

STATE EMPLOYEE WORKLOAD SURVEY

NAME _____ JOB TITLE _____

WORK CITY _____ REGION _____

1. Do you carry a caseload? YES NO

2. What is your current caseload level? _____

3. Is your workload manageable? YES NO

COMMENTS: _____

4. In the previous year, has your workload:

increased decreased remained the same

COMMENTS: _____

5. Do you believe the clients/facilities/families you serve receive adequate time and attention from your agency? YES NO

COMMENTS: _____

6. How many hours per week do you work on average? _____

COMMENTS: _____

