

Employee Software Questionnaire

Employee Name: _____

Department: _____

Manager: _____

Email Address: _____

Phone Extension: _____

Please fill out the following information to the best of your ability for software already installed on your computer:

Software Publisher and Title	Version	I use this software... (check one)			
		Every day	3-4 times/ week	1-2 times/week	Never

Please answer the following questions:

Do you feel you have the software necessary to do your job? If not - please provide a list of titles or programs you feel would help.

Do you feel you could be more efficient at your job with additional/upgraded/etc. software or hardware?

Employee Software Questionnaire (continued)

Are there certain software programs currently in use that you do not find helpful or are a hindrance to achieving your work-related goals?

Are there things you do manually that could be automated?

Are you able to easily share files and/or documents with others inside and outside the company?

Please provide any additional thoughts on your software usage and/or needs.