

Employee Survey Participant Screening Form

Full Name

Employee ID

Department

Current Role/Title

Work Email

How long have you worked at the company?

Are you a full-time or part-time employee?

☐ Full-time

☐ Part-time

Are you currently on any kind of leave?

☐ No

☐ Yes

Have you participated in an employee survey within the last 12 months?

☐ No

☐ Yes

If you have any accessibility needs or require accommodations, please specify: