Return to Office Survey

Your feedback is extremely important, and we request that all members of the firm respond to this survey. We will use your responses to prepare for a smooth and phased return to the office as state and federal orders allow us to do so. Thank you for your time and your assistance in developing a strong and healthy plan for reopening our offices over time.

Please provide your name and email address below, as we are trying to make sure we have a response from everyone.

* First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Firm Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your position with the firm?

* Attorney/Principal
* Paralegal
* Administrative Assistant/Other Legal Support
* Accounting, HR, IT, Marketing, or other Business Services

|  |  |
| --- | --- |
| Page Break |  |

Are you considered high-risk for COVID-19 in accordance with the CDC standards, which can be found [here](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html)? Please note, your response will not preclude you from working in the office.

* Yes
* No

Are there any other reasons related to COVID-19 that would prevent you from returning to the office?

* Yes (explain below if you'd like, not required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

|  |  |
| --- | --- |
| Page Break |  |

Do you have childcare needs now or through the summer as a direct result of the COVID-19 crisis that would prevent you from returning to the office (for children under the age of 14)?

* Yes
* Yes, but not every day
* No

Do you take public transit to and from work?

* Yes
* Yes, but not every day
* No

Display This Question:

If Do you take public transit to and from work? = Yes

Or Do you take public transit to and from work? = Yes, but not every day

How many days per week do you take public transit?

* 1-2
* 3-4
* 5 or more

|  |  |
| --- | --- |
| Page Break |  |

To what extent would you be comfortable returning to the office in the early phases of reopening?

* Extremely comfortable
* Somewhat comfortable
* Neither comfortable nor uncomfortable
* Somewhat uncomfortable
* Extremely uncomfortable

Display This Question:

If To what extent would you be comfortable returning to the office in either of the Purple or Orange... = Somewhat uncomfortable

Or To what extent would you be comfortable returning to the office in either of the Purple or Orange... = Extremely uncomfortable

What concerns you the most about returning to working in the office? Select your primary concern.

* I or someone in my household is considered high-risk
* My need to use public transportation
* Childcare issues
* The requirement to wear a mask at work during the early phases
* Fear of being exposed to the virus
* Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you need an alternative work schedule to return to the office full or part-time in the initial reopening phase?

* Yes
* Possibly
* No

Display This Question:

If Would you need an alternative work schedule to return to the office full or part-time = Yes

Or Would you need an alternative work schedule to return to the office full or part-time = Possibly

What type of an alternative schedule would allow you to return to work a few days a week during an early, partial reopening phase?

* Early schedule - same number of hours but starting earlier in the day
* Late schedule - same number of hours but starting later in the day
* Half day in office/half day remote
* Compressed work week - longer days, but fewer workdays in the week
* Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Page Break |  |

What firm equipment do you currently have at home?

* 1 monitor
* 2 monitors
* Firm computer
* Printer
* Scanner
* Office chair
* Other, non-technology firm equipment (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* All of the above
* None of the above

Are there any other return to office considerations not discussed in this survey? Please share your thoughts below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_