

2018 WAGE + BENEFITS SURVEY



Printing Industries
of OHIO • N.KENTUCKY

Participating in the **2018 Wage + Benefits Survey** will help you gain invaluable insights to stay competitive in your local labor marketplace. Receive a complimentary copy {\$250 Value} for your participation. Report includes both regional and national survey and will be available in the Fall of 2018.



Please return completed survey by July 20, 2018.

Wage survey contact:

Name: _____

Company: _____

City: _____

State: _____

Email: _____

The confidential survey results will be returned to the individual listed above.

RETURN IT YOUR WAY

- » MAIL - P. O. Box 819, Westerville, OH 43086
ATTN: Missy Seymour
- » ONLINE - <https://www.cvent.com/d/zgqzqh>
- » FAX - (614) 794-2049

QUESTIONS

- » CONTACT - Missy Seymour
- » EMAIL - mseymour@pianko.org
- » PHONE - (614) 794-2300

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.

BENEFITS

COMPANY BACKGROUND

1. Please indicate your **PRIMARY** market classification: (Select one)

- | | |
|--|--|
| <input type="checkbox"/> General Commercial Printer | <input type="checkbox"/> In-plant Printer |
| <input type="checkbox"/> Digital Printer | <input type="checkbox"/> Quick Printer |
| <input type="checkbox"/> Envelope Converters | <input type="checkbox"/> Business Forms Manufacturer |
| <input type="checkbox"/> Bindery/Finishing | <input type="checkbox"/> Web Printer (Heat Set) |
| <input type="checkbox"/> Web Printer (Non-Heat Set) | <input type="checkbox"/> Mailing House/Services |
| <input type="checkbox"/> Converters/Packaging - Offset | <input type="checkbox"/> Packaging - Flexo |
| <input type="checkbox"/> Tag & Label | <input type="checkbox"/> Wide Format |
| <input type="checkbox"/> Design/Marketing Services | <input type="checkbox"/> Other _____ |

2. Please indicate your location: _____ City _____ State

3. Number of employees (full-time): _____ years

4. Annual Sales Volume (2017): \$ _____

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

POLICIES

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

- | |
|---|
| <input type="checkbox"/> Company has a written employee handbook |
| <input type="checkbox"/> Company has a written "Drug-Free Workplace Policy" |
| <input type="checkbox"/> Company tests for drugs and alcohol |
| <input type="checkbox"/> For new employees |
| <input type="checkbox"/> In event of an accident |
| <input type="checkbox"/> At random |
| <input type="checkbox"/> For cause |
| <input type="checkbox"/> No, we do not test for drugs and alcohol |
| <input type="checkbox"/> Company has job descriptions for employee |

SHIFTS OF PRODUCTION

7. Please indicate your shifts of production:

- | |
|---|
| <input type="checkbox"/> One shift of production employees |
| <input type="checkbox"/> Two shifts of production employees |
| <input type="checkbox"/> More than two shifts of production employees |

What is your **predominant** work week in production?

- | |
|--|
| <input type="checkbox"/> 3 day work week (3 day, 12 hour shifts) |
| <input type="checkbox"/> 4 day work week |
| <input type="checkbox"/> 5 day work week |

Pay Differentials/Shift Premiums: (Only answer if applicable)

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

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

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

OVERTIME

8. Overtime: (Check all that apply)

- | |
|--|
| <input type="checkbox"/> Overtime is paid based on hours <u>earned</u> (vacation/sick leave/holidays are counted) |
| <input type="checkbox"/> Overtime is paid based on hours <u>worked</u> (vacation/sick leave/holidays are <u>not</u> counted) |
| <input type="checkbox"/> Overtime is paid upon shift completion |
| <input type="checkbox"/> Double-time is paid after working four hours of overtime in a shift |

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

- | | | |
|----------|-------------------------------------|--------------------------------------|
| Saturday | <input type="checkbox"/> Time & 1/2 | <input type="checkbox"/> Double-time |
| Sunday | <input type="checkbox"/> Time & 1/2 | <input type="checkbox"/> Double-time |
| Holidays | <input type="checkbox"/> Time & 1/2 | <input type="checkbox"/> Double-time |

HOLIDAY, VACATION, AND ABSENCE POLICIES

9. Leave of Absence Policies:

- | |
|--|
| <input type="checkbox"/> Employees have paid time for voting |
| <input type="checkbox"/> Company offers jury duty pay |
| <input type="checkbox"/> Company provides PAID Parental Leave _____ Number of paid days |
| <input type="checkbox"/> Company has a written sick leave/personal time off policy (PTO) |

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

(Check all that apply)

- | |
|---|
| <input type="checkbox"/> Anniversary of date of hire |
| <input type="checkbox"/> By calendar year |
| <input type="checkbox"/> Earned days based on length of service |

11. If your company offers a "traditional" sick day policy, please answer below.

What are the maximum HOURS provided in one year? _____

Do you permit accumulation from year to year? ☐ Yes ☐ No

If so, what are the maximum HOURS that can be accumulated? _____

12. If your company offers a PTO (Personal Time Off) which incorporates sick days, vacation, etc., please complete this section.

What are the number of HOURS you provide in a year? Please mark the appropriate "cells."

	<40 hrs	41-80 hrs	81-120 hrs	121-160 hrs	>161 hrs
<1 year					
1-2 years					
2-5 years					
5-10 years					
>10 years					

Do you permit PTO accumulation from year to year? ☐ Yes ☐ No

What is the maximum number of PTO HOURS that can be accumulated? _____

13. Please indicate your vacation policy: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> 1 week after 6 months | <input type="checkbox"/> 1 week after 1 year |
| <input type="checkbox"/> 2 weeks after 1 year | <input type="checkbox"/> 2 weeks after 2 years |
| <input type="checkbox"/> 3 weeks after 5 years | <input type="checkbox"/> 3 weeks after 7 years |
| <input type="checkbox"/> 3 weeks after 8 years | <input type="checkbox"/> 3 weeks after 10 years |
| <input type="checkbox"/> Other: _____ | |

14. Please list the maximum number of vacation days that you offer.

_____ days after _____ years

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If yes, what are the maximum number of days carried forward? _____

17. What are the number of paid holidays offered by your company in a year? (Check all the days offered below)

_____ days

- | | |
|---|---|
| <input type="checkbox"/> New Year's Eve | <input type="checkbox"/> Columbus Day |
| <input type="checkbox"/> New Year's Day | <input type="checkbox"/> Thanksgiving Day |
| <input type="checkbox"/> President's Day | <input type="checkbox"/> Day after Thanksgiving |
| <input type="checkbox"/> Good Friday | <input type="checkbox"/> Christmas Eve |
| <input type="checkbox"/> Memorial Day | <input type="checkbox"/> Christmas Day |
| <input type="checkbox"/> Independence Day | <input type="checkbox"/> One Floating Day |
| <input type="checkbox"/> Labor Day | <input type="checkbox"/> Other: _____ |

18. Do you provide funeral or bereavement leave? ☐ Yes ☐ No

If offered, is it: ☐ Paid ☐ Unpaid

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

Immediate family* _____ HOURS

Other family members _____ HOURS

*spouse, child, mother, father, sister, brother, grandparent

HEALTH INSURANCE

19. Group health insurance offering: (Check all that apply)

- ☐ No plan offered ☐ Self-insured Plan
☐ HMO Plan ☐ PPO Plan

Deductibility (Check all that apply)

- ☐ < \$1,000 for individual
☐ > \$1,001 and < \$3,000 for individual
☐ > \$3,001 for individual
☐ HSA or HRA high deductible with company contribution
\$_____ max company contribution (for employee)

20. Contribution to health plan:

Please provide the percentage of premium your company pays per plan level (Column A), as well as the TOTAL MONTHLY average premium 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.

	COLUMN A	COLUMN B	COLUMN C
	% Paid by Company	TOTAL Average Monthly Premium	Fixed Amount Per Month
Employee coverage	_____%	\$ _____	\$ _____
Employee +1	_____%	\$ _____	\$ _____
Family	_____%	\$ _____	\$ _____

- ☐ Check here if dental is included in the rates and skip the dental question
☐ Check here if vision is included in the rates. (Basic vision is included in many plans)

21. Dental Contributions. If your dental coverage is **not included** above, please complete the following:

	COLUMN A	COLUMN B
	% Paid by Company	TOTAL Average Monthly Premium
Employee coverage	_____%	\$ _____
Employee +1	_____%	\$ _____
Family	_____%	\$ _____

22. Other insurance benefits

(Check all that apply)

- ☐ 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

OTHER POLICIES

23. Please indicate your tobacco policy. (Select one)

- ☐ No smoking. Smoke Free Environment
☐ Smoking outside the building, off the clock
☐ Smoking outside the building, on the clock
☐ Smoking inside in designated areas
Are Electronic Cigarettes included in your policy? ☐ Yes
☐ No formal policy on smoking

24. Retirement or profit sharing plan provided by company.

(Check all that apply)

- ☐ Profit Sharing
☐ 401(k) Plan Does company match? ☐ Yes ☐ No
☐ Simple IRA Does company match? ☐ Yes ☐ No
☐ Defined Benefit Plan (Company)
☐ Defined Benefit Plan (Union Plan)
☐ Other: _____
☐ No company plan offered

25. Please indicate the incentive plans your company offers

Bonus available for the following employees:

- ☐ Salaried employees ☐ Hourly employees

Hourly Employee Bonus based on:

- ☐ Profitability of company ☐ Productivity
☐ Sales goals ☐ Other: _____

Salaried Employee Bonus based on:

- ☐ Profitability of company ☐ Productivity
☐ Sales goals ☐ Other: _____

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

Job Absence _____ (% of work period)

Turnover* _____ (% of workforce)

*Please provide data for involuntary turnover (i.e. individuals who quit)

27. 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

OTHER TOPICS

28. Wage Adjustments and other topics

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

29. Which of the following channels does your company use to find New Employees?

- ☐ Employment agencies ☐ Staffing/Temp Agency
☐ Print Ads (Newspaper/Trade Journals) ☐ Career Websites (Monster, etc.)
☐ Online listings (e.g. Craigslist) ☐ LinkedIn
☐ Affiliate "Find-an-Employee" Program ☐ Referral from employees
☐ Colleges/Technical Programs ☐ Walk-ins
☐ Company website ☐ Other: _____

WAGE & SALARY INFORMATION

The form allows for 3 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, 2018

ENTER MONTHLY SALARY

Management	1	CEO / President (No Owners)		N/A
	2	COO / Vice President / General Manager		N/A
	3	VP Operations		
	4	Production / Operations Manager		
	5	CFO / Controller / Financial Manager		
	6	Sales Manager / Sales VP		
	7	Marketing / Business Development Manager		
	8	Customer Service Manager		
	9	Customer Service Representative I		
	10	Customer Service Representative II		
	11	Production Planner / Scheduler / Traffic Manager		
	12	Estimating Supervisor		
	13	Estimator		
	14	Human Resources Manager / Personnel Manager		
	15	Environmental Health & Safety Manager		
	16	Continuous Improvement Manager		
	17	Continuous Improvement Specialist		
	Department Managers	18	Quality Control Technician	
19		IT Manager		
20		Workflow Manager		
21		Prepress Manager		
22		Pressroom Manager – Sheetfed		
23		Pressroom Manager – Web		
24		Digital Print Manager		
25		Wide Format / Display Manager		
26		Bindery Manager		
27		Converting / Finishing Manager		
28		Mailroom / Fulfillment Manager		
29		Shipping / Receiving Manager		
30		Maintenance Manager		
<hr/>				
Office / Administration	31	Office Manager		
	32	Executive Administrative Assistant		
	33	Administrative Assistant		
	34	HR Assistant		
	35	General Administrative / Clerical Support		
	36	Receptionist		
	37	Accounting Supervisor / Manager		
	38	A/P or A/R Clerk		
	39	Full Charge Bookkeeper		

ENTER HOURLY WAGE.**Office / Administration**

40 Accountant

41 Credit Manager

42 Purchasing Specialist

Information Technology

43 Technology Support Specialist

44 Database Specialist

45 Network Engineer

46 Programmer / Web Developer

Prepress

47 Working Supervisor (Prepress)

48 Graphic Design (Art Director / Designer)

49 Desktop Operator

50 Prepress / Desktop Technician

51 Platemaker (CTP / Conventional)

Digital Printing

52 Working Supervisor (Digital)

53 Direct Image Press Operator (DI Press)

54 Digital Color Press Operator (iGen, Indigo)

55 Production Copiers – B&W

56 Production Copiers – Color

57 Hi-speed Inkjet Presses – B&W

58 Hi-speed Inkjet Presses – Color

59 Wide Format Operator – Proofing

60 Wide Format Operator – Production <60"

61 Grand Format Operator – Production >60"

62 Wide Format Finishing / Laminating

63 Wide Format / Display Installer

Press Operations (Sheetfed)

64 Working Supervisor (Sheetfed)

65 <20" 1-2 Color Press Operator

66 <20" 4-6 Color Press Operator

67 Jet Press Operator

68 20"-28" 1-2 Color Press Operator

69 20"-28" 4-5 Color Press Operator

70 20"-28" 6 Color Press Operator

71 38"-42" 1-2 Color Press Operator

72 38"-42" 4-5 Color Press Operator

73 38"-42" 6 Color Press Operator

74 38"-42" 8-10 Color Press Operator

75 38"-42" 4-5 Color 2nd Press Operator

76 38"-42" 6 Color 2nd Press Operator

77 38"-42" 8-10 Color 2nd Press Operator

78 52"-60" Press Operator

79 52"-60" 2nd Press Operator

80 61"-81" Press Operator

81 61"-81" 2nd Press Operator

82 Press Feeder / Helper

Press Operations (Heatset Web – Full)

83 Working Supervisor

84 Lead Pressman

85 Assistant Pressman

86 Material Handler

Press Operations (Non-Heatset Web)

87 Working Supervisor

88 Lead Pressman

89 Assistant Pressman

90 Material Handler

ENTER HOURLY WAGE

Narrow Web Presses, Collators

91 Working Supervisor _____

92 Press Operator _____

93 Forms Collator Operator _____

Finishing/Converting

94 Letterpress Operator _____

95 Finishing Press Operator (Kluge, etc.) _____

96 Automated Diecutter (< 28" Cylinder) _____

97 Automated Diecutter (> 40" Bobst, etc.) _____

98 Diemaker _____

99 Folder / Gluer Operator _____

Flexo

100 Flexo Operator ≤ 9" web width _____

101 Flexo Operator > 10" web width _____

102 Plate Mounter _____

103 Flexo Platemaker _____

104 Rewind Operator _____

105 Slitter Operator _____

Bindery

106 Working Supervisor _____

107 Hand Bindery _____

108 Small Bindery Machines _____

109 Combination (Small Machine / Hand) _____

110 Folder Operator > 17x22 _____

111 Cutter Operator _____

112 Folder / Cutter Operator _____

113 Multi-competency Operator _____

114 Stitcher / Binder Operator _____

115 Perfect Binder Operator _____

116 Binder / Stitcher Helper _____

117 Shrink Wrap Operator _____

Mailing & Fulfillment

118 Working Supervisor _____

119 Insert Machine Operator _____

120 Mail Machine Operator _____

121 Mail Specialist _____

122 Fulfillment Worker _____

Shipping / Warehouse / Maintenance

123 Working Supervisor _____

124 Shipping / Receiving Clerk _____

125 Delivery Person / Driver _____

126 Materials Handler (Shipping / Warehouse) _____

127 Forklift Operator _____

128 Maintenance (Facility) _____

129 Maintenance (Equipment) _____

Ancillary Positions

200 CAD Design (Structural) _____

201 Color Management Professional – G7 Expert _____

Other (Please List)

Thank you for completing this survey. PLEASE RETURN BY JULY 20, 2018