



Thank you for taking part in the Nevada Gender Equality in the Workplace Survey.

The voluntary survey is offered to Nevada organizations with employees to provide information about gender equality in the workplace. The information provided is public record and will be available on www.nvsilverflume.gov and will also be reported to the Nevada Governor and the Nevada Legislature on an annual basis.

This survey has been developed pursuant to Assembly Bill 423 of the 2017 Session of the Nevada Legislature in cooperation with the Nevada Commission on Women.

Please base your response on current staff figures. We recommend that you have the following on hand when completing the data input:

- Latest company reports
- Employee reports from payroll and/or HR providing total staff numbers and salary bands broken down by gender
- Documents on company employee policies (maternity allowance, etc)
- Company documentation (handbooks, codes of conduct, manuals and guidelines) relating to the employee work-cycle (recruitment and selection, appraisal and performance review, etc)
- Policies on equality, diversity and inclusion issues

If, during completion, you need to return to a previous question or answer, **PLEASE DO NOT USE THE BACK BROWSER BUTTON**, as this may result in the loss of data. Instead, use the 'PREVIOUS' button.

Thank you for your participation.

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*** 1. What is the name of your organization?***** 2. What is the Entity Type of your organization?**

- Association
- Corporation
- Government Entity
- Limited Partnership
- Limited Liability Partnership
- LLLP
- LLC
- Partnership
- Sole Proprietor
- Other (please specify)

*** 3. Does your organization operate in Nevada and/or have employees in Nevada?**

- Yes
- No

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- * 4. How many employees does your organization employ?**
(Please enter as a whole number.)

- * 5. How many employees are women?**
(Please enter as a whole number.)

- * 6. How many people are on the governing board of your organization?**
(Please enter as a whole number.)

- * 7. How many board members are women?**
(Please enter as a whole number.)

- * 8. How many people are currently employed in Executive positions?**
(Please enter as a whole number.)

- * 9. How many women are currently employed in Executive positions?**
(Please enter as a whole number.)

*

10. How many people are employed in management positions?

(Please enter as a whole number.)

*** 11. How many women are employed in management positions?**

(Please enter as a whole number.)

*** 12. Does your organization have an executive-led initiative to increase the representation of women?**

- Yes
- No, but the company has plans to implement this in the next 12 months
- No, and the company has no immediate plans for one
- Not Applicable

Additional Comments:

*** 13. A formal salary equity study is also sometimes called a "pay equity analysis" or a "compensation equity study." Check all that apply for your organization:**

- has never conducted a formal salary equity study.
- plans to conduct a formal salary equity study in the next 12 months.
- has conducted at least one formal salary equity study in the past 10 years.
- has conducted at least one informal salary equity study in the past 10 years.
- has hired an outside firm to conduct a formal equity study.
- conducts salary equity studies regularly.
- Not Applicable

Additional Comments:

We feel this is very important and are focused on this over the next several months. Should be in place within 12 months.

14. Does your organization have a sexual harassment policy?

- Yes
- No

Additional Comments:

*** 15. Which types of family leave are available to employees?**

- Unpaid Leave
- Paid Leave
- Both Paid and Unpaid Leave
- No Leave
- Not Applicable

Additional Comments:

*** 16. Please indicate the types of leave:**

	0 Weeks	1 Week	2 Weeks	3 Weeks	4 Weeks	5 Weeks	6 Weeks	More than 6 Weeks
Family Medical Leave Act (FMLA) Leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternity Leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paternity Leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0 Weeks	1 Week	2 Weeks	3 Weeks	4 Weeks	5 Weeks	6 Weeks	More than 6 Weeks
Primary Caregiver Leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Caregiver Leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leave for Adoptions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leave for Other Family Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N/A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Please enter any additional comments and/or clarifications you may have regarding Question #16 above.

Leave for adoptions and other family leave are part of the annual and sick leave offered by the company.

18. Please explain what types of policies your organization is pursuing, if applicable, to develop a woman-friendly environment?

19. Do you have additional information to provide? Please enter your comments below.

*** 20. Please type your name and title below to acknowledge the following:**

I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that

pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing. I declare that I am authorized to complete this survey on behalf of your organization.

Wallace Scott

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Done

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