

Confidential Current & Former LLNL Employees Questionnaire

Thank you for taking the time to complete the following questionnaire. If necessary, please use additional sheets of paper, noting the question number (and letter) you are responding to. When you are finished, please mail or fax it to the address indicated at the end of the survey.

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

_____ E-mail: _____

_____ Employee ID Number: _____

1. When did you start working at LLNL? _____

Are you still there? Yes No If no, when did you leave? _____

(Note: If you are no longer at LLNL, please complete questions about "current" job using information from the "last" job you held at LLNL.)

2. To the extent you can recall, please list **all** supervisors you have had at LLNL since October 1, 1988 (include the dates they were your supervisor, and their title, department and directorate at the time):

<u>Dates</u>	<u>Name</u>	<u>Title</u>	<u>Dept.</u>	<u>Directorate</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CURRENT/LAST JOB

3. Your current/last job title? _____

4. Your current/last numeric job classification? _____

5. Your current/last "Functional" job title, if any? _____

6. This job is/was in which Directorate? _____

Department? _____

Division? _____

Group (if applicable)? _____

7. How long have/did you have this job? _____

8. Your current/last supervisor's name? _____

9. Your current/last supervisor's title? _____

10. Please indicate other supervisors you have had in this job:

<u>Dates</u>	<u>Supervisor's Name</u>	<u>Supervisor's Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Name and job title of the person in charge of the Department for your current/last job?

12. Please indicate any managers or supervisors who are/were between your immediate supervisor and the department head:

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____
_____	_____

SALARY

13. In your **current** or **last** job, do you believe you have been/were paid less than male employees at LLNL who have similar positions or whose positions involve the same or less skill, effort, and responsibility? Yes No

14. If your answer to question 13 is yes, please indicate the following for each male employee who has been/was paid more than you:

a	Name: _____ Title: _____
	Division, Department, Directorate: _____
	Do you think your skills, knowledge and abilities are/were equal to or greater than this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Please explain: _____

	Do you believe your work performance is/was equal to or better than this employee?
	<input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____

Do you believe gender discrimination explains why you are/were paid less than this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what are the reasons you think so? _____	

b Name: _____ Title: _____
Division, Department, Directorate: _____
Do you think your skills, knowledge and abilities are/were equal to or greater than this employee? Yes No
Please explain: _____

Do you believe your work performance is/was equal to or better than this employee?
 Yes No Please explain: _____

Do you believe gender discrimination explains why you are/were paid less than this employee? Yes No
If yes, what are the reasons you think so? _____

c Name: _____ Title: _____
Division, Department, Directorate: _____
Do you think your skills, knowledge and abilities are/were equal to or greater than this employee? Yes No
Please explain: _____

Do you believe your work performance is/was equal to or better than this employee?
 Yes No Please explain: _____

Do you believe gender discrimination explains why you are/were paid less than this employee? Yes No
If yes, what are the reasons you think so? _____

15. **Before** your current/last job, were there times in the past when you were being paid less than male employees at LLNL who had similar positions or whose positions involved the same or less skill, effort, and responsibility? Yes No

16. If your answer to question 15 is yes, please complete the following for each male employee who was being paid more than you:

a	Date or date range: _____ Your job title & numerical classification: _____ Division, Department, Directorate: _____ Name of male employee: _____ His job title & numerical classification: _____ Do you think he was paid more than you because of his gender rather than his skills, knowledge, ability, performance, or the importance of his job? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____ _____ _____ _____ _____
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b	Date or date range: _____ Your job title & numerical classification: _____ Division, Department, Directorate: _____ Name of male employee: _____ His job title & numerical classification: _____ Do you think he was paid more than you because of his gender rather than his skills, knowledge, ability, performance, or the importance of his job? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____ _____ _____ _____ _____
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c	Date or date range: _____ Your job title & numerical classification: _____ Division, Department, Directorate: _____ Name of male employee: _____ His job title & numerical classification: _____ Do you think he was paid more than you because of his gender rather than his skills, knowledge, ability, performance, or the importance of his job? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____ _____ _____ _____
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17. Have you ever complained to a supervisor or anyone at LLNL about your wages?

Yes No

18. If your answer to question 17 is yes, please complete the following for each time you complained:

a	Date: _____ Person to whom you complained (name, title, Dept., Directorate.: _____ _____ What explanation or response, if any, did this person give you? _____ _____ _____ _____
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b	Date: _____ Person to whom you complained (name, title, Dept., Directorate.: _____ _____ What explanation or response, if any, did this person give you? _____ _____ _____
---	--

c	Date: _____ Person to whom you complained (name, title, Dept., Directorate): _____ What explanation or response, if any, did this person give you? _____ _____ _____ _____
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19. If your answer to question 17 is no, what are the reasons you decided not to complain?

RANKING

20. In your current/last job, what group of employees are/were you compared to for the purpose of establishing your rank? (e.g., "all 300 series employees in Engineering," "all Human Resources Department employees in the same salary grade," etc.) _____

21. What was your most recent rank? _____ of _____ Don't know

22. Do you feel that your most recent rank was the rank you should have received?

Yes No

23. If your answer to question 22 is no, why do you think that the rank you received was unfair? (Give all reasons):

24. In your most recent ranking, do you know of any male employees who ranked the same or higher than you, but whose rank was higher than it should have been? Yes No

25. If your answer to question 24 is yes, please complete for each such male employee:

a	Name & title: _____ Division, Department & Directorate: _____ Explain why his ranking was higher than it should have been: _____ _____ _____ _____
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b	Name & title: _____ Division, Department & Directorate: _____ Explain why his ranking was higher than it should have been: _____ _____ _____ _____
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c	Name & title: _____ Division, Department & Directorate: _____ Explain why his ranking was higher than it should have been: _____ _____ _____ _____
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26. **Before** your most recent ranking, were there times in the past when you ranked lower than you should have been relative to male employees performing similar types of work at the same or lesser levels? Yes No

27. If your answer to question 26 is yes, please indicate for each instance:

a	Date of ranking: _____ Your title: _____ Your supervisor's name & title: _____ Your division, department & directorate: _____ Your ranking: _____ of _____ Male employee's ranking: _____ of _____ His name & title: _____ His supervisor's name & title: _____ His division, department & directorate: _____
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b	Date of ranking: _____ Your title: _____ Your supervisor's name & title: _____ Your division, department & directorate: _____ Your ranking: _____ of _____ Male employee's ranking: _____ of _____ His name & title: _____ His supervisor's name & title: _____ His division, department & directorate: _____
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c	Date of ranking: _____ Your title: _____ Your supervisor's name & title: _____ Your division, department & directorate: _____ Your ranking: _____ of _____ Male employee's ranking: _____ of _____ His name & title: _____ His supervisor's name & title: _____ His division, department & directorate: _____
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PERFORMANCE APPRAISALS

28. Have you ever received a performance appraisal that you considered to be unfair or inaccurate? Yes No

29. If your answer to question 28 is yes, do you believe your appraisal was less favorable than it should have been because you are a woman? Yes No

30. If your answers to questions 28 and 29 are both yes, please complete the following for each unfair appraisal:

a	Appraisal period: _____ Your position: _____ Name & Gender of Appraiser: _____ Division, Department & Directorate: _____ Reason(s) you felt it was unfair or inaccurate: _____ _____ _____ _____ _____ Reason(s) you felt it was the result of discrimination: _____ _____ _____ _____ Did you respond in any way or complain to anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what date did you respond and to whom (name, title, department & directorate): _____ What was their response, if any? _____ _____ _____ _____ _____ If you decided not to respond or complain, what are the reasons you decided not to? _____ _____ _____
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b

Appraisal period: _____ Your position: _____

Name & Gender of Appraiser: _____

Division, Department & Directorate: _____

Reason(s) you felt it was unfair or inaccurate: _____

Reason(s) you felt it was the result of discrimination: _____

Did you respond in any way or complain to anyone? Yes No

If yes, what date did you respond and to whom (name, title, department & directorate): _____

What was their response, if any? _____

If you decided not to respond or complain, what are the reasons you decided not to?

c

Appraisal period: _____ Your position: _____

Name & Gender of Appraiser: _____

Division, Department & Directorate: _____

Reason(s) you felt it was unfair or inaccurate: _____

Reason(s) you felt it was the result of discrimination: _____

Did you respond in any way or complain to anyone? Yes No

If yes, what date did you respond and to whom (name, title, department & directorate): _____

What was their response, if any? _____

If you decided not to respond or complain, what are the reasons you decided not to?

PROMOTIONS

31. If you are currently employed at LLNL, do you have your resume posted on LLNL's Resumix system?
 Yes No Not currently employed at LLNL

32. Have you ever applied for a promotion at LLNL? Yes No

33. If your answer to question 32 is yes, please complete the following for each promotion you applied for:

a	Job Title: _____ Job No. (if applicable): _____ Div., Dept. & Directorate: _____ Date(s) you applied: _____ Did you qualify for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you get the position? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is the name, race & gender of the person who got the job? _____ _____ Do you believe you were equally or better qualified than the person who got the promotion? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why do you believe you were better qualified? _____ _____ _____ _____ Did you complain to anyone that you did not get the position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what date did you complain and to whom (name, title, department & directorate): _____ What was their response, if any? _____ _____ _____ _____ If you did not complain, what are the reasons you decided not to? _____ _____ _____ _____
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b

Job Title: _____ Job No. (if applicable): _____

Div., Dept. & Directorate: _____

Date(s) you applied: _____

Did you qualify for the position? Yes No

Did you get the position? Yes No

If no, what is the name, race & gender of the person who got the job? _____

Do you believe you were equally or better qualified than the person who got the promotion? Yes No

If yes, why do you believe you were better qualified? _____

Did you complain to anyone that you did not get the position? Yes No

If yes, what date did you complain and to whom (name, title, department & directorate):

What was their response, if any? _____

If you did not complain, what are the reasons you decided not to? _____

c

Job Title: _____ Job No. (if applicable): _____

Div., Dept. & Directorate: _____

Date(s) you applied: _____

Did you qualify for the position? Yes No

Did you get the position? Yes No

If no, what is the name, race & gender of the person who got the job? _____

Do you believe you were equally or better qualified than the person who got the promotion? Yes No

If yes, why do you believe you were better qualified? _____

Did you complain to anyone that you did not get the position? Yes No

If yes, what date did you complain and to whom (name, title, department & directorate):

What was their response, if any? _____

If you did not complain, what are the reasons you decided not to? _____

34. If you have never applied for a promotion, why haven't you? _____

35. Were you ever denied or have you failed to receive a reclassification that you believed you deserved? Yes No

36. If your answer to question 35 is yes, please complete the following for each occurrence:

a	Classification: _____ Date or date range: _____ Division, Department & Directorate: _____ Do you know of male employees who received the reclassification, but who were less qualified or no more qualified than you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the name, race, title, department & directorate of the person who got the reclassification? _____ _____ Why do you believe you were equally or better qualified? _____ _____ _____ _____ _____
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b	Classification: _____ Date or date range: _____ Division, Department & Directorate: _____ Do you know of male employees who received the reclassification, but who were less qualified or no more qualified than you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the name, race, title, department & directorate of the person who got the reclassification? _____ _____ Why do you believe you were equally or better qualified? _____ _____ _____ _____ _____
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c	Classification: _____ Date or date range: _____ Division, Department & Directorate: _____ Do you know of male employees who received the reclassification, but who were less qualified or no more qualified than you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the name, race, title, department & directorate of the person who got the reclassification? _____ _____ Why do you believe you were equally or better qualified? _____ _____ _____ _____ _____
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37. Do you know of male employees who received a reclassification sooner than you even though you had the same years of experience and performed at similar levels? Yes No

38. If your answer to question 37 is yes, please indicate for each occasion:

a	Name of male employee: _____ Race: _____ Title: _____ Division, Department & Directorate: _____
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b	Name of male employee: _____ Race: _____ Title: _____ Division, Department & Directorate: _____
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c	Name of male employee: _____ Race: _____ Title: _____ Division, Department & Directorate: _____
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39. Were you ever denied a functional title you believed you deserved? Yes No

40. If your answer to question 39 is yes, please indicate for each occasion:

a	Desired functional title: _____ Date: _____ Division, Department & Directorate: _____ Who got the functional title? _____ Gender: F M Do you believe you were equally or better qualified than the person who got the functional title? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why do you think you are equally or better qualified? _____ _____ _____ _____ _____ _____
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b	Desired functional title: _____ Date: _____ Division, Department & Directorate: _____ Who got the functional title? _____ Gender: F M Do you believe you were equally or better qualified than the person who got the functional title? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why do you think you are equally or better qualified? _____ _____ _____ _____ _____ _____
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c	Desired functional title: _____ Date: _____ Division, Department & Directorate: _____ Who got the functional title? _____ Gender: F M Do you believe you were equally or better qualified than the person who got the functional title? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why do you think you are equally or better qualified? _____ _____ _____ _____ _____ _____
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JOB ASSIGNMENTS

41. Do you believe you were assigned less demanding or less desirable job duties than similarly situated co-workers?
 Yes No

42. If your answer to question 41 is yes, please complete the following for each assignment you desired but did not get:

a	<p>Assignment: _____</p> <p>Date the assignment was denied: _____</p> <p>Division, Department & Directorate: _____</p> <p>Did you ask for this job assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s) asked: _____</p> <p>If yes, whom did you ask (name, title, department & directorate): _____</p> <p>_____</p> <p>Was someone with less qualifications or experience given the desirable assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No Date they received the job assignment: _____</p> <p>Why do you believe you had better qualifications or experience? _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>What was the name, race & gender of the person who got the assignment? _____</p> <p>_____</p> <p>Were you given a reason why you did not receive the assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, who told you (name, title, department, directorate) and when? _____</p> <p>_____</p> <p>What reason(s) did they give? _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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b

Assignment: _____

Date the assignment was denied: _____

Division, Department & Directorate: _____

Did you ask for this job assignment? Yes No Date(s) asked: _____

If yes, whom did you ask (name, title, department & directorate): _____

Was someone with less qualifications or experience given the desirable assignment?

Yes No Date they received the job assignment: _____

Why do you believe you had better qualifications or experience? _____

What was the name, race & gender of the person who got the assignment? _____

Were you given a reason why you did not receive the assignment? Yes No

If yes, who told you (name, title, department, directorate) and when? _____

What reason(s) did they give? _____

c

Assignment: _____

Date the assignment was denied: _____

Division, Department & Directorate: _____

Did you ask for this job assignment? Yes No Date(s) asked: _____

If yes, whom did you ask (name, title, department & directorate): _____

Was someone with less qualifications or experience given the desirable assignment?

Yes No Date they received the job assignment: _____

Why do you believe you had better qualifications or experience? _____

What was the name, race & gender of the person who got the assignment? _____

Were you given a reason why you did not receive the assignment? Yes No

If yes, who told you (name, title, department, directorate) and when? _____

What reason(s) did they give? _____

OTHER

43. Have you ever had any remarks directed at you at LLNL that suggested gender discrimination or bias?
 Yes No

44. If your answer to question 43 is yes, what were the circumstances surrounding each incident?

a	When was the remark made? _____ Who made the remark (name, title, department, directorate)? _____ _____ What was the remark? _____ _____ Describe the situation: _____ _____ _____ _____
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b	When was the remark made? _____ Who made the remark (name, title, department, directorate)? _____ _____ What was the remark? _____ _____ Describe the situation: _____ _____ _____ _____
---	--

c	When was the remark made? _____ Who made the remark (name, title, department, directorate)? _____ _____ What was the remark? _____ _____ Describe the situation: _____ _____ _____ _____
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45. Have you ever overheard comments by LLNL managers or supervisors that suggested gender discrimination or bias?
 Yes No

46. If your answer to question 45 is yes, what were the circumstances surrounding each incident?

a	When was the comment made? _____ Who made the comment (name, title, department, directorate)? _____ _____ What was the comment? _____ _____ Describe the situation: _____ _____ _____ _____
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b	When was the comment made? _____ Who made the comment (name, title, department, directorate)? _____ _____ What was the comment? _____ _____ Describe the situation: _____ _____ _____ _____
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c	When was the comment made? _____ Who made the comment (name, title, department, directorate)? _____ _____ What was the comment? _____ _____ Describe the situation: _____ _____ _____ _____
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47. Are there any other discriminatory events that you have not described that you have experienced while working at LLNL? Yes No

48. If your answer to question 47 is yes, for each event please indicate:

a	When did the event occur? _____ What people were involved (names, titles, departments, directorates)? _____ _____ _____ Describe the event: _____ _____ _____ _____
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b	When did the event occur? _____ What people were involved (names, titles, departments, directorates)? _____ _____ _____ Describe the event: _____ _____ _____ _____
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c	When did the event occur? _____ What people were involved (names, titles, departments, directorates)? _____ _____ _____ Describe the event: _____ _____ _____ _____
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49. How much salary or other damages do you think you have suffered as a result of the discrimination you have experienced? _____

50. Are you interested in being contacted again for information about the case, or do you have any interest in serving as a witness if the case goes to trial?

Yes No

Thank you for your time.

Please mail or fax the completed survey to:

Attn: Andy Burns

at THE STURDEVANT LAW FIRM address or facsimile number noted below.

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