

# Employee Feedback Evaluation

Employee name: \_\_\_\_\_ Department: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Position: \_\_\_\_\_

Question	Answer
<i>How long have you been working at this company?</i>	
<i>Do you feel that your work is valued?</i>	
<i>Are you equipped with all the resources and tools necessary for your job?</i>	
<i>Do you feel that you have received the training necessary for your position?</i>	
<i>Are you satisfied with the monetary compensation for your work?</i>	
<i>Do you feel respected by the members of your team?</i>	
<i>Does your supervisor lead your team adequately?</i>	
<i>What is your favorite aspect about working for this company?</i>	
<i>Do you have any suggestions for company improvement?</i>	