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| **Resource Management\*** |
| Size of your company  | Total number of employees  |  | Number of women employees |  |
| Number of branch offices (please specify the locations)?  |  |
| How many hours a week do you work? |  |
| How much of your time per week do you spend doing the following (%):  |  | Sales / Customer Service |  | Marketing  |
|  | Accounting / Finance  |  | Operations  |
|  | Human Resource Management |  | Planning, Strategy Development.  |
| How much of your time per week do you feel you **should** spend doing the following (%):  |  | Sales / Customer Service  |  | Marketing  |
|  | Accounting / Finance  |  | Operations  |
|  | Human Resource Management |  | Planning, Strategy Development.  |
| Which tasks do you feel comfortable delegating to others (consulting agency) | [ ]  | Sales / Customer Service | [ ]  | Human Resource Management |
| [ ]  | Accounting / Finance  | [ ]  | Operations  |
| [ ]  | Marketing  | [ ]  | Planning, Strategy Development.  |
| Do your employees receive evaluations on a scheduled basis?  | [ ]  | Yes  | [ ]  | No  |
| Do your employees receive compensation adjustments on a scheduled basis?  | [ ]  | Yes  | [ ]  | No  |
| Select the materials your business has.  | [ ]  | Organizational Chart | [ ]  | Job descriptions for all positions |
| How many employees are allocated by function? | **FUNCTION** | **NUMBER OF EMPLOYEES** |
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| Have you ever hired contractors for temporary or project work?  | [ ]  | Yes  | [ ]  | No  |
| If yes, do you have a standard contractor agreement in place?  | [ ]  | Yes  | [ ]  | No  |
| Have you ever hired temporary staff for temporary or project work? | [ ]  | Yes  | [ ]  | No  |
| If yes, please describe the method used to select a staffing partner: (350 words).  |  |
| What is the allocated time (percentage) set aside for capacity building during the year?  | [ ]  | Less than 10% | [ ]  | More than 30% |
| [ ]  | We don’t have time for that |
| How often do you conduct personal appraisals?  | [ ]  | Monthly  | [ ]  | Quarterly  |
| [ ]  | Annually  | [ ]  | Never  |
| Who has management responsibility?  | Operations Management  |  |
| Production  |  |
| Marketing  |  |
| Planning & Tracking  |  |
| Subcontracting  |  |
| Bookkeeping / Financial Reports  |  |
| Customer Satisfaction  |  |
| Legal  |  |
| Human Resources  |  |
| Sales  |  |
| What opportunities do your employees have for the following?  | [ ]  | Authority to make changes  | [ ]  | Allocating Resources |
| [ ]  | Decision Making  | [ ]  | Planning  |
| [ ]  | Recognition  | [ ]  | Bonus Plan  |
| [ ]  | Other (please specify) |  |
| Do you have an employee handbook?  | [ ]  | Yes  | [ ]  | No  |
| If yes, please does it contain the following? Please select, whenever applicable.  | [ ]  | Missing Statement  | [ ]  | Conditions of Employment |
| [ ]  | Work Schedules  | [ ]  | Performance Standards  |
| [ ]  | Compensation  | [ ]  | Termination Conditions  |
| [ ]  | Dress Code  | [ ]  | Sample Evaluation Form  |
| [ ]  | Benefits  | [ ]  | Contact Information  |
| [ ]  | Annual Leave Policy  | [ ]  | Maternity / Sick Leave Policy  |
| [ ]  | Drug Policy  | [ ]  | Corruption Policy  |