## Background pattern  Description automatically generatedEMPLOYEE RETURN-TO-OFFICE SURVEY

**[Note: This survey is intended to be edited and customized by employers to suit their unique needs]**

[Company name] is preparing to reopen its workplace now that the COVID-19 pandemic is easing. Most importantly, we want to ensure employees feel safe returning to in-person work. To that end, we’ve developed this survey to help get your feedback on how we may improve our process, consider employee needs and take steps to address concerns.

Please take a few moments to complete this survey and help us with our return-to-work efforts. Our goal is to welcome everyone back to the workplace in a safe, efficient manner.

Please return the completed survey to [insert contact name].

**Thank you!**

1. How would you categorize your feelings about returning to in-person work? Select all that apply.

 [ ]  Eager

 [ ]  Prepared

 [ ]  Nervous

 [ ]  Concerned

1. Please explain your answer(s) to the above question. Please be as specific as possible.
2. What are your concerns, if any, about returning to in-person work? Select all that apply.

 [ ]  Becoming sick myself

 [ ]  Spreading illness to my co-workers

 [ ]  Losing the flexibility of remote working

 [ ]  Decreasing my productivity

 [ ]  Finding someone to help with my caregiving responsibilities

 [ ]  Other—please explain

1. Which of the following measures would you like to see implemented in the workplace? Select all that apply.

 [ ]  Having workspaces cleaned more frequently

 [ ]  Allowing for some remote work or flex scheduling

 [ ]  Limiting the workplace’s capacity and distancing workers

 [ ]  Requiring everyone to wear masks, even if vaccinated

 [ ]  Encouraging all employees to get vaccinated

 [ ]  Restricting the number of workers allowed in communal spaces at one time

 [ ]  Limiting the number of outside vendors or guests allowed into the building

 [ ]  Implementing temperature checks before anyone is allowed inside the workplace

 [ ]  Installing partitions between desks

 [ ]  Providing hand sanitizer and other cleaning products for employees to use at will

 [ ]  Expanding sick leave policies

 [ ]  Other—please explain

1. If you had the option, what style of work would you prefer? Select one.

 [ ]  In-person work

 [ ]  Fully remote work

 [ ]  A mix of in-person and remote work (hybrid schedule)

1. Please explain your answer to the previous question.
2. Please provide any additional comments about your feelings toward returning to in-person work.