



**Project Number: 2022-1-CY01-KA220-VET-000086365**

**Tool 2: Employee Job Satisfaction and Identification of needs**

# 

**Template for Evaluation and Analysis of Job Satisfaction and Identification of Needs**

| Employee Information | |
| --- | --- |
| Employee Name |  |
| Position/Title |  |
| Department |  |
| Date |  |

**Part 1: Employee Job Satisfaction Monitoring**

**P.1.A.** General Comments regarding Employee Well-being

*Add notes regarding important or remarkable observations and events/episodes that has occurred during the employee’s daily work:*

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

**P.1.B.:** *Rate the frequency of the events in the following statements according to your observations and/or feedback from employees and colleagues*

*We recommend that you fill out the following table every week or so:*

|  | **Never** | **Rarely** | **Often** | **Very Often** |
| --- | --- | --- | --- | --- |
| **Does the employee communicate excitement about their work?** |  |  |  |  |
| **Does the employee address their overall job satisfaction?** |  |  |  |  |
| **Does the employee actively participate in team-building activities?** |  |  |  |  |
| **Does the employee handle feelings like frustration or confusion** |  |  |  |  |
| **Is the manager available to manage confusion or dissatisfaction?** |  |  |  |  |
| **Does the employee provide feedback regarding general job satisfaction?** |  |  |  |  |
| **Does teamwork affect the employee’s job satisfaction in a positive way?** |  |  |  |  |
| **Does teamwork affect the employee’s job satisfaction in a negative way?** |  |  |  |  |
| **Does the employee seem lonely or left out?** |  |  |  |  |

**Part 2: Employee job satisfaction and progress**

**P.2.A.:** Consider your employee’s job satisfaction in different aspects. Mark the box that reflects the individuals work competencies based on your expectations.

*We recommend that you fill out the following table once a month:*

|  | **Below Standard** | **Up to Standards** | **Exceeding Standards** |
| --- | --- | --- | --- |
| **Self-motivation** |  |  |  |
| **Workload management** |  |  |  |
| **Collaborative skills** |  |  |  |
| **Active participation** (in teamwork, shared tasks or other work related team tasks) |  |  |  |
| **Social connection** |  |  |  |
| **Expressed work environment satisfaction** |  |  |  |

**Part 3: Goal setting and Action Planning**

| **P.3.A.** Write down the goals for well being, interpersonal skills, and personal goals that you and your employee have discussed at your quarterly meeting  This table should be filled during the meeting, and you may make some additions afterwards as well | |
| --- | --- |
| **1.** | **Goals for improving mental well being** (breaks: more/less, physical environment, time, tasks, communication)**:**  **Resources/Support Available:** |
| **2.** | **Interpersonal goals** (interaction with colleagues: more/less, breaks, physical environment)**:**  **Resources/Support Available:** |
| **3.** | **Personal goals** (improvement of personal skills like communication, structure, execute predefined tasks, working hours, social demands)**:**  **Resources/Support Available:** |

**P.3.B.** Evaluate on the previous quarterly meeting. Write down any new implementations and/or upcoming changes

*Based on the results of the Appraisal, the following actions will be implemented:*

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |