

### WORK ACTIVITY QUESTIONNAIRE

Business Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly Wage \_\_\_\_\_

Hours per Week \_\_\_\_\_

Date Work Started \_\_\_\_\_

Date Work Stopped \_\_\_\_\_

#### Section 1

- 1. Does the employee complete all the usual duties required for his/her position?  Yes  
 No
- 2. Is the employee able to complete all of the job duties without special assistance?  Yes  
 No
- 3. Does the employee regularly report for work as scheduled?  Yes  
 No
- 4. On average, does the employee complete his/her work in the same amount of time as employees in similiar positions?  Yes  
 No
- 5. Please indicate the type(s) of special assistance, if any, the employee receives on the job that is not regularly given to other employees. (Check all that apply)

\_\_\_ Fewer or easier duties

\_\_\_ Frequent absences

\_\_\_ Irregular hours

\_\_\_ Lower production standards

\_\_\_ Special transportation

\_\_\_ Extra help/supervision

\_\_\_ Less hours

\_\_\_ Lower quality standards

\_\_\_ More breaks/rest periods

\_\_\_ Special equipment