

Employee Readiness to Return to Work Survey



As [Company Name] continues to create new safety protocols and procedures for returning our dedicated employees back to the workplace in a rapidly evolving landscape, we need the support of our people. The post-COVID return is an emotional issue that involves your families, health and mental wellness. Your honest feedback will allow us to not only be methodical in thinking but also thoughtful so to better understand the needs of our organization as a whole we are asking that everyone please take a moment to complete the below survey by [Due Date].

1. How ready to you feel about returning to the office?

2. What are you most looking forward to in regards to coming back to the workplace?

3. Do you currently have any caregiving responsibilities that would interfere with your returning to the physical work location?

4. If telecommuting continued to be an option, would you prefer to work from home?

Yes No Undecided

5. Are you able to be flexible with your work hours to eliminate the number of people in the office at any given time? If yes, select which of the following you are able to be flexible with.

- Come in earlier
- Come in later
- Take an early lunch
- Take a late lunch
- Work from home part of the week
- Reduce hours

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6. Please let us know (using the options below) how each of these safety measures affects your confidence in returning to work.

Staggered shift patterns

Not Confident Somewhat Confident Confident Very Confident

Restricted access to communal areas

Not Confident Somewhat Confident Confident Very Confident

Limited numbers of people allowed in meeting rooms

Not Confident Somewhat Confident Confident Very Confident

Daily deep cleaning of premises

Not Confident Somewhat Confident Confident Very Confident

Provided hand sanitizer and masks

Not Confident Somewhat Confident Confident Very Confident

One-way walking systems

Not Confident Somewhat Confident Confident Very Confident

Social distancing floor markers

Not Confident Somewhat Confident Confident Very Confident

Temperature checks upon arrival

Not Confident Somewhat Confident Confident Very Confident

7. Do you feel comfortable approaching your manager regarding personal matters?

Very Sometimes Not at All

8. On a scale of 1 to 5, do you think the company keeps you well informed about the measures being taken in response to COVID-19?

1 2 3 4 5

9. On a scale of 1 to 5, how confident are you in the company's ability to overcome the operational challenges caused by COVID-19?

1 2 3 4 5

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10. What concerns, if any, do you have about returning to the workplace?

11. Do you have any other feedback you'd like to share regarding the organization's decision/plan to return to the office?

12. Are there any questions you would like to ask that we have not answered in previous communications?

Thank you for your time and participation! Our hope is to create a productive, safe “new normal” but our promise to you is to communicate any changes in a manner that is clear, direct and maintains trust in the organization's leadership. We will continue to stay up to date with the most recent federal, state and local regulations related to COVID-19 to ensure your safety—which is our first priority.

If you would like to discuss the Workforce Re-Entry Plan please provide your name in the box below and an HR representative will contact you directly.