



2017 Wage & Benefit Survey Questionnaire

Wage and Benefit Survey Questionnaire Instructions:

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

- **Response:** **FAX:** (614) 794-2049 or **MAIL** to 88 Dorchester Sq. Westerville, OH 43086
- Online responses: <https://www.cvent.com/d/25q36w>. Please contact the Association office for your company's login information at (614) 794-2300.
- Deadline for returned surveys: **July 21, 2017**

You **MUST** Participate to Receive A **FREE** Final Report – a \$250 Value

Company Name: _____

City: _____ State: _____

Contact: _____

Phone: _____

E-mail: _____

This confidential survey results will be returned to the individual on the left.

*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.*

2017 Wage & Benefit Survey Questionnaire

This survey is being conducted through the efforts of Printing Industries of America and its local Affiliates. It is the most comprehensive industry survey of its kind, and your participation is important. If you have any questions and/or suggestions, please contact us at (614) 794-2300 or at rrossman@pianko.org.

Because the industry is very diverse, it's difficult to survey every position and/or equipment configuration. We have attempted to report the most common positions. To assist our survey participants in best classifying a position, you will find a PDF of title descriptions at <http://ilnk.me/1928f>.

We would also ask that the compensation and benefits reported are effective as of June 1, 2017. This will provide a common point of reference for all participating companies.

Please note:

- Personal Days off (Sick Days, Bereavement, etc.) should be reported in HOURS rather than days;
- For Management/Administrative salaries, we have asked compensation to be reported on an ANNUAL basis. As always, do not include salaries of company owners.

Demographic Information

1. Please indicate your **primary** market classification:

- | | | |
|--|--|---|
| a. <input type="checkbox"/> General Commercial Printer | b. <input type="checkbox"/> Inplant Printer | c. <input type="checkbox"/> Digital Printer |
| d. <input type="checkbox"/> Quick Printer | e. <input type="checkbox"/> Prepress Services | f. <input type="checkbox"/> Business Forms Manufacturer |
| g. <input type="checkbox"/> Bindery/Finishing | h. <input type="checkbox"/> Web Printer (Heat Set) | i. <input type="checkbox"/> Web Printer (Non-Heat Set) |
| j. <input type="checkbox"/> Mailing House/Services | k. <input type="checkbox"/> Packaging - Offset | l. <input type="checkbox"/> Packaging - Flexo |
| m. <input type="checkbox"/> Labels | n. <input type="checkbox"/> Wide Format | o. <input type="checkbox"/> Other _____ |

2. Please indicate your location:

City _____ State _____

3. Number of Employees (full-time): _____

4. Annual Sales Volume (2016) \$ _____

5. Is your workforce represented by a trade union? [] Yes [] No

Human Resources Policies & Benefit Information

POLICIES

6. Please check all of the following employment features that apply to your company:

- a. Company has a written employee handbook
- b. Company has a written "Drug Free Workplace Policy"
- c. Company tests for Drugs & Alcohol
 - d. For new employees
 - e. In event of an accident
 - f. At random
 - g. For cause
- h. No, we do not test for drugs & alcohol
- i. Company has job descriptions for employees

SHIFTS OF PRODUCTION

7. Please indicate your shifts of production:

- a. One shift of production employees
- b. Two shifts of production employees
- c. More than two shifts of production employees

What is your predominant work week in production?

- d. 3 day work week (3 day 12hr shifts)
- e. 4 day work week
- f. 5 day work week

Pay Differentials/Shift Premiums: (if applicable)

Please specify the method your firm uses to pay 2nd and 3rd shift production workers:

2nd shift: g. \$ _____ per hour over the day rate or
 h. _____% differential over the day rate

3rd shift: i. \$ _____ per hour over the day rate or
 j. _____% differential over the day rate

OVERTIME

8. Select all questions which are applicable.

- a. Overtime is paid on the basis of the hours earned (vacation/sick leave/holidays are counted)
- b. Overtime is paid on the amount of hours worked (vacation/sick leave/holidays are not counted)
- c. Overtime is paid upon shift completion
- d. Double time is paid after working 4 hours of overtime in a shift

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

Saturday e. Time and ½ f. Double Time

Sunday g. Time and ½ h. Double Time

Holidays i. Time and ½ j. Double Time

HOLIDAY, VACATION, OTHER ABSENCE POLICIES

9. Leave of Absence policies:

- a. Employees have paid time for voting
- b. Company offers jury duty pay
- c. Company has a written sick leave/personal time off policy (PTO)

Sick Day Policies

- d. What are the maximum HOURS provided in one year? _____
- e. Do you permit accumulation from year to year? Yes No
- f. What is the maximum number of HOURS which can be accumulated? _____

PTO (Personal Time Off) – Please complete this section ONLY if you offer a PTO program

- g. What are the number of HOURS you provide in a year? Please mark the appropriate “cells.”

Years of Employment	<40 hours	>40 and <80 hours	>80 and <120 hours	>120 and <160 hours	>160 hours
<1	G1	G2	G3	G4	G5
>1 and <2	G6	G7	G8	G9	G10
>2 and <5	G11	G12	G13	G14	G15
>5 and <10	G16	G17	G18	G19	G20
10+	G21	G22	G23	G24	G25

- h. Do you permit accumulation from year to year? Yes No
- i. What is the maximum number of HOURS which can be accumulated? _____

10. Please indicate your vacation policy (answer all that applies):

- a. 1 week after 6 months
- b. 1 week after 1 year
- c. 2 weeks after 1 year
- d. 2 weeks after 2 years
- e. 3 weeks after 5 years
- f. 4 weeks after 20 years
- g. Other _____

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

- a. _____ days after b. _____ years

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

- a. Yes
- b. No

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

- a. Yes
- b. No

If yes, what is the maximum number of days carried forward? c. _____

14. How do you determine sick/vacation/PTO time eligibility?

- a. Anniversary of date of hire
- b. By calendar year
- c. Earn days based on length of service

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

Please check off all the days offered below:

- | | |
|--|--|
| b. <input type="checkbox"/> New Year's Eve | i. <input type="checkbox"/> Columbus Day |
| c. <input type="checkbox"/> New Year's Day | j. <input type="checkbox"/> Thanksgiving Day |
| d. <input type="checkbox"/> President's Day | k. <input type="checkbox"/> Day after Thanksgiving |
| e. <input type="checkbox"/> Good Friday | l. <input type="checkbox"/> Christmas Eve |
| f. <input type="checkbox"/> Memorial Day | m. <input type="checkbox"/> Christmas Day |
| g. <input type="checkbox"/> Independence Day | n. <input type="checkbox"/> One Floating Day |
| h. <input type="checkbox"/> Labor Day | o. <input type="checkbox"/> Other: _____ |

16. Do you provide funeral or bereavement leave? a. Yes b. No

If offered, Is it: c. Paid d. Unpaid

What is the length of time? Please state in HOURS.

*Immediate family e. _____ HOURS (*spouse, child, mother, father, sister, brother, grandparent)

Other family members? f. _____ HOURS

HEALTH INSURANCE

17. Group health insurance offering (select all that apply):

- | | |
|---|---|
| a. <input type="checkbox"/> No plan offered | b. <input type="checkbox"/> Self-insured Plan |
| c. <input type="checkbox"/> HMO Plan | d. <input type="checkbox"/> PPO Plan |

Deductibility

- e. <=\$1,000 for individual
- f. >\$1,000 and <\$3,000 for individual
- g. >\$3,000 for individual
- h. HSA or HRA high deductible with Company Contribution
- i. \$_____ max company contribution (for employee)

18. Contribution to health plan:

MEDICAL

Please provide the percentage of premium your company pays per plan level (Column A), as well as the **TOTAL MONTHLY** premium cost paid by the company in Column B (premium cost paid by both employee and employer.) If your company pays a fixed amount, use Column C rather than Column A. Use the plan with the most employees if you offer multiple plans/options.

	(A) % paid by Company	(B) TOTAL Average Monthly Premium	(C) Fixed Amount Per Month
Employee Only	a. ____%	b. \$_____ (average)	c. \$_____
Employee +1	d. ____%	e. \$_____ (average)	f. \$_____
Family	g. ____%	h. \$_____ (average)	i. \$_____

- j. Check here if dental is included in the rates on Page 5 and skip the dental question.
- k. Check here if vision is included in the above rates. (Basic vision is included in many plans)

DENTAL

If your dental coverage is not included above, please complete the following:

	% paid by Company	Total Average <u>Monthly Premium</u>
Employee Only	a. ____%	b. \$_____ (average)
Employee +1	c. ____%	d. \$_____ (average)
Family	e. ____%	f. \$_____ (average)

19. Other insurance benefits (not voluntary benefits). Select all that apply:

- a. Group life is provided paid in full or part by employer
- b. Group life is available for purchase by employee
- c. Group accidental death & dismemberment coverage is provided.
- d. Short term disability is provided paid in full or part by employer
- e. Short term disability is available for purchase by employee
- f. Long term disability is provided paid in full or part by employer
- g. Long term disability is available for purchase by employee

OTHER POLICIES

20. Please indicate your tobacco policy. Select one:

- a. No smoking. Smoke Free Environment
- b. Smoking outside the building, **off** the clock
- c. Smoking outside the building, **on** the clock
- d. Smoking inside in designated areas
- Are Electronic Cigarettes included in your policy? e. Yes
- f. No formal policy on smoking

21. Retirement or profit sharing plan provided by the company. Please check all that apply:

- a. Profit Sharing
- b. 401(k) Plan
- c. Does the Company match? Yes No
- d. Simple IRA
- e. Does the Company match? Yes No
- f. Defined Benefit Plan (Company)
- g. Defined Benefit Plan (Union Plan)
- h. Other _____
- i. No company retirement plan offered

22. Does your company offer incentive plans for production employees?

- a. Yes b. No

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

23. If your company tracks job absence and employee turnover rates, what are those metrics for the most recent 1-year period?

- a. Job Absence _____ (% of work period)
b. Turnover _____ (% of workforce). Please provide data for involuntary turnover (i.e. individuals who quit)

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

- a. Yes b. No

If Yes, indicate whether:

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

25. Wage Adjustments and other topics.

- a. Our projected average increase for wages and salaries in the upcoming 12 months will be _____%.
b. Our company will not provide any wage adjustments over the coming 12 month period.

In regards to temporary workers:

- c. We use temporary workers but not through an agency.
d. We pay benefits to temporary workers
e. We hire temporary workers through an agency.
f. Does your company schedule planned overtime in your production departments?
g. If the answer was yes to f.), what is that percentage (in terms of production hours)? _____

As it pertains to 2017-2018 health care, at this point:

- h. We have decided to no longer offer health insurance to our employees
i. We have reduced/will reduce the % of coverage paid by the company for health insurance
j. We have made/will make plan design changes to reduce the cost of the health care plan
k. If your company received a health rate change during the past 12 months, what was the **proposed** change of the existing plan? _____%
l. What was the **effective change** after any plan adjustments were made? _____%

COMMENTS:

Please return by July 21, 2017

Wage & Salary Information

(Job Descriptions can be downloaded at <http://ilnk.me/1928f>)

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, but you can add additional reporting wages on the last page of the questionnaire – as well as posting positions not listed.

If there are multiple individuals with the same salary, just report one.

DO NOT INCLUDE TRAINEES.

Please enter base salary (NO Shift Differentials or Bonus) EFFECTIVE as of June 1, 2017

Title

Enter ANNUAL Salaries

MANAGEMENT:

- | | | | | |
|--|-------|-------|-------|-------|
| 1. CEO/President (No Owners) | _____ | | | |
| 2. COO/Vice President/General Mgr. | _____ | | | |
| 3. Manufacturing- Plant Manager/
VP Operations/Production Manager | _____ | _____ | _____ | _____ |
| 4. CFO/Controller/Financial Manager | _____ | | | |
| 5. Sales Manager/Sales VP | _____ | | | |
| 6. Marketing/Business Development Mgr. | _____ | | | |
| 7. Customer Service Manager | _____ | | | |
| 8. Customer Service Representative I
(Base rate x 2,080 hours) | _____ | _____ | _____ | _____ |
| 9. Customer Service Representative II | _____ | _____ | _____ | _____ |
| 10. Production Planner/Scheduler | _____ | _____ | _____ | _____ |
| 11. Estimating Supervisor | _____ | | | |
| 12. Estimator | _____ | _____ | _____ | _____ |
| 13. Human Resources Manager/Personnel
Mgr./Director | _____ | | | |
| 14. Environmental Health & Safety Mgr. | _____ | | | |
| 15. Continuous Improvement Manager | _____ | | | |
| 16. Continuous Improvement Specialist | _____ | | | |

DEPARTMENT MANAGERS

- | | |
|----------------------|-------|
| 17. IT Manager | _____ |
| 18. Workflow Manager | _____ |
| 19. Prepress Manager | _____ |

- 20. Pressroom Manager – Sheetfed _____
- 21. Pressroom Manager – Web _____

- 22. Digital Print Manager _____
- 23. Bindery Manager _____
- 24. Converting/Finishing Manager _____
- 25. Mailroom/Fulfillment Manager _____
- 26. Shipping/Receiving Manager _____
- 27. Maintenance Manager _____

(Report base wage only – do NOT include shift premiums or bonuses)
Beginning with #28, enter Hourly Wages

OFFICE/ADMINISTRATION

- 28. Office Manager _____
- 29. Executive Administrative Assistant _____
- 30. Administrative Assistant _____
- 31. HR Assistant _____
- 32. General Administrative/Clerical Support _____
- 33. Receptionist _____
- 34. Accounting Supervisor/Manager _____
- 35. A/P or A/R Clerk _____
- 36. Full Charge Bookkeeper _____
- 37. Accountant _____
- 38. Credit Manager _____
- 39. Purchasing Specialist _____

INFORMATION TECHNOLOGY

- 40. Technology Support Specialist _____
- 41. Database Specialist _____

PREPRESS

- 42. Working Supervisor (Prepress) _____
- 43. Graphic Design (Art Director/Designer) _____
- 44. Desktop Operator _____
- 45. Prepress/Desktop Technician _____
- 46. Stripper/Film Assembly _____
- 47. Platemaker (CTP/Conventional) _____

DIGITAL PRINTING

- 48. Working Supervisor (Digital) _____
- 49. Direct Image Press Operator (DI Press) _____
- 50. Digital Color Press Operator (iGen, Indigo) _____
- 51. Production Copiers -- Black & White _____
- 52. Production Copiers – Color _____
- 53. Hi-speed Inkjet Presses (B&W) _____
- 54. Hi-speed Inkjet Presses (Color) _____
- 55. Wide Format Operator (Proofing) _____
- 56. Wide Format Operator (Production <60") _____
- 57. Grand Format Operator (Production >60") _____
- 58. Wide Format Finishing/Laminating _____

PRESS OPERATIONS (SHEETFED)

- 59. Working Supervisor (Sheetfed) _____
- 60. 20" or Smaller – 1/2 Color Press Operator _____
- 61. 20" or Smaller - 4/5/6 Color Press Operator _____
- 62. Jet Press Operator _____
- 63. 20" - 28" 1-2 Color Press Operator _____
- 64. 20" - 28" 4-5 Color Press Operator _____
- 65. 20" - 28" 6 Color Press Operator _____
- 66. 38" - 42" 1-2 Color Press Operator _____
- 67. 38" - 42" 4-5 Color Press Operator _____
- 68. 38" - 42" 6 Color Press Operator _____
- 69. 38" - 42" 8-10 Color Press Operator _____
- 70. 38" - 42" 4-5 Color 2nd Press Operator _____
- 71. 38" - 42" 6 Color 2nd Press Operator _____
- 72. 38" - 42" 8-10 Color 2nd Press Operator _____
- 73. 52" - 60" Press Operator _____
- 74. 52" - 60" 2nd Press Operator _____
- 75. 61" - 81" Press Operator _____
- 76. 61" - 81" 2nd Press Operator _____
- 77. Press Feeder/Helper _____

PRESS OPERATIONS (HEATSET WEB - FULL)

- 78. Working Supervisor _____
- 79. Lead Pressman _____
- 80. Assistant Pressman _____
- 81. Material Handler _____

PRESS OPERATIONS (HEATSET WEB - HALF)

- 82. Working Supervisor _____
- 83. Lead Pressman _____
- 84. Assistant Pressman _____
- 85. Material Handler _____

PRESS OPERATIONS (NON-HEATSET WEB)

- 86. Working Supervisor _____
- 87. Lead Pressman _____
- 88. Assistant Pressman _____
- 89. Material Handler _____

NARROW WEB PRESSES, COLLATORS

- 90. Working Supervisor _____
- 91. Press Operator _____
- 92. Forms Collator Operator _____

FINISHING/CONVERTING

- 93. Letterpress Operator _____
- 94. Finishing Press Operator (Kluge,etc.) _____
- 95. Automated Diecutter (<28" Cylinder) _____
- 96. Automated Diecutter (40"+, Bobst,etc.) _____
- 97. Diemaker _____
- 98. Folder/Gluer Operator _____

FLEXO

- 99. Flexo Operator – <= 9" web width _____
- 100. Flexo Operator – > 10" web width _____
- 101. Plate Mounter _____
- 102. Flexo Platemaker _____
- 103. Rewind Operator _____
- 104. Slitter Operator _____

BINDERY

105. Working Supervisor	_____	_____	_____	_____
106. Hand Bindery	_____	_____	_____	_____
107. Small Bindery Machines	_____	_____	_____	_____
108. Combination (Small Machine/Hand)	_____	_____	_____	_____
109. Folder Operator >17x22	_____	_____	_____	_____
110. Cutter Operator	_____	_____	_____	_____
111. Folder/Cutter Operator	_____	_____	_____	_____
112. Multi-competency Operator	_____	_____	_____	_____
113. Stitcher/Binder Operator	_____	_____	_____	_____
114. Perfect Binder Operator	_____	_____	_____	_____
115. Binder/Stitcher Helper	_____	_____	_____	_____
116. Shrink Wrap Operator	_____	_____	_____	_____

MAILING & FULFILLMENT

117. Working Supervisor	_____	_____	_____	_____
118. Inserting Machine Operator	_____	_____	_____	_____
119. Mail Machine Operator	_____	_____	_____	_____
120. Mail Specialist	_____	_____	_____	_____
121. Fulfillment Worker	_____	_____	_____	_____

SHIPPING/WAREHOUSE/MAINTENANCE

122. Working Supervisor	_____	_____	_____	_____
123. Shipping/Receiving Clerk	_____	_____	_____	_____
124. Delivery Person/Driver	_____	_____	_____	_____
125. Materials Handler (Shipping/Warehouse)	_____	_____	_____	_____
126. Forklift Operator	_____	_____	_____	_____
127. Maintenance (Facility)	_____	_____	_____	_____
128. Maintenance (Equipment)	_____	_____	_____	_____

