

# 2019 WAGE + BENEFITS SURVEY



Printing Industries  
of OHIO • N.KENTUCKY



Participating in the *2019 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 2019.

**Complete this survey online!**  
Visit [www.printindustries.org](http://www.printindustries.org)

Your information will be saved  
for easier re-entry next year.

Please return completed survey by **July 31, 2019.**

#### RETURN IT YOUR WAY

- » **MAIL** PO Box 819 / Westerville, OH 43086
- » **ONLINE** [www.printindustries.org](http://www.printindustries.org)  
Contact us for required member password.
- » **EMAIL** [mseymour@pianko.org](mailto:mseymour@pianko.org)
- » **FAX** 614-794-2049

#### QUESTIONS?

- » **CONTACT** Rachel Rossman
- » **EMAIL** [rossman@pianko.org](mailto:rossman@pianko.org)
- » **PHONE** 614-794-2300

Or contact your BDD at 888-576-1971  
or Jim Cunningham, [jcunningham@pianko.org](mailto:jcunningham@pianko.org).

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.

#### WAGE SURVEY CONTACT INFORMATION

NAME _____	ADDRESS 1 _____
COMPANY _____	ADDRESS 2 _____
TITLE _____	EMAIL _____

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

# BENEFITS

## COMPANY BACKGROUND

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

- Bindery/Finishing
- Business Forms Manufacturer
- Converters/Packaging - Offset
- Design/Marketing Services
- Digital Printer
- Envelope Converters
- General Commercial Printer
- Inplant Printer
- Mailing House/Services
- Packaging - Flexo
- Quick Printer
- Tag & Label
- Web Printer (Heatset)
- Web Printer (Non-Heatset)
- Wide Format
- Other \_\_\_\_\_

2. Please indicate your location: \_\_\_\_\_ City \_\_\_\_\_ State

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

4. Annual Sales Volume (2018): \$ \_\_\_\_\_

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)

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

## SHIFTS OF PRODUCTION

7. Please indicate your shifts of production:

- One shift of production employees
- Two shifts of production employees
- More than two shifts of production employees

What is your predominant work week in production?

- 3 day work week (3 day, 12 hour shifts)
- 4 day work week
- 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)

- Overtime is paid based on hours earned (vacation/sick leave/holidays are counted)
- Overtime is paid based on hours worked (vacation/sick leave/holidays are not counted)
- Overtime is paid upon shift completion
- 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  Time & 1/2  Double-time
- Sunday  Time & 1/2  Double-time
- Holidays  Time & 1/2  Double-time

## HOLIDAY, VACATION, AND ABSENCE POLICIES

9. Leave of Absence Policies:

- Employees have paid time for voting
- Company offers jury duty pay
- Company provides PAID Parental Leave \_\_\_\_\_ Number of paid days
- 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)

- Anniversary of date of hire
- By calendar year
- 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)

- 1 week after 6 months
- 1 week after 1 year
- 2 weeks upon hire
- 2 weeks after 1 year
- 2 weeks after 2 years
- 3 weeks after 5 years
- 3 weeks after 7 years
- 3 weeks after 8 years
- 3 weeks after 10 years
- 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

- New Year's Eve
- New Year's Day
- Martin Luther King Jr. Day
- President's Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day
- One Floating Day
- 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 premium average 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.

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

22. Other insurance benefits (not voluntary 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
- 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
- Sales goals
- Productivity
- Other: \_\_\_\_\_

Salaried Employee Bonus based on:

- Profitability of company
- Sales goals
- Productivity
- 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.

# WAGE

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, 2019.

**ENTER MONTHLY SALARY**

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

**ENTER HOURLY WAGE**

**Information Technology**

- 44 Technology Support Specialist \_\_\_\_\_
- 45 Database Specialist \_\_\_\_\_
- 46 Network Engineer \_\_\_\_\_
- 47 Programmer / Web Developer \_\_\_\_\_

**Prepress**

- 48 Working Supervisor (Prepress) \_\_\_\_\_
- 49 Graphic Design (Art Director / Designer) \_\_\_\_\_
- 50 Desktop Operator \_\_\_\_\_
- 51 Prepress / Desktop Technician \_\_\_\_\_
- 52 Platemaker (CTP / Conventional) \_\_\_\_\_

**Digital Printing**

- 53 Working Supervisor (Digital) \_\_\_\_\_
- 54 Digital Press Operator (2-out format; <20") \_\_\_\_\_
- 55 Digital Press Operator (4-out format; >20") \_\_\_\_\_
- 56 Digital Press Operator (Labels) \_\_\_\_\_
- 57 Production Copier Operator– B&W \_\_\_\_\_
- 58 Inkjet Press Operator – Sheetfed \_\_\_\_\_
- 59 Inkjet Press Operator – Roll-fed \_\_\_\_\_
- 60 Wide Format Operator – Production <60" \_\_\_\_\_
- 61 Grand Format Operator – Production >60" \_\_\_\_\_
- 62 Wide Format Finishing / Laminating Technician \_\_\_\_\_

**Press Operations (Sheetfed)**

- 63 Wide Format/Display Installer \_\_\_\_\_
- 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 \_\_\_\_\_

**Press Operations (Heatset Web – Full)**

- 82 Press Feeder \_\_\_\_\_
- 83 Floor Helper \_\_\_\_\_
- 84 Working Supervisor \_\_\_\_\_
- 85 Lead Pressman \_\_\_\_\_
- 86 Assistant Pressman \_\_\_\_\_
- 87 Material Handler \_\_\_\_\_

**Press Operations (Non-Heatset Web)**

- 88 Working Supervisor \_\_\_\_\_
- 89 Lead Pressman \_\_\_\_\_
- 90 Assistant Pressman \_\_\_\_\_
- 91 Material Handler \_\_\_\_\_

**Narrow Web Presses, Collators**

- 92 Working Supervisor \_\_\_\_\_
- 93 Press Operator \_\_\_\_\_
- 94 Forms Collator Operator \_\_\_\_\_

**ENTER HOURLY WAGE.**

**Finishing/Converting**

- 95 Letterpress Operator \_\_\_\_\_
- 96 Finishing Press Operator (Kluge, etc.) \_\_\_\_\_
- 97 Automated Diecutter (<28" Cylinder) \_\_\_\_\_
- 98 Automated Diecutter (>40" Bobst, etc.) \_\_\_\_\_
- 99 Diemaker \_\_\_\_\_

**Flexo**

- 100 Folder / Gluer Operator \_\_\_\_\_
- 101 Flexo Operator ≤9" web width \_\_\_\_\_
- 102 Flexo Operator >10" web width \_\_\_\_\_
- 103 Plate Mounter \_\_\_\_\_
- 104 Flexo Platemaker \_\_\_\_\_
- 105 Rewind Operator \_\_\_\_\_
- 106 Slitter Operator \_\_\_\_\_

**Bindery**

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

**Mailing & Fulfillment**

- 119 Working Supervisor \_\_\_\_\_
- 120 Insert Machine Operator \_\_\_\_\_
- 121 Mail Machine Operator \_\_\_\_\_
- 122 Mail Specialist \_\_\_\_\_
- 123 Fulfillment Worker \_\_\_\_\_

**Shipping / Warehouse / Maintenance**

- 124 Working Supervisor \_\_\_\_\_
- 125 Shipping / Receiving Clerk \_\_\_\_\_
- 126 Delivery Person / Driver \_\_\_\_\_
- 127 Materials Handler (Shipping / Warehouse) \_\_\_\_\_
- 128 Forklift Operator \_\_\_\_\_
- 129 Maintenance (Facility) \_\_\_\_\_
- 130 Maintenance (Equipment) \_\_\_\_\_

**Ancillary Positions**

- 131 CAD Design (Structural) \_\_\_\_\_
- 132 Color Management Professional – G7 Expert \_\_\_\_\_

**Other (Please List)**

- 133 \_\_\_\_\_
- 134 \_\_\_\_\_
- 135 \_\_\_\_\_
- 136 \_\_\_\_\_
- 137 \_\_\_\_\_
- 138 \_\_\_\_\_
- 139 \_\_\_\_\_
- 140 \_\_\_\_\_

**Thank you for completing this survey. PLEASE RETURN BY JULY 31, 2019.**