

2024 City of Tempe Employee Survey

Please take a few minutes to complete this important survey. Your input will be used to help identify ways to improve the City's work environment for City employees.

Your responses will remain completely confidential. No personal identifying information will be shared with any City staff. The raw survey database will not be available to the City of Tempe or anyone other than the project management team from ETC Institute. ETC Institute will not release any data tabulations or databases in any format which could reveal the identity of individual respondents.

Respondents can provide comments on policies, procedures, operations, facilities, and have opportunities for expansion on questions included in this survey and in Question 23 at the end of the document. The City reserves the right, in its sole discretion, to redact and/or withhold from publication any defamatory, slanderous, or indecorous remarks against an individual, and any comments that may constitute a personal attack on a City employee, officer, agent, contractor, resident, or member of the public.

1. Using a scale of 5 to 1, where 5 means "Strongly Agree" and 1 means "Strongly Disagree," please rate your level of agreement with each of the following statements.

Professional Development/Career Mobility	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA
1. I receive training to do my job effectively	5	4	3	2	1	9
2. There is someone at work who encourages my career development	5	4	3	2	1	9
3. I have been mentored at work	5	4	3	2	1	9
4. I have received fair consideration for advancement within the City of Tempe when I've applied for a promotion within the last 2 years	5	4	3	2	1	9
5. I am aware of the City's educational partnerships, coaching program, and other programs related to professional development and career mobility	5	4	3	2	1	9
6. The City's programs related to professional development and career mobility, such as educational partnerships, Employee Development trainings and opportunities, etc., are useful to me	5	4	3	2	1	9
7. Overall, I am satisfied with the professional development opportunities that are available to me by the City	5	4	3	2	1	9

1a. [Optional] How could the City improve professional development/career mobility for employees?

2. The following programs/services adequately support my needs:

1. The wellness program	5	4	3	2	1	9
2. City mediation services	5	4	3	2	1	9
3. The Safe Haven process	5	4	3	2	1	9
4. Tempe Employee View/Internal Audit reporting programs	5	4	3	2	1	9
5. The Director/Chief and Deputy Directors/Assistant Chiefs in my department are demonstrating and communicating the same values that are expected of me	5	4	3	2	1	9
6. My physical work environment (building) is safe, clean, and maintained in good operating order	5	4	3	2	1	9
7. The City supports employees with a disability	5	4	3	2	1	9
8. Overall, I am satisfied with the support that is provided to employees by the City of Tempe	5	4	3	2	1	9

2a. [Optional] How could the City improve organizational support for employees?

3. Using a scale of 5 to 1, where 5 means "Strongly Agree" and 1 means "Strongly Disagree," please rate your level of agreement with each of the following statements.

Supervision/Working Environment		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA
1.	My immediate supervisor treats me with respect	5	4	3	2	1	9
2.	I know what is expected of me at work	5	4	3	2	1	9
3.	I have the materials and equipment I need to do my job effectively	5	4	3	2	1	9
4.	I am comfortable expressing my opinions about work-related issues to my immediate supervisor	5	4	3	2	1	9
5.	I believe my opinions matter at work	5	4	3	2	1	9
6.	My work is appreciated by my immediate supervisor	5	4	3	2	1	9
7.	My immediate supervisor gives me clear expectations for work assignments	5	4	3	2	1	9
8.	My immediate supervisor makes good use of my time	5	4	3	2	1	9
9.	I receive constructive feedback on my job performance from my immediate supervisor	5	4	3	2	1	9
10.	The work I perform is evaluated fairly	5	4	3	2	1	9
11.	My immediate supervisor knows my career/job goals	5	4	3	2	1	9
12.	My immediate supervisor supports me in achieving my career/job goals	5	4	3	2	1	9
13.	Within the last 30 days, I have received feedback on my job performance from my supervisor	5	4	3	2	1	9
14.	When I request training, my supervisor is open to working with me to ensure I can attend	5	4	3	2	1	9
15.	The Director/Chief and Deputy Directors/Assistant Chiefs in my department listen to me	5	4	3	2	1	9
16.	I believe the Director/Chief and Deputy Directors/Assistant Chiefs in my department support decisions made by my supervisor	5	4	3	2	1	9
17.	Conflict in my work area is resolved effectively	5	4	3	2	1	9
18.	I believe assignments in my department are distributed fairly	5	4	3	2	1	9
19.	I believe exceptional job performance is recognized appropriately by managers/supervisors in my work unit	5	4	3	2	1	9
20.	I believe poor job performance is dealt with effectively by managers/supervisors in my work unit	5	4	3	2	1	9
21.	I feel physically safe in my work unit	5	4	3	2	1	9
22.	I am able to discuss physical and emotional safety with my supervisor	5	4	3	2	1	9
23.	My immediate supervisor has the skills to deal with conflict	5	4	3	2	1	9
24.	As a supervisor, I am supported when addressing staff issues (If applicable)	5	4	3	2	1	9
25.	As a supervisor, my direct reports treat me with respect (If applicable)	5	4	3	2	1	9
26.	As a supervisor, I have been given the training, tools, and resources to lead my work unit (If applicable)	5	4	3	2	1	9
27.	Overall, I am satisfied with the working environment in my department	5	4	3	2	1	9

3a. [Optional] How could the City improve supervision and/or the work environment for employees?

4. Please rate your level of agreement with each of the following statements concerning compensation and benefits.

1.	The City's health care plan meets my needs	5	4	3	2	1	9
2.	The amount that I pay for health care benefits is reasonable	5	4	3	2	1	9
1-2a. Are you currently enrolled in the City's sponsored health care plans?		YES			NO		
3.	The City does a good job of informing me about my benefits	5	4	3	2	1	9
4.	The amount of leave that I receive each year meets my needs	5	4	3	2	1	9
5.	The amount I am paid is fair for the work I do	5	4	3	2	1	9
6.	I am satisfied with the City's deferred compensation benefits	5	4	3	2	1	9
7.	Overall, I am reasonably compensated in pay and benefits for the work I do	5	4	3	2	1	9

4a. [Optional] How could the City improve compensation and benefits for employees?

5. Using a scale of 5 to 1, where 5 means "Strongly Agree" and 1 means "Strongly Disagree," please rate your level of agreement with each of the following statements.

Employee Engagement		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA
1.	I receive information that affects my work in a timely manner from my immediate supervisor	5	4	3	2	1	9
2.	Communication between work units/divisions INSIDE my department is good	5	4	3	2	1	9
3.	Communication between my work unit/division and work units/divisions OUTSIDE my department is good	5	4	3	2	1	9
4.	With respect to my role, communication between departments is good	5	4	3	2	1	9
5.	I have adequate input on decisions affecting my work	5	4	3	2	1	9
6.	I am encouraged to be innovative and come up with better ways to do things at work	5	4	3	2	1	9
7.	Employees in my department are highly motivated about accomplishing our goals	5	4	3	2	1	9
8.	Employees in my department take personal accountability for their actions and work performance	5	4	3	2	1	9
9.	I am comfortable expressing my opinions about work related issues to my department Director/Chief and Deputy Directors/Assistant Chiefs	5	4	3	2	1	9
10.	The Director/Chief and Deputy Directors/Assistant Chiefs in my department use input from employees to make decisions	5	4	3	2	1	9
11.	The Director/Chief and Deputy Directors/Assistant Chiefs in my department engage in processes that actively solicit input from employees to make decisions	5	4	3	2	1	9
12.	I am aware of the City values (People, Integrity, Respect, Openness, Creativity, Quality, Diversity)	5	4	3	2	1	9
13.	I feel my department practices the City values (People, Integrity, Respect, Openness, Creativity, Quality, Diversity)	5	4	3	2	1	9
14.	I feel the City practices the City values (People, Integrity, Respect, Openness, Creativity, Quality, Diversity)	5	4	3	2	1	9
15.	Overall, I am satisfied with my level of engagement in my department	5	4	3	2	1	9

5a. **[Optional]** How could the City improve employee engagement?

6. Please rate your level of agreement with each of the following statements concerning peer relationships.

1.	My co-workers treat me with respect	5	4	3	2	1	9
2.	Conflict between co-workers is resolved effectively	5	4	3	2	1	9
3.	Overall, I am very satisfied with the quality of peer relationships among City employees	5	4	3	2	1	9

6a. **[Optional]** How could the City improve peer relationships among employees?

7. Are you aware of the Council priorities and the City's Strategic Plan (Performance Measures)?

___(1) Yes ___(2) No

8. Are you proud to work for the City of Tempe? ___(1) Yes ___(2) No ___(9) Don't know

9. Overall, how satisfied are you with your current job?

___(4) Very satisfied ___(3) Satisfied ___(2) Dissatisfied ___(1) Very dissatisfied ___(9) Don't know

10. Would you recommend the City of Tempe as a place to work, to a friend or relative?

___(1) Yes ___(2) No ___(9) Don't know

19. Which role type BEST describes your position?

____(1) Director/Chief or Deputy Director/Assistant Chief ____ (2) Manager/Supervisor ____ (3) Non-Supervisor

20. How long have you worked for the City?

____(1) 0-3 years ____ (2) 4-9 years ____ (3) 10-20 years ____ (4) 21-30 years ____ (5) 31+ years

21. Are you currently a resident of Tempe? ____ (1) Yes ____ (2) No

22. Do you, or a member of your household, have a disability? ____ (1) Yes ____ (2) No

23. If you have any comments/recommendations that would improve City operations, please write them in the space below.

24. If you would like to be entered into a drawing for a chance to win a *One Night stay at Canopy by Hilton Downtown Tempe and a \$25 Perfect Pear Bistro gift card*, please provide your contact information below to notify you if you are the winner.

ALL your responses and information will remain confidential and will not be shared with anyone outside of ETC Institute.

Name: _____

Email: _____

Phone: _____

This concludes the survey. Thank you for your time!