

Employee Benefits Feedback Form

1. I have a clear understanding of the benefits packages offered:

- Absolutely
- Not sure
- Not at all

2. The benefits provided make a real impact on my wellbeing and mental health for the better.

- Absolutely
- Not sure
- Not at all

3. How relevant would meal allowances be to you?

- Very relevant
- Not sure
- Not at all

4. How relevant would a training/skill development program be to you?

- Very relevant
- Not sure
- Not at all

5. How relevant would a commuting allowance be to you?

- Very relevant
- Not sure
- Not at all

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6. How relevant would a WFH allowance be to you?

- Very relevant
- Not sure
- Not at all

7. How satisfied are you with the vacation policy?

- Very happy
- Satisfied
- Not satisfied

8. How happy are you with your working hours?

- Very happy
- Satisfied
- Not satisfied

9. Which benefits (already offered) are most important to you?

10. What benefits are not offered that you would like to have?