
a. I am held accountable for achieving results in the sense that if I achieve the expected work results, I experience positive consequences .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am held accountable for achieving results in the sense that if I do NOT achieve the expected work results, I experience negative consequences. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Appropriate, objective measures are used to evaluate my performance. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My performance appraisal is a fair reflection of my performance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. In my most recent performance appraisal, I understood what I had to do to be rated at different performance levels (e.g., Fully Successful, Outstanding). ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. In my work unit, steps are taken to deal with a poor performer who cannot or will not improve.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am rewarded for providing high quality products and services to my customers (internal and/or external) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Recognition and rewards are based on performance in my work unit. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. In my work unit, differences in performance are recognized in a meaningful way.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Creativity and innovation are rewarded.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Pay raises depend on how well employees perform their jobs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Promotions in my work unit are based on merit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C6. For each question, please indicate your level of satisfaction by placing a check in the box under your response choice.**

	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
a. How satisfied are you with the recognition you receive for doing a good job? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How satisfied are you with your opportunity to get a better job in your organization?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Considering everything, how satisfied are you with your pay? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part D: Managers and Executives in My Organization**

**D1. For each question, please indicate your level of agreement or disagreement with the statement by placing a check in the box under your response choice.**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. The information collected in surveys and other forms of employee input is used to make improvements in my organization.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have a high level of respect for my organization's senior leaders. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In my organization, leaders generate high levels of motivation and commitment in the workforce. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Managers and executives demonstrate consistency between words and actions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Managers and executives are open and honest in sharing information with employees.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I can express my point of view to management without fear of negative consequences.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Managers communicate the goals and priorities of the organization. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Managers review and evaluate the organization's progress toward meeting its goals and objectives. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Managers/supervisors/team leaders work well with employees of different backgrounds .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D2. For each question, please indicate your level of satisfaction by placing a check in the box under your response choice.**

	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
a. How satisfied are you with the policies and practices of your senior managers? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How satisfied are you with the information you receive from management about what's going on in your organization?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part E: Training and Development**

**E1. For each question, please indicate your level of agreement or disagreement with the statement by placing a check in the box under your response choice.**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Supervisors/team leaders in my work unit support employee development.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am given a real opportunity to improve my skills in my organization.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My training needs are assessed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered "Agree" or "Strongly Agree" to question E1-c, continue with question E2.**

**If not, skip to question E3.**

**E2. How are your training needs assessed?**

*Mark all that apply.*

- Informal discussion with my supervisor or team leader
- Formal discussion with my supervisor or team leader
- My supervisor or team leader decides what I need without discussing it with me
- Individual development planning
- Self-assessment questionnaire
- 360 or multi-source feedback (Several different groups of people who work with you assess your development needs such as peers, supervisor, subordinates, or customers)
- Other *Specify:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**E3. How satisfied are you with the training you receive for your present job?**

*Please mark only one.*

- Very Satisfied
- Satisfied
- Neither Satisfied nor Dissatisfied
- Dissatisfied
- Very Dissatisfied

**E4. How many times in the past 12 months have you had each of the following kinds of formal training that was paid for or otherwise provided by the Federal Government?**

*For our purposes, formal training includes classroom training, computer/web-delivered training, conferences and symposia, etc. Please count one "time" for each "class" or conference you took, even if it lasted for several days.*

# times	Paid formal training
<input type="text"/>	a. Agency, bureau, division, or <b>office-required training</b> (such as computer security awareness, ethics, e-travel, etc.)
<input type="text"/>	b. Training about topics of <b>general interest</b> to government employees (such as new employee orientation, retirement planning, insurance benefits, etc.)
<input type="text"/>	c. Training that is closely related to the <b>duties of your current job</b>
<input type="text"/>	d. Training that primarily prepares you for a promotion or <b>movement to a different job</b>
<input type="text"/>	e. Training that has <b>little or no real relation</b> to your present or possible future job responsibilities

If you answered 1 or more to question E4-c, please continue with question E5.

Otherwise, skip to the Introduction to Question E10 on page 9.

**E5. Please describe in a few words (no more than a sentence) the topic of the *most recent formal training closely related to the duties of your current job* you received that was paid for or otherwise provided by the Federal Government.**

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**E6. Which of the following *best* describes your reason for taking this training?**  
*Please mark only one.*

- It is required for employees in my occupation or specialty.
- My supervisor or other agency leader requested or required that I take it.
- I requested to take it because I thought it would increase my job-related abilities.
- I requested it because it would improve my ability to get a promotion or different job.
- I requested to take it for a different reason.

**Specify:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**E7. Which of the following *best* describes the level of the knowledge, skill, or ability you expected to obtain from this training?**  
*Please mark only one.*

- Introductory**, which assumes little or no prior background in what is taught.
- Intermediate**, which assumes some background or ability and builds toward the advanced level.
- Advanced**, which assumes attendees already have a great deal of background and/or ability in this area, and are fine-tuning their knowledge, skill, or ability.

**E8. Which of the following persons or groups developed the content of this *most recent formal, job-related training*?**  
*Please mark only one.*

- An office or individual within your agency
- Another Federal agency or organization
- A state or local government organization
- A professional association or other nonprofit organization
- A private sector contractor or other commercial organization
- A college, university or other academic institution
- Don't know

E9. Please indicate your level of agreement or disagreement with each of the following statements about this *most recent job-related training*:

	Strongly Disagree				
	Disagree				
	Neither Agree nor Disagree				
	Agree				
	Strongly Agree				
a. I <i>enjoyed</i> this training .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The training was <i>effective</i> in teaching what it was designed to teach.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The training consisted mostly of things that I <i>did not know</i> before taking the training.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. What I have learned from this training either has, or will likely <i>improve my job performance</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <i>Obstacles</i> in my work setting that I cannot control prevent me from using the training to improve my job performance...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It would be <i>more effective</i> for employees to learn this type of knowledge, skill or ability <i>on the job</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. It is very hard to develop proficiency in this area if you do not have natural talent or ability to begin with.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other employees in my work unit have had the same training in the past year.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I would <i>recommend</i> this training to others who do the same kind of work I do .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please consider the following possible situation.

*Your agency is hiring more staff as a result of increased funding and an expansion of its mission. You have been asked to help hire a new employee who will be doing the same type and level of work that you do, but will be part of a different work team.*

E10. Please describe in a few words or phrases the *most important knowledge, skill, or ability* this new employee needs to do his or her job well:

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E11. Please indicate your level of agreement or disagreement with the following statements about this *most important skill or ability*:

	Strongly Disagree				
	Disagree				
	Neither Agree nor Disagree				
	Agree				
	Strongly Agree				
a. It can be learned by studying an appropriate manual, book, or web site.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It can be learned from a formal training class or series of classes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. It can be learned on the job through selected tasks or assignments.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It can be learned through coaching or mentoring by an experienced co-worker.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It is more of a personal characteristic or ability that cannot easily be learned.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It is important to have during the first week on the job.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E12. Consider all of the knowledge, skills and abilities (KSAs) the new employee needs for this job. Given that we want to be as efficient as possible, what percentages of these KSAs *should* come from each of the following sources? (Note: The total should equal 100%.)**

	Percent
a. The employee should be able to do this <i>before beginning work</i> on the job .....	<input type="text"/>
b. The employee should be <i>formally trained</i> to do this while on the job ..	<input type="text"/>
c. The employee should <i>“learn by doing”</i> this while on the job .....	<input type="text"/>
d. The employee should be <i>coached or mentored</i> in this while on the job .....	<input type="text"/>
<b>TOTAL</b>	<b>100%</b>

### Part F: Physical Work Environment and Safety

For each question, please indicate your level of agreement or disagreement with the statement by placing a check in the box under your response choice.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Physical conditions (for example, noise level, temperature, lighting, cleanliness in the workplace) allow employees to perform their jobs well. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Employees are protected from health and safety hazards on the job .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My organization has prepared employees for potential security threats. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Part G: Merit System Principles and Prohibited Personnel Practices

*These questions pertain only to your experiences as a Federal employee. If you have been a Federal employee for less than two years, please answer the questions for the time you have been a Federal employee.*

For each question, please place a check in the box under your response choice.

**G1. Have you been treated fairly in the past 2 years in each area listed below?**

	Yes	Don't know	No	Not Applicable
a. Career advancement .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Awards .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Training .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Performance appraisals .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Job assignments .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Discipline .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Pay .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**G2. In the past 2 years, have you been denied a job, promotion, pay increase, or other job benefit because of unlawful discrimination based on the following factors?**

	Yes	No	Don't know
a. Race/national origin .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sex .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Age .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Disability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Religion .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Marital status .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Political affiliation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sexual orientation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Off duty conduct .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**G3. In the past 2 years, have you been...**

	Don't know		
	Yes	No	
a. Discouraged from competing for a job or promotion by an agency official .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Influenced by an agency official to withdraw from competition from a Federal job or promotion in order to help another person's chances of getting that job or promotion .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Denied a job or promotion because one of the selecting or recommending officials gave an unfair advantage to another person .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Denied a job or promotion because it was given to a relative of a selecting or recommending official .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Denied an award based on favoritism by the nominating or approving officials .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Pressured into participating in political activities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Improperly pressured to take actions or make decisions based on political goals of others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**G4. In the past 2 years, do you feel you have been retaliated against or threatened with retaliation for taking any of the following actions? *Mark all that apply.***

	Not Applicable			
	Yes, Threatened with Retaliation			
	Yes, Experienced Retaliation			
	No			
a. Disclosing health and safety dangers, unlawful behavior, and/or fraud, waste, and abuse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Exercising any formal appeal, complaint, or grievance right.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Testifying for or otherwise assisting any individual in the exercise of whistleblowing, equal opportunity, or appeal rights.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Refusing to obey an unlawful order .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Reporting unwanted sexual attention or sexual harassment .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Disagreeing with management decisions .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**H. Demographic Questions**

**H1. How many years have you been a Federal civil service employee?**

- Less than 1 year
- 1 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- 21 to 25 years
- More than 25 years

**H2. How many years of full-time work experience did you have before you began working for the Federal government in the civilian workforce?**

- Less than 1 year
- 1 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- 21 to 25 years
- More than 25 years

**H3. Are you:**

- Male
- Female

**H4. Are you Hispanic or Latino?**

- Yes
- No

**H5. Please select the racial category or categories with which you most closely identify. *Mark all that apply.***

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**H6. What is your age?**

- 25 or under
- 26–29
- 30–39
- 40–49
- 50–59
- 60 or older

**H7. What is your annual base salary? Please round to the nearest thousand.**

**H8. What is your current education level?**

- Less than a high school diploma
- High school, equivalent diploma, or GED
- Some college credits but no degree
- Associate’s college degree
- Bachelor’s college degree
- Graduate credits but no graduate degree
- Master’s degree
- Professional degree (e.g., J.D, M.D., D.D.S., Ed.D.)
- Academic or scientific doctoral degree (e.g., Ph.D.)

**I. Questions for Supervisors, Managers, and Executives**

All questions in this section are to be answered **ONLY** by supervisors, managers, and executives.

**I1. How many years of experience did you have as a supervisor or manager *before* you joined the Federal civilian workforce? If you had less than 6 months experience, enter 0. If you had 6 months or more experience but less than 1 year, round up to 1 year.**

**I2. How many *total years* of supervisory experience do you have in the Federal civilian workforce? If you have less than 6 months experience, enter 0. If you have 6 months or more experience but less than 1 year, round up to 1 year.**

**I3. What do you see as the most important component of your job?**

- Communicating and interacting with other supervisors and managers
- Communicating with internal and/or external customers
- Doing my own technical work
- Supervising my employees (reviewing work, providing feedback, discussing their assignments, development, or performance with them, etc.)
- Creating a work unit or organization equipped to successfully meet the challenges of today and tomorrow through strategic hiring, development, management, and retention
- Completing administrative work
- Other *Specify:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I4. What is the most satisfying part of your job?**

- Communicating and interacting with other supervisors and managers
- Communicating with internal and/or external customers
- Doing my own technical work
- Supervising my employees (reviewing work, providing feedback, discussing their assignments, development, or performance with them, etc.)
- Creating a work unit or organization equipped to successfully meet the challenges of today and tomorrow through strategic hiring, development, management, and retention
- Completing administrative work
- Other *Specify:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**15. Approximately what percentage of your time is devoted to each of the following activities? (Note: The total should equal 100%.)**

Activity	% of Time
a. Communicating and interacting with other supervisors and managers .....	<input type="text"/>
b. Communicating with internal and/or external customers .....	<input type="text"/>
c. Doing my own technical work .....	<input type="text"/>
d. Supervising my employees (reviewing work, providing feedback, discussing their assignments, development, or performance with them, etc.) .....	<input type="text"/>
e. Creating a work unit or organization equipped to successfully meet the challenges of today and tomorrow through strategic hiring, development, management, and retention .....	<input type="text"/>
f. Completing administrative work .....	<input type="text"/>
e. Other <i>Specify:</i> _____	<input type="text"/>
<b>TOTAL</b>	<b>100%</b>

**16. Do you have all the authority you need to fulfill your supervisory responsibilities?**

- No
- Yes
- Not sure

**17. When do you typically review your employees' work? Please select only one response.**

- I don't typically review my employees' work
- Usually only when a problem arises
- Usually only when an employee requests my review
- When the customer is especially important or demanding or the work has political implications
- At the completion of a project or product milestone
- At the full completion of a project or product
- Routinely review my employees' work on a regular basis
- Other *Specify:* \_\_\_\_\_

*If you selected "Routinely review my employees work" please continue with question I 7A. Otherwise, skip to question I 8.*

**17A. How often do you routinely review your employees' work on a regular basis?**

- Daily
- Weekly
- Every two weeks
- Monthly
- Quarterly
- Twice per year
- Annually

**18. When do you routinely make notes about your employees' work and/or performance, e.g., recording achievements, positive or negative incidents or behaviors, progress, development needs, etc? Mark all that apply.**

- I don't record my employees' performance
- I don't have a routine but I sometimes record my employees' performance
- At the completion of project milestones
- At the full completion of a project
- When a positive or negative incident occurs
- During or following individual meetings or discussions with employees
- At mid-year performance appraisal time
- At year-end performance appraisal time
- On a time-based schedule I set. **How often?**
  - Daily
  - Weekly
  - Every two weeks
  - Monthly
  - Quarterly
  - Twice per year
  - Annually

**19. From whom do you collect feedback to help you determine how well an employee is performing? Mark all that apply.**

- Employee's team leader
- Internal customers of the employee
- External customers of the employee
- Employee's peers
- Employee's subordinates
- Employee's suppliers, vendors, or contractors
- Other supervisors or managers who are not the employee's customers
- Other than the above
- I don't collect feedback from others

**I10. Organizations sometimes include employees who are performing at or just above minimum standards but who could perform better if they invested more effort in their work. Consider the last time you directly supervised an employee of this type. What actions did you take?**

- I have not yet had experience with this type of employee → *Skip to Question I 11*
- I have had experience with this type of employee, but I did not take any special actions to help the employee improve → *Skip to Question I 11*

**If you have had experience with this type of employee and took actions to help the employee improve, for each action listed below please indicate:**

**Step 1.** If you took that action, and

**Step 2.** For each action you took, the impact of that action on the employee's performance

Action (✓)	IMPACT							
	Improved	Improved & Then Regressed	No Change	Worsened	Transferred	Resigned	Too Soon to Tell	Don't Know
<input type="checkbox"/> a. Discussed with the employee why he or she was not performing to his or her potential .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> b. Worked with the employee to develop and implement an informal improvement plan .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> c. Discussed with the employee the benefits to him or her of improving .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> d. Explained to the employee how his or her performance affects the performance rating .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> e. Monitored the employee's work more closely than other employees' work .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> f. Provided frequent feedback and/or coaching .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> g. Paired the employee with another employee .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> h. Reduced the employee's workload or gave easier assignments .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> i. Increased the employee's workload or gave more difficult assignments .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> j. Encouraged the employee to transfer to another work unit where he or she could be more successful. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> k. Other – <i>Please specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____								
_____								

I11. Some organizations include employees who are performing at or just above minimum standards but who could perform better if they improved in specific knowledge, skills, abilities, personal characteristics or their interactions with others. Consider the last time you directly supervised an employee of this type. What actions did you take?

- I have not yet had experience with this type of employee → *Skip to Question I 12*
- I have had experience with this type of employee, but I did not take any special actions to help the employee improve → *Skip to Question I 12*

**If you have had experience with this type of employee and took actions to help the employee improve, for each action listed below please indicate:**

**Step 1.** If you took that action, and

**Step 2.** For each action you took, the impact of that action on the employee's performance

Action (✓)	IMPACT	Improved	Improved & Then Regressed	No Change	Worsened	Transferred	Resigned	Too Soon to Tell	Don't Know
<input type="checkbox"/> a. Worked with the employee to develop and implement an informal improvement plan .....		↓	↓	↓	↓	↓	↓	↓	↓
<input type="checkbox"/> b. Monitored the employee's work more closely than other employees' work .....		↓	↓	↓	↓	↓	↓	↓	↓
<input type="checkbox"/> c. Provided frequent feedback and coaching.....		↓	↓	↓	↓	↓	↓	↓	↓
<input type="checkbox"/> d. Paired the employee with another employee who is highly skilled in the employee's weak areas .....		↓	↓	↓	↓	↓	↓	↓	↓
<input type="checkbox"/> e. Re-assigned the employee to work more closely matched with abilities .....		↓	↓	↓	↓	↓	↓	↓	↓
<input type="checkbox"/> f. Provided the employee with training or on-the-job development opportunities to address weaker areas.....		↓	↓	↓	↓	↓	↓	↓	↓
<input type="checkbox"/> g. Encouraged the employee to transfer to another work unit where he or she could be more successful .....		↓	↓	↓	↓	↓	↓	↓	↓
<input type="checkbox"/> h. Other – <i>Please specify:</i> _____		↓	↓	↓	↓	↓	↓	↓	↓
		↓	↓	↓	↓	↓	↓	↓	↓
		↓	↓	↓	↓	↓	↓	↓	↓

**I12. Some organizations include employees who are poor performers, i.e., their performance is below minimum standards. Consider the last time you directly supervised an employee of this type. What actions did you take?**

- I have not yet had experience with this type of employee → *Skip to Question I 13*
- I have had experience with this type of employee, but I did not take any special actions to help the employee improve → *Skip to Question I 13*

**If you have had experience with this type of employee and took actions to help the employee improve, for each action listed below please indicate:**

**Step 1.** If you took that action, and

**Step 2.** For each action you took, the impact of that action on the employee's performance

Action (✓)	IMPACT	Improved	Improved & Then Regressed	No Change	Worsened	Transferred	Resigned	Too Soon to Tell	Don't Know
<input type="checkbox"/> a. Met frequently with the employee to provide feedback and coaching.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> b. Closely monitored the employee's work.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> c. Discussed with the employee the possible reasons for poor performance.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> d. Asked the employee how I could help and provided appropriate help.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> e. Communicated expectations and provided direction orally.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> f. Communicated expectations and provided direction through a written memo.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> g. Discussed with the employee possible negative consequences for continued inadequate performance.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> h. Changed the employee's work assignments.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> i. Worked with the employee to develop an informal plan for improvement.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> j. Prepared a formal Performance Improvement Plan.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> k. Paired the person with a good performer as a guide or mentor.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> l. Gave the employee a low performance appraisal rating.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> m. Transferred the employee to a different job, team, or work unit.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> n. Took disciplinary action such as suspension or removal.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> o. I waited for the opportunity to use conduct issues to address inadequate performance.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> p. Other – <i>Please specify:</i> _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I13. To which group of your employees do you tend to provide the most feedback and coaching or mentoring?**

- Top performers
- Good performers
- Marginal performers
- Low performers

**I14. For each question, please indicate your level of agreement or disagreement with the statement by placing a check in the box under your response choice.**

	Strongly Disagree				
	Neither Agree nor Disagree			Disagree	
	Agree		Strongly Agree		
a. I support my employees' need to balance work and family issues.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I communicate high performance expectations to my employees .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I talk with my employees or assist them when they need help .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I explain the reasons for work changes to my employees before they take place .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Employees in my work unit or organization can express their point of view to me without fear of negative consequences .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I15. How would you rate your overall performance as a supervisor?**

- Very good
- Good
- Fair
- Poor
- Very Poor

**I16. Did you receive formal supervisory training prior to or during your first year as a supervisor?**

- No → *Skip to Item I 19*
- Yes

**I17. What were the topics of the formal supervisory training you received prior to and during your first year as a supervisor? *Mark all that apply.***

- Conducting team or work unit meetings
- Developing performance goals and standards for your employees
- Making work assignments
- Monitoring or reviewing employee work and progress
- Documenting employee performance (ongoing for all employees)
- Preparing performance appraisals
- Providing corrective feedback and coaching
- Providing positive feedback and coaching
- Conducting performance discussions
- Managing poor performers
- Helping employees improve their performance (all employees, not just poor performers)
- Employee development planning and implementation
- Improving the productivity or effectiveness of your work unit
- Workforce planning
- Helping employees balance work and personal lives
- Using the probationary period as the final stage of the selection process
- Conflict management
- Other *Describe:* \_\_\_\_\_

**I18. How many total hours of supervisory training did you participate in prior to and during your first year as a supervisor?**  
*(8 hours equals 1 day)*

- Less than one day
- 1 to 2 days
- 3 to 4 days
- 1 week
- 2 weeks
- More than 2 weeks

**I19. What types of informal development did you participate in to help you build your supervisory knowledge, skills, and abilities during your first year as a supervisor?**  
*Mark all that apply.*

- Self-study of books, magazines, journals, web sites, or other materials
- Coaching and/or feedback from my manager
- Coaching or advice from other supervisors or a mentor
- Feedback from my employees
- 360 or multi-source feedback (Several different groups of people who work with me such as peers, supervisor, subordinates, or customers provide feedback)
- Discussions with friends and family members
- Participation in a professional association
- Networking
- Activities outside of work, e.g., community, church, or other volunteer activities
- None
- Other *Describe:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I20. What type of supervisory training do you wish you had received early in your career as a supervisor but did not? Please list one to five topics.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**I21. According to Federal regulation, all supervisors must serve a one-year probationary period when they first become supervisors. When you first became a supervisor, were you informed that you would be on probation for a year?**

- No
- Yes
- Don't remember

**I22. Was your performance during your probationary period as a supervisor actually used to decide if you should continue in a supervisory role?**

- No
- Yes
- Don't know

## THANK YOU FOR PARTICIPATING IN THIS SURVEY!

PLEASE MAIL YOUR COMPLETED SURVEY IN THE ENCLOSED ENVELOPE.

If you have misplaced the envelope, please return the survey to:

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1650 Research Boulevard  
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