



## Nevada Gender Equality in the Workplace Survey

**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](http://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 for 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.**

**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
- Nonprofit Organization
- Other (please specify)

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

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

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

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

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

**How many people are currently employed in Executive positions?**  
(Enter as a whole number.)

**How many women are currently employed in Executive positions?**  
(Enter as a whole number.)

**How many people are employed in management positions?**  
(Enter as a whole number.)

**How many women are employed in management positions?**  
(Enter as a whole number.)

**\* 12. Does your organization have in-house employee development initiatives enacted for administrative or skilled staff who are interested in advancing their career path?**

- 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 study." Check all that apply for your organization:

- conducted a formal salary equity study.
- conduct a formal salary equity study in the next 12 months.
- conducted at least one formal salary equity study in the past 10 years.
- conducted at least one informal salary equity study in the past 10 years.
- hired an outside firm to conduct a formal equity study.
- conducts salary equity studies regularly.

Not Applicable

Additional Comments:

\* 14. Does your organization have an anti-harassment policy, which includes sexual harassment?

- Yes
- No

Additional Comments:

\* 15. Does your organization have an anti-harassment program?

- Yes
- No

Additional Comments:

\* 16. Does your organization have anti-harassment training?

- Yes
- No

Additional Comments:

**\* 17. What are the organization's general leave policies? (please explain)**

**\* 18. Which types of family leave are available to employees?**

- Unpaid Leave
- Paid Leave
- Both Paid and Unpaid Leave
- No Leave
- Not Applicable
- Other (please explain below)

Additional Comments:

**\* 19. Please indicate the types of extended leave:**

	0 Weeks	1 Week	2 Weeks	3 Weeks	4 Weeks	5 Weeks	6 Weeks	More than 6 Weeks
<b>Family Medical Leave Act (FMLA) Leave</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Maternity Leave</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Paternity Leave</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Primary Caregiver Leave</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Secondary Caregiver Leave</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Leave for Adoptions</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Leave for Other Family Needs</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>N/A</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify):

**\* 20. Please explain what types of policies your organization is pursuing, if applicable, to develop a women friendly environment? (For example, on-site day care, variable work schedule, etc.)**

**\* 21. Do you have additional information to provide? Please enter your comments below.**

**\* 22. 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 file or any false or forged instrument for filing. I declare that I am authorized to complete this statement on behalf of your organization.**