

Employers: Please complete this form and send a copy to each law school that requests it. Comment boxes are optional. This questionnaire can also be completed using the NALP Form Data Collection System at nalpforms.org.

Students: This questionnaire supplements the NALP Law Firm Questionnaire. For a complete picture of the employer, students should refer to the NALP Law Firm Questionnaire, this questionnaire, the employer's website and brochures. Students are also urged to contact their law school's career service office for additional resources that may be on file.

Note: For simplicity, the form uses the terms associate and partner. Organizations that do not use these titles should define associates as junior/mid-level attorneys and partners as senior/managing attorneys.

2009 NALP WORKPLACE QUESTIONNAIRE

Organization:

Address:

Telephone:

This questionnaire reflects information for: one office only multiple offices

Office size (attys) completing questionnaire: 2-10 11-25 26-50 51-100 101-250
 251-500 501-700 701+

Questionnaire completed by:

Title:

Date Completed:

Website address:

Associate Training, Development and Diversity

What are some of the types of training and professional development opportunities your organization offers?

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> In-House training programs | <input type="checkbox"/> Trial advocacy training |
| <input type="checkbox"/> External firm-paid seminars | <input type="checkbox"/> Observation opportunities |
| <input type="checkbox"/> Continuing Legal Education (CLE) | <input type="checkbox"/> Practice group training |
| <input type="checkbox"/> Organized/formal mentor program | <input type="checkbox"/> Retreats |
| <input type="checkbox"/> Other: | |

What roles do partners/senior attorneys play in the training of attorneys? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Presenters | <input type="checkbox"/> Supervise projects |
| <input type="checkbox"/> Develop/design training programs | <input type="checkbox"/> One-on-one training |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Other: |

Does your organization have a formal evaluation program in place? Yes No

Comment box:

Associate Compensation and Benefits

Associate base salary (excluding bonuses) is determined by:

- A set lock-step system (same base salary for each class year)
- A combination lock step and merit system
- A lock-step system with variable component (range per class year)
- A merit system

Other:

If not strictly a set lock-step system, what criteria are used to determine associate base salaries (excluding bonuses)?
(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Hours billed | <input type="checkbox"/> <i>Pro bono</i> hours |
| <input type="checkbox"/> Quality of work | <input type="checkbox"/> Business development |
| <input type="checkbox"/> Overall contribution (e.g., recruiting activities, internal firm committees) | |
| <input type="checkbox"/> Other: | |

Has your organization offered annual bonuses to eligible associates in the past five years? Yes No

Comment box:

What factors are used to determine the amount of an associate's bonus? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Hours billed | <input type="checkbox"/> <i>Pro bono</i> hours |
| <input type="checkbox"/> Quality of work | <input type="checkbox"/> Business development |
| <input type="checkbox"/> Overall contribution (e.g., recruiting activities, internal firm committees) | |
| <input type="checkbox"/> Other: | |

Are same sex domestic partners afforded the same benefits as spouses of attorneys? Yes No
If not, what (if any) benefits are provided to same sex domestic partners?

Are opposite sex domestic partners afforded the same benefits as spouses of attorneys? Yes No
If not, what (if any) benefits are provided to opposite sex domestic partners?

Parental Leave/ Family Care: benefits offered in addition to those provided by the FMLA.

Does your organization have a written parental leave or family care policy? Yes No
If you answer yes, please answer the other questions in this section.

Comment box:

How many weeks of paid parental leave do:
Female attorneys receive? Male attorneys receive?

Have one or more attorneys made use of your parental leave policy in the last 12 months? Yes No

Are attorneys currently utilizing this benefit? Yes No

Does your parental leave or family care policy include adoptions? Yes No
Comment box:

Does your parental leave or family care policy cover children/dependents of:
same sex domestic partners? Yes No
opposite sex domestic partners? Yes No

Comment box:

Alternative Work Options

Does your organization have a written alternative work option policy (e.g., part-time, flex-time)? Yes No

Comment box:

Does your organization allow:

Job Sharing (two or more persons sharing one position) Yes No Case-by-Case
How many associates are currently participating in a job sharing arrangement? How many partners?

Flex-Time (working a full-time schedule with flexible hours) Yes No Case-by-Case
How many associates are currently working under a flex-time arrangement? How many partners?

Telecommuting (working remotely one or more days per week) Yes No Case-by-Case
How many associates are currently working under a telecommuting arrangement? How many partners?

Other:

Is there a minimum percentage of full-time hours that a part-time attorney must work?

Yes No Case-by-Case If you answered yes, what is the minimum?

Comment box:

Are attorneys who work part-time and exceed their agreed upon part-time hours compensated in some manner for the additional hours? Yes No Case-by-Case

If so, how are they compensated? Salary adjustment Bonus consideration Other:

Comment box:

Are attorneys who work alternative schedules given bonus consideration?

Job Sharing Yes No Case-by-Case

Flex-Time Yes No Case-by-Case

Telecommuting Yes No Case-by-Case

Part-time Schedule Yes No Case-by-Case

Other:

Comment box:

In the past five years, have attorneys made partner who have worked or are currently working alternative schedules with your organization? Yes No No one eligible

Comment box:

Additional Information

Space below is provided for additional information your organization may like to share about policies, benefits, work/life initiatives, and other programs that are not described on the NALP Form or this Workplace Questionnaire.