

NAVIGATING ORGANIZATIONAL CULTURES

INTERACTIONS CHECKLIST

Name: _____ Date of Interaction: _____

Title: _____

Function: _____

TOPIC

- Work project
- Work opportunity
- Organizational politics
- Micro-inequities
- Sought favor
- Provided favor
- Shared personal information
- Other

VENUE

- Social
- Employee resource group
- Informal chat
- Other

OUTCOME

- Favorable
- Unfavorable

Notes:

Directions:

For each person with whom you interact, note the name, title, and function of the individual and the date of the interaction. Select appropriate checkboxes, and record any important notes regarding the interaction. At the end of the month, review all of your checklists to reveal patterns in interactions that you wish to continue, increase, or decrease. To save additional copies of this interactive form to your computer's hard drive, select "File," "Save As," name the form, and save in the folder of your choice on your hard drive. This form is optimized for use with Adobe Acrobat Pro 9.