

ABILENE CHRISTIAN UNIVERSITY

90-Day Employment Follow-Up Questionnaire

Employee Name: _____

Date: _____

In order that we may assist you in adjusting to your new job; please take a few minutes to complete the following questions. Since you are a valued employee, it is our desire to aid you in feeling a part of Abilene Christian University. Be as candid and thorough as possible. We appreciate your cooperation.

1. The job and its responsibilities were fully explained to me.

Yes _____ No _____

2. The job is very much like I thought it would be.

Yes _____ No _____

If "No," how is it different? _____

3. I feel that I understand and can handle the work expected of me.

Yes _____ No _____

4. I get along well with the people I work with, for the most part.

Yes _____ No _____

5. I communicate well with and understand the directives given to me by the people I work for.

Yes _____ No _____

If "No," why not? _____

6. If, at this point, I could offer one suggestion to the Department, it would be:

7. If at this point, I could offer one suggestion to the University, it would be:

8. What do you like the most about your job thus far?

9. What do you like least about your job thus far?

Employee's Signature

Date

Supervisor's Signature

Date
