

# WORKFORCE PLANNING SURVEY & DEVELOPMENT TOOL

**DIVISION/PROGRAM:** \_\_\_\_\_

**Name and Title of Person completing survey:** \_\_\_\_\_

- 1. Define the 3 most critical missions in your division:**

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- 2. What classifications are currently utilized to complete these missions?**

Classification	Job Function

- 3. For the classifications identified above, has a review been completed to determine if duty statements and job specifications align with job functions?**

YES  NO

- 4. Do you currently have adequate staffing to fulfill your division's critical missions?**

YES  NO

If you answered YES skip questions 4, If you answered NO please respond

Identify the reason:

A. Inadequate number of established positions? YES  NO

- A-1. Is your division currently in the process of establishing more positions?**

YES  NO

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B. Retirements? YES  NO

B-1. Are you currently recruiting? YES  NO

B-2. Are you utilizing T&D options? YES  NO

C. Retention issues? YES  NO

C-1. Have you identified the reason for the lack of retention?

YES  NO  UNKNOWN

C-2. If YES, Please define reason: \_\_\_\_\_

C-3. Are you currently recruiting? YES  NO

C-4. Are you utilizing T&D assignments? YES  NO

D. Inability to fill vacancies

D-1. Define the reason you are unable to fill vacancies: \_\_\_\_\_

5. Please specify the classifications needed and the amount of positions required:

Classifications: \_\_\_\_\_

Number of Positions needed: \_\_\_\_\_

6. Have you identified work efficiencies that may assist in reducing work functions?

YES  NO

7. Do you anticipate changes to your workforce needs or critical missions based on upcoming legislative changes, shifts in departmental missions, customer expectations, technology or other external factors?

YES  NO

Please briefly describe the anticipated change:

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## **WORKFORCE PLANNING SURVEY & DEVELOPMENT TOOL**

**8. Will this anticipated change likely result in a decrease in your current workforce needs?**

YES  NO  UNKNOWN

If YES, What classifications will be decreased? \_\_\_\_\_

Unknown

If known, How many positions will be decreased ? \_\_\_\_\_

**9. Do you anticipate an increase in your current workforce needs?**

YES  NO  UNKNOWN

**10. If YES, What classifications will need to be increased or established?**

\_\_\_\_\_

Unknown

**11. If known, How many positions will be required?** \_\_\_\_\_

**12. Please list any other factors you would like the Workforce Coordinator to know:**

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\_\_\_\_\_

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**13. Please identify any current critical needs your division requires assistance in to meet your workforce goals:**

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