



2011-2012 Compensation and Benefits Survey

Dear Member:

Please take a few minutes to complete this survey and return to the Association by **July 15, 2011**.

Only participating companies will receive the survey results free.

Compensation and Fringe Benefit Survey Questionnaire Instructions:

The survey is for base rates of experienced employees – please do not include compensation for trainees. **DO NOT** include salary/wages for any company owner or partner.

- **Response:** **FAX:** Send to (615) 366-4192 or **MAIL** to 305 Plus Park Blvd, Nashville, TN 37217 or **EMAIL** to wpardue@pias.org
- **Deadline for returned surveys:** All completed questionnaires must be returned to the Association by July 15, 2011.

You MUST Participate to Receive A FREE Final Report

*All information collected is strictly **confidential**. This top sheet containing company information will be removed when your data is submitted. Thank you for your participation.*

First Name: _____ Last Name: _____

Firm Name: _____ Title: _____

Address Line 1: _____ Address Line 2: _____

City: _____ State: _____

Zip Code: _____ Telephone: _____

Email Address: _____

OVERTIME

12. Basis for paying overtime.

- Overtime is paid on the basis of the hours earned (vacation/sick leave/holidays are counted)
- Overtime is paid on the amount of hours worked (vacation/sick leave/holidays are not counted)
- Overtime is paid upon shift completion

If extra overtime is available for weekends/holidays, how is it paid?

- | | | | | | | |
|----------|--------------------------|-----------------|--------------------------|-------------|--------------------------|---------------------|
| Saturday | <input type="checkbox"/> | Time and a half | <input type="checkbox"/> | Double Time | <input type="checkbox"/> | Do Not Pay Overtime |
| Sunday | <input type="checkbox"/> | Time and a half | <input type="checkbox"/> | Double Time | <input type="checkbox"/> | Do Not Pay Overtime |
| Holidays | <input type="checkbox"/> | Time and a half | <input type="checkbox"/> | Double Time | <input type="checkbox"/> | Do Not Pay Overtime |

Double time is paid on:

- Sundays
- Holidays
- After working 4 hours of overtime in a shift
- After completion of regular shift
- Never
- Other: _____

HOLIDAY, VACATION, OTHER ABSENCE POLICIES

13. Leave of Absence policies:

- Employees have paid time for voting
- Company has a written sick leave/personal time off policy
- Employees receive the following number of sick days per year: _____
- Sick leave can be accumulated from year to year.
- Company offers jury duty pay.
- None of the above

14. What is the number of Paid Holidays offered by your company in a year?

Number of paid holidays: _____

Please check off all the days offered below:

- | | |
|---------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> New Years Eve – Half Day | <input type="checkbox"/> Independence Day |
| <input type="checkbox"/> New Years Eve – Full Day | <input type="checkbox"/> Election Day |
| <input type="checkbox"/> New Year’s Day | <input type="checkbox"/> Labor Day |
| <input type="checkbox"/> Washington’s Birthday | <input type="checkbox"/> Veterans Day |
| <input type="checkbox"/> Lincoln’s Birthday | <input type="checkbox"/> Thanksgiving Day |
| <input type="checkbox"/> President’s Day | <input type="checkbox"/> Day after Thanksgiving |
| <input type="checkbox"/> MLK Birthday | <input type="checkbox"/> Christmas Eve – Half Day |
| <input type="checkbox"/> Mardi Gras | <input type="checkbox"/> Christmas Eve – Full Day |
| <input type="checkbox"/> Good Friday – Half Day | <input type="checkbox"/> Christmas Day |
| <input type="checkbox"/> Good Friday – Full Day | <input type="checkbox"/> Employee’s Birthday |
| <input type="checkbox"/> Memorial Day | <input type="checkbox"/> Floating Days |
| <input type="checkbox"/> Other: _____ | |

15. Please indicate your vacation policy (answer all that apply):

- 1 week after 6 months
- 1 week after 1 year
- 2 weeks after 1 year
- 2 weeks after 2 years
- 3 weeks after 5 years
- 4 weeks after 20 years
- Other _____

16. Please list the maximum number of vacation days which you offer:

Number of weeks vacation _____
Number of years it takes to accrue maximum vacation time _____

17. Do you have a specific time period when employees must take their vacation?

- Yes
- No
- N/A, Do not have a vacation policy for employees

18. Do employees accumulate vacation time from year to year?

- Yes
- No
- N/A, Do not have a vacation policy for employees

19. Does your company offer a PTO (Personal Time Off) Plan rather than the traditional vacation/sick day?

- Yes
- No
- If the answer was yes, how many days of PTO do you offer? _____

HEALTH INSURANCE

20. Group health insurance plan: (Mark all that apply)

- No plan offered
- Self-insured Plan
- HMO Plan
- PPO Plan
- POS Plan
- HDHP/HRA
- HSA Qualified HDHP
- Other _____

21. Contribution to health plan:

- Employer pays **employee's** entire premium.
- Employer pays **all of dependent** coverage.
- Employer **does not** pay for dependent coverage.
- None of the above apply to our plan

MEDICAL

If your company **DOES NOT** pay 100% of coverage, please report the percentage which is paid by the company and what that percentage represents in a dollar amount.

Single Coverage: Employee only

Family Coverage: Employee plus dependent(s)

Example:

<p>Single Coverage: Employer on average pays per month <u>70</u> % of premium; <u>\$250.00</u> Employer contribution: per month/per employee</p> <p>Family Coverage: Employer on average pays per month <u>50</u> % of premium <u>\$600.00</u> Employer contribution: per month/ per employee</p>

22. **Medical Premiums:**

Amount of Company's contribution per employee for Health Plan:

Single Coverage: Employer on average pays per month _____% of premium \$ _____ per month/ per employee

Family Coverage: Employer on average pays per month _____% of premium \$ _____ per month/ per employee

23. **Additional benefits covered in health plan package: (Check all that apply)**

- Vision care
- Dental care
- N/A, do not offer either benefit

24. **Vision:**

Amount of Company's contribution for Vision Care:

Single Coverage: Employer on average pays per month _____% of premium \$ _____ per month/ per employee

Family Coverage: Employer on average pays per month _____% of premium \$ _____ per month/ per employee

25. **Dental:**

Amount of Company's contribution for Dental Care:

Single Coverage: Employer on average pays per month _____% of premium \$ _____ per month/ per employee

Family Coverage: Employer on average pays per month _____% of premium \$ _____ per month/ per employee

26. **Other Insurance Benefits:**

- Group life is provided paid in full or part by employer
- Group life is available for purchase by employee
- Group accidental death & dismemberment coverage is provided
- Short term disability is provided paid in full or part by employer
- Short term disability is available for purchase by employee
- Long term disability is provided paid in full or part by employer
- Long term disability is available for purchase by employee
- None of the above

Other Policies

27. **Please indicate your smoking policy:**

- No smoking. Smoke Free Environment
- Smoking outside the building, **off** the clock
- Smoking outside the building, **on** the clock
- Smoking inside in designated areas
- No formal policy on smoking

28. **Please check any retirement or profit sharing plan provided by the company:**

- Profit Sharing
- 401(k) Plan Does The Company Match? Yes What Amount? _____% of base salary
- Defined Contribution Plan
- Defined Benefit Plan
- N/A-Company does not provide any retirement or profit sharing program

29. **Does your company offer incentive plans for production employees?**

- Yes No

If the answer is yes, what type of plan(s) is offered? _____

30. **If your company tracks job absence and employee turnover rates, what are those metrics?**

Job Absence—total days or hours employees absent (all employees) that number divided by total days or hours employees worked (all employees)

Turnover—number of employees replaced in one year divided by the average workforce

Job Absence _____ (% of days worked)

Turnover _____ (% of workforce)

31. **How do you determine sick and vacation time eligibility?**

- Anniversary of date of hire
 By calendar year
 Earn days based on length of service
 Other, Specify _____

32. **Does your company have a policy in effect with respect to moonlighting by employees?**

- Yes No

If Yes, indicate whether:

- It restricts employees from accepting part-time work with any other firm in printing or related activity.
 It requires granting of prior approval by company principal, or supervisor.
 We have no restrictions on moonlighting providing it doesn't interfere with employee's job performance.
 No restrictions.

33. **Do you provide funeral or bereavement leave?** Yes No

Is it Paid Unpaid

How many days?

*Immediate family _____ days (*spouse, child, mother, father, sister, brother, grandparent)

Other family members? _____ days

Wage and Salary Changes for 2011 and 2012

34. **Have you provided an increase/decrease in wages and salaries in 2011 and what are your expectations in 2012? (If “No Change” enter 0 in the percent change column.)**

	Wage/Salary Change in 2011			Percent Change 2011
	Increase	No Change	Decrease	
Management Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____%
Administrative Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____%
Production/Technical Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____%
	Expected Wage/Salary Change in 2012			Expected Percent Change 2012
	Increase	No Change	Decrease	
Management Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____%
Administrative Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____%
Production/Technical Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____%

SOME HELPFUL DEFINITIONS

CEO/President—Manages and directs the organization toward its primary goals and objectives.

COO/Vice President/General Manager—Directs, administers, and coordinates all activities of the organization in support of policies, goals, and objectives established by the CEO, President, or Owner.

Manufacturing/ Production Manager, Plant Manager, VP of Manufacturing, VP of Operations—Directs and coordinates all manufacturing activities for organization, which can include multiple facilities.

CFO, VP Finance/Treasurer—Responsible for the protection of the company's assets through sound and generally accepted accounting methods and practices. Oversees financial, accounting, and granting policies and procedures.

Sales Manager/Sales VP—Manages sales activities of organization by performing the duties personally or through subordinate supervisors.

Manager of Marketing/Business Development—Creates, administers company's total sales promotion program, including space advertising, direct mail, and/or public relations.

Customer Service Manager—Supervises all employees in Customer Service Department.

Production Planner/Scheduler—Responsible for placing jobs in a comprehensive schedule and maintaining efficiency of production.

Estimating Manager—Supervises all estimating department personnel.

Human Resources Director/Personnel Manager—Responsible for overall HR policy compliance. Works with all company departments to determine specific personnel needs, advertises for applications, screens resumes and/or conducts initial interviews to determine applicant suitability.

Environmental Health & Safety Manager—Establishes and promotes maintenance of a safe, accident-free and healthy work environment by performing duties personally or through subordinate supervisors. Oversees compliance with all permitting requirements.

Quality Manager—Develops, implements, and coordinates product assurance program to prevent or eliminate defects in new or existing products and insures continuous production of products consistent with established standards.

MIS/IT Manager—Responsible for IT functions. Directs and coordinates activities of workers engaged in computer operations personally or through supervisors.

Prepress Supervisor—Supervises workers engaged in prepress/premedia activities.

Pressroom Supervisor, Sheetfed—Oversees all operations in sheetfed department.

Pressroom Supervisor, Web—Oversees all operations in the web department.

Bindery Supervisor—Oversees all operations in the bindery department.

Mailroom/Fulfillment Supervisor—Oversees all operations related to mailing and fulfillment.

Warehouse Supervisor—Responsible for operations in warehouse area.

Office Manager—Supervises all clerical, timekeeping, supplies, and related office functions.

Executive Secretary/Administrative Assistant—Schedules appointments, answers inquiries, takes dictation, and otherwise relieves manager of clerical work and administrative and business detail.

HR Assistant/General Administration—Assists the HR/Personnel Manager in maintaining personnel records and the hiring process. May also do payroll.

Receptionist—Receives callers at establishment, determines nature of business, and directs callers to destination. May perform other clerical functions.

Accounting Supervisor/Manager—Responsible for all accounting functions and activity.

A/P or A/R Clerk—Responsible for billing and collection functions.

Full Charge Bookkeeper—Under direction of accounting supervisor, responsible for maintaining some or all accounting records and preparation of reports.

Purchasing Agent—Responsible for selection of reliable sources of supply, approval of major purchase contracts, supervision of actual purchases, and control of price and quality.

Customer Service Representative—Act as a coordinator between customer, company salesperson, and production personnel to ensure customer satisfaction with order.

Estimator—Responsible for placing a dollar value representing “cost” on each job and/or potential job.

Wage & Salary Information

Please read this section before completing this section:

- **Do not change any job titles!**
- **Minimum Pay Rate** is the amount paid to an entry level employee in the position being specified.
- **Maximum Pay Rate** is the highest amount paid to an experienced employee in the position being specified.
- **Time Required** is the amount of time it would take an employee to go from the minimum pay rate (entry level) to the maximum pay rate. Express in terms of years and/or months.

DO NOT INCLUDE ANY OWNERS WHO FULFILL THESE ROLES. DO NOT INCLUDE TRAINEES.

BE CAREFUL TO ENTER “ANNUAL” SALARIES FOR INDICATED POSITIONS AND “HOURLY” WAGES FOR ALL OTHER EMPLOYEES (even if you pay these other employees on a salary basis).

The form allows for 4 employees’ wages in each category.

Please enter base salary (no shift differentials or bonus)

Title	Enter <u>Annual</u> Salaries		
MANAGEMENT:	MIN. PAY	MAX. PAY	TIME REQ.
CEO/President (No Owners)	_____	_____	_____
COO/Vice President/General Mgr.	_____	_____	_____
Manufacturing/Production Mgr./	_____	_____	_____
Plant Manager / VP Operations	_____	_____	_____
CFO/Controller/Financial Manager	_____	_____	_____
Sales Manager/Sales VP	_____	_____	_____
Manager of Marketing/Business Dev	_____	_____	_____
Customer Service Manager	_____	_____	_____
Production Planner/Scheduler	_____	_____	_____
Estimating Manager	_____	_____	_____
Human Resources Manager/Personnel	_____	_____	_____
Mgr./Director	_____	_____	_____
Environmental Health & Safety Mgr.	_____	_____	_____
Quality Manager	_____	_____	_____
 DEPARTMENT MANAGERS			
MIS/IT Manager	_____	_____	_____
Prepress Supervisor	_____	_____	_____
Pressroom Supervisor – Sheetfed	_____	_____	_____
Pressroom Supervisor – Web	_____	_____	_____
Bindery Supervisor	_____	_____	_____
Mailroom/Fulfillment Supervisor	_____	_____	_____
Warehouse Supervisor	_____	_____	_____

Enter Annual Salaries

OFFICE/ADMINISTRATION	MIN. PAY	MAX. PAY	TIME REQ.
Office Manager	_____	_____	_____
Executive Secretary/Admin. Asst	_____	_____	_____
HR Assistant/General Admn.	_____	_____	_____
Receptionist	_____	_____	_____
Accounting Supervisor/Manager	_____	_____	_____
A/P or A/R Clerk	_____	_____	_____
Full Charge Bookkeeper	_____	_____	_____
Purchasing Agent	_____	_____	_____
Customer Service Representative	_____	_____	_____
Estimator	_____	_____	_____

PRESS OPERATIONS (SHEETFED) - Continued

20" - 28" Four Color Press Operator	_____	_____	_____
20" - 28" Five Color Press Operator	_____	_____	_____
20" - 28" Six Color Press Operator	_____	_____	_____
20"- 28" Press Feeder/Helper	_____	_____	_____
38" - 42" Single Color Press Operator	_____	_____	_____
38" - 42" Two Color Press Operator	_____	_____	_____
38" - 42" Four Color Press Operator	_____	_____	_____
38" - 42" Five Color Press Operator	_____	_____	_____
38" - 42" Six Color Press Operator	_____	_____	_____
38" - 42" Eight Color Press Operator	_____	_____	_____
38" - 42" Four Color 2nd Press Operator	_____	_____	_____
38" - 42" Five Color 2nd Press Operator	_____	_____	_____
38" - 42" Six Color 2nd Press Operator	_____	_____	_____
38" - 42" Eight Color 2nd Press Operator	_____	_____	_____
38"- 42" Press Feeder/Helper	_____	_____	_____
38"- 42" Floor Helper	_____	_____	_____
52" - 77" Press Operator	_____	_____	_____
52" - 77" 2nd Press Operator	_____	_____	_____
52" - 77" Press Feeder/Helper	_____	_____	_____
52"- 77" Floor Helper	_____	_____	_____

PRESS OPERATIONS (HEATSET WEB - FULL)

Working Supervisor	_____	_____	_____
Lead Pressman	_____	_____	_____
Assistant Pressman	_____	_____	_____
Roll Tender	_____	_____	_____
Jogger/Delivery Tender	_____	_____	_____

PRESS OPERATIONS (HEATSET WEB - HALF)

Working Supervisor	_____	_____	_____
Lead Pressman	_____	_____	_____
Assistant Pressman	_____	_____	_____
Roll Tender	_____	_____	_____
Jogger/Delivery Tender	_____	_____	_____

PRESS OPERATIONS (NON-HEATSET WEB)

Working Supervisor	_____	_____	_____
Lead Pressman	_____	_____	_____
Second Pressman	_____	_____	_____
Assistant Pressman	_____	_____	_____
Roll Tender	_____	_____	_____
Jogger/Delivery Tender	_____	_____	_____

NARROW WEB PRESSES & COLLATORS

Working Supervisor	_____	_____	_____
Press Operator	_____	_____	_____
Forms Collator Operator	_____	_____	_____

FLEXO/LETTERPRESS

Letterpress Operator	_____	_____	_____
Finishing Press Operator (Kluge,etc.)	_____	_____	_____
Automated Diecutter (<28" Cylinder)	_____	_____	_____
Automated Diecutter (40"+, Bobst,etc.)	_____	_____	_____
Flexo Operator – <= 9" web width	_____	_____	_____
Flexo Operator – > 10" web width	_____	_____	_____

SCREEN OPERATIONS

Working Supervisor	_____	_____	_____
Ink Mixer	_____	_____	_____
Screen Maker	_____	_____	_____
Press Operator - Multi color auto <30"	_____	_____	_____
Press Operator - Multi color auto 30"-70"	_____	_____	_____
Press Operator - Multi color auto >70"	_____	_____	_____
Press Operator - Multi color handfed <30"	_____	_____	_____
Press Operator - Multi color handfed >30"	_____	_____	_____
Press Operator - Single color handfed <30"	_____	_____	_____
Press Operator - Single color handfed >30"	_____	_____	_____
Slitter Operator	_____	_____	_____

BINDERY/MAILING/SHIPPING

Working Supervisor	_____	_____	_____
Hand Bindery	_____	_____	_____
Small Machines	_____	_____	_____
Combination (Small Machine/Hand)	_____	_____	_____
Folder Operator >17x22	_____	_____	_____
Cutter Operator	_____	_____	_____
Folder/Cutter Operator	_____	_____	_____
Stitcher/Binder Operator	_____	_____	_____
Perfect Binder Operator	_____	_____	_____
Shrink Wrap Operator	_____	_____	_____
Inserting Machine Operator	_____	_____	_____
Mail Machine Operator	_____	_____	_____
Combination (Inserting/Mail Operator)	_____	_____	_____

SHIPPING/WAREHOUSE/MAINTENANCE

Shipping Receiving Clerk	_____	_____	_____
Delivery Person/Driver	_____	_____	_____
Fulfillment Worker	_____	_____	_____
Warehouse Worker	_____	_____	_____
Maintenance (Facility)	_____	_____	_____
Maintenance (Equipment)	_____	_____	_____

Please return to PIAS by July 15, 2011

Fax 615.366.4192 or mail to 305 Plus Park Blvd., Nashville, TN 37217

Or Email to wpardue@pias.org