



Transition Team 2018

QUESTIONNAIRE City of Annapolis Employees

Greetings!

Change is in the air with the arrival of new leadership, and we are looking for feedback from you, City of Annapolis employees.

Here's an opportunity to bring your ideas to the Mayor. He values your expertise and wants to hear what you have to say. You are the boots on the ground, with knowledge of and experience in how the City runs. You know what has been tried before, what has worked and what has not. We want to hear about the biggest rewards and greatest challenges of your job, along with ideas for improvement.

This questionnaire should take less than 15 minutes to complete.

You are not asked to identify yourself. We request—but do not require—that you identify your department so we can better understand your concerns.

Please complete and return the questionnaire by **Friday, February 23, 2018**, so that we can include employee feedback in the Transition Team's report, which will be presented to the Mayor and City Council.

Completed paper copies should be returned to the locked box in the Human Resources office at 145 Gorman Street, 2nd Floor—do **not** return your questionnaire to your supervisor. If you have a computer or smartphone, you can complete the questionnaire online at this url: <https://www.surveymonkey.com/r/talktotransition>

Thank you for your time and contribution to the Mayor's transition effort!

—Annapolis Transition Team 2018
www.talktotransition.com

1. What would you like to tell the Transition Team about what you do for the City? Is your role clear—what works, what could change? (Factors to consider could include purpose, responsibilities and tasks, timelines, and staffing.)

2. What would you like to tell the Transition Team about your work environment? Are there things you would like to see changed? (Consider both physical and social surroundings. Factors to consider could include access, tools, working relationships, and training opportunities.)

3. What is the top challenge or obstacle that keeps you from doing your best work? What might be a fix for it?

4. Is there an immediate action that could be taken to eliminate a recurring difficulty? If so, what is it?

5. How would you rate each department or office in terms of
a. how effectively it is doing its job?
b. how effectively it interacts with the public?

*Note: Responses to this question will **not** be used to evaluate the performance of any individual. Mark two responses per line: one responding to a. and the other responding to b.*

Department/Office	a. DOING ITS JOB				b. INTERACTS WITH THE PUBLIC			
	Rating				Rating			
	Very Effective	Okay	Needs Improvement	Don't Know	Very Effective	Okay	Needs Improvement	Don't Know
Central Purchasing Office								
City Manager								
Finance								
Fire								
Harbormaster								
Human Resources								
Management Information Technology								
Mayor's Office								
Office of Communication								
Office of Emergency Management								
Office of Environmental Policy								
Office of Law								
Office of the City Clerk								
Planning & Zoning								
Police								
Public Works								
Recreation & Parks								
Transportation								

6. How would you rate other departments' or offices' interactions with yours?

*Note: Responses to this question will **not** be used to evaluate the performance of any individual. If you do not interact with a department/office in the course of your work, check "Not Applicable." One response per line.*

Department/Office	Rating			
	Very Effective	Okay	Needs Improvement	Not Applicable
Central Purchasing Office				
City Manager				
Finance				
Fire				
Harbormaster				
Human Resources				
Management Information Technology				
Mayor's Office				
Office of Communication				
Office of Emergency Management				
Office of Environmental Policy				
Office of Law				
Office of the City Clerk				
Planning & Zoning				
Police				
Public Works				
Recreation & Parks				
Transportation				

7. Optional: Is there anything else you would like to share with the Transition Team?

8. Optional: In which department or office do you work? (Check one.)

<input type="checkbox"/>	Central Purchasing Office	<input type="checkbox"/>	Management Information Technology	<input type="checkbox"/>	Office of the City Clerk
<input type="checkbox"/>	City Manager	<input type="checkbox"/>	Mayor's Office	<input type="checkbox"/>	Planning & Zoning
<input type="checkbox"/>	Finance	<input type="checkbox"/>	Office of Communication	<input type="checkbox"/>	Police
<input type="checkbox"/>	Fire	<input type="checkbox"/>	Office of Emergency Management	<input type="checkbox"/>	Public Works
<input type="checkbox"/>	Harbormaster	<input type="checkbox"/>	Office of Environmental Policy	<input type="checkbox"/>	Recreation & Parks
<input type="checkbox"/>	Human Resources	<input type="checkbox"/>	Office of Law	<input type="checkbox"/>	Transportation

Thank you for your participation!