

FLEXIBLE WORK SCHEDULE SURVEY

PLEASE LIST YOUR MEMBERSHIP NUMBER OR THE LAST 4 Digits of SSN for your answers to be considered: _____

1. I work for:
 - a. BHQ
 - b. NRC
 - c. TAD
 - d. LAB
 - e. TID
2. Do you currently work
 - a. Administrative Schedule (8 hours set each week)
 - b. Compressed Schedule
 1. 5/4/9
 2. 4/10
 - c. Gliding Schedule
 1. 8 hours
 2. 5/4/9
 3. 4/10
3. Have you ever requested any of the above schedules and been denied?
 - a. Yes
 1. Compressed
 1. 5/4/9
 2. 4/10
 2. Gliding
 1. 8 hours
 2. 5/4/9
 3. 4/10
4. Have you ever had a project/assignment negatively affected by an alternate work schedule?
 - a. Yes
 1. Frequently
 2. Sometimes
 3. A few times
 4. Once or twice
 - b. No

5. Have you ever had a project/assignment positively affected by an alternate work schedule?
 - a. Yes
 1. Frequently
 2. Sometimes
 3. A few times
 4. Once or twice
 - b. No
6. Do you feel the work schedules, provided by the current agreement, meet your professional and personal needs?
 - a. Yes, I wouldn't change a thing
 - b. No, I would be interested in additional work schedules
7. Have you been required to come off of a Gliding/Compressed schedule for travel?
 - a. Yes
 1. It was necessary and I understood that I needed to change my schedule
 2. It was not necessary and seemed to disrupt more than improve the travel
 3. I have no opinion either way
 - b. No
8. Are you aware that you can make up time for holiday's (9 & 10 hour day employees) in fifteen (15) minute increments during that same pay period (either before or after the holiday)?
 - a. Yes
 - b. No