

Social Security Number:

Form Approved
OMB No. 0960-0483

Social Security Administration

WORK ACTIVITY QUESTIONNAIRE

Business Name:	Grand Rapids Colon Irrigation, Inc.		
Job Title:	Administrative Assistant		
Hourly Wage	\$11.25	Hours per Week	32
Date Work Started	10/1/2018	Date Work Stopped	Continuing

Section 1

1. Does the employee complete all the usual duties required for his/her position?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the employee able to complete all of the job duties without special assistance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. Does the employee regularly report for work as scheduled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. On average, does the employee complete his/her work in the same amount of time as employees in similar positions?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. Please indicate the type(s) of special assistance, if any, the employee receives on the job that is not regularly given to other employees. (Check all that apply)		

- Fewer or easier duties
- Irregular hours
- Special transportation.
- Less hours
- More breaks/rest periods

- Frequent absences
- Lower production standards
- Extra help/supervision
- Lower quality standards
- Special equipment

Social Security Number:

6. Based on the information above, approximately how would you rate the productivity of the employee compared to other employees in similar positions and similar pay rates?

- 50% or less of other employees' productivity
- 60% of other employees' productivity
- 70% of other employees' productivity
- 80% of other employees' productivity
- 90% of other employees' productivity
- 100% of other employees' productivity

7. Are you paying the employee more per hour than you would another employee in a similar position?

Yes No

If Yes, what would you pay another employee in a similar position per hour?

Section 2

Unsuccessful Work Attempt

1. Was the person frequently absent from work?

Yes No

2. Did the person do the work under special conditions such as with extra help/supervision, fewer/easier duties, frequent rest periods, or lower production?

Yes No

3. Was the person's work satisfactory when compared to another employee who worked in a similar position?

Yes No

Section 3

Signature and Title

Colin Cleanse, Office Manager

Date

10/20/2018

(Telephone Number)

(616) 888-9999