



2016 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 P.O. Box 819 Westerville, OH 43086
- Online responses: <http://www.cvent.com/d/cfqyjb> -- password required. Please contact the Association office for your user name and password at (614) 794-2300.
- Deadline for returned surveys: **August 8, 2016**

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.*

2016 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 info@pianko.org

Because the industry is so large and 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, 2016. 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 (2015) \$ _____

5. Is your workforce represented by a trade union? [] Yes

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. <input type="checkbox"/> Time and ½	f. <input type="checkbox"/> Double Time
Sunday	g. <input type="checkbox"/> Time and ½	h. <input type="checkbox"/> Double Time
Holidays	i. <input type="checkbox"/> Time and ½	j. <input type="checkbox"/> 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)

If you offer a PTO policy rather than traditional vacation/sick days,

- 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. _____

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 total premium your company pays per plan level, as well as the total premium cost (premium cost paid by both employee and employer.) Use the plan with the most employees if you offer multiple plans/options.

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

g. ☐ Check here if dental is included in these rates and skip the dental question.

h. ☐ Check here if vision is included in these 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 coverage	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 ☐ No
- 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. ☐ Defined Benefit Plan (Company)
- d. ☐ Defined Benefit Plan (Union Plan)
- e. ☐ Other _____
- f. ☐ 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)

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. Because many member companies continue to make changes to their wage and benefit policies, please share your company's experience.

- 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

As it pertains to 2016-2017 health care, at this point:

- c. ☐ We have decided to no longer offer health insurance to our employees
- d. ☐ We have reduced/will reduce the % of coverage paid by the company for health insurance
- e. ☐ We have made/will make plan design changes to reduce the cost of the health care plan
- f. ☐ We have modified/will modify our coverage so we only cover the employee's portion
- i. If your company received a health rate change during the past 12 months, what was the **proposed** change of the existing plan? ____%
- j. What was the **effective change** after any plan adjustments were made? ____%

COMMENTS:

Please return by August 8, 2016

Wage & Salary Information

(Contact your BDD for Job Descriptions)

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, 2016

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 Color Press Operator	_____	_____	_____	_____
70.	38" - 42" 4-5 Color 2nd Press Operator	_____	_____	_____	_____
71.	38" - 42" 6 Color 2nd Press Operator	_____	_____	_____	_____
72.	38" - 42" 8 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
79. Lead Pressman	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
80. Assistant Pressman	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
81. Material Handler	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PRESS OPERATIONS (HEATSET WEB - HALF)

82. Working Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
83. Lead Pressman	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
84. Assistant Pressman	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
85. Material Handler	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PRESS OPERATIONS (NON-HEATSET WEB)

86. Working Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
87. Lead Pressman	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
88. Assistant Pressman	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
89. Material Handler	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NARROW WEB PRESSES, COLLATORS

90. Working Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
91. Press Operator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
92. Forms Collator Operator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FINISHING/CONVERTING

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

FLEXO

99. Flexo Operator – <= 9" web width	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
100. Flexo Operator – > 10" web width	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
101. Plate Mounter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
102. Flexo Platemaker	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
103. Rewind Operator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
104. Slitter Operator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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)	_____	_____	_____	_____

(Please list any positions not found in the body of the questionnaire)

[illegible]