Workforce Planning Survey Development Tool

**Division/Program Area:**

**Name and Title of Person Completing Survey:**

1. **Define the three most critical functions in your division/program area:**

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1. **What classifications are currently being utilized to complete these functions?**

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| --- | --- |
| **Classification** | **Function** |
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1. **For the classifications identified, has a review been completed to determine if duty statements and job specifications align with job functions?** [ ]  Yes or [ ]  No

*If you answered “Yes,” skip Questions 4-5 and proceed to Question 6. If you answered “No,” continue completing the survey.*

1. **Do you currently have adequate staffing to fulfill your division’s/program area’s critical functions?** [ ]  Yes or [ ]  No

Identify the reason:

1. Inadequate number of established positions? [ ]  Yes or [ ]  No
	* Is your division/program area currently in the process of establishing more positions? [ ]  Yes or [ ]  No
2. Retirements occurring? [ ]  Yes or [ ]  No
	* Are you currently recruiting? [ ]  Yes or [ ]  No
	* Are you utilizing Training and Development opportunities? [ ]  Yes or [ ]  No
3. Retention issues? [ ]  Yes or [ ]  No
	* Have you identified the reason for the lack of retention?

 [ ]  Yes [ ]  No [ ]  Unknown

* + If “Yes,” define the reason:

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* + Are you currently recruiting? [ ]  Yes or [ ]  No
	+ Are you utilizing Training and Development opportunities? [ ]  Yes or [ ]  No
1. Unable to fill vacancies? [ ]  Yes or [ ]  No
	* Define the reason you are unable to fill vacancies:

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1. **Please specify the classifications and number of positions needed:**

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| --- | --- |
| **Classification** | **Number of Positions Needed** |
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1. **Have you identified work efficiencies that may assist in reducing work functions?** [ ]  Yes or [ ]  No
2. **Do you anticipate changes to your workforce needs or critical functions based on upcoming legislative changes, shifts in organizational missions, customer expectations, technology, or other environmental factors?**

[ ]  Yes or [ ]  No

* + If “Yes,” describe the anticipated change:

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1. **Will the anticipated change(s) likely result in a decrease of classification need?** [ ]  Yes [ ]  No [ ]  Unknown
	* If “Yes,” what classification(s) will decrease in need? ☐ Unknown

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1. **Do you anticipate an increase in classification need?**
[ ]  Yes [ ]  No [ ]  Unknown
* If “Yes,” what classification(s) will need to increase or be established?

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* How many positions will be needed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **Please identify any current critical needs your division/program area requires assistance to meet your workforce planning goals:**

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

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