

# 2013 Wage & Benefit Survey Questionnaire

# For Management and Production Employees

Wage and Benefit Survey Questionnaire Instructions:

The survey is for <u>base</u> rates of <u>experienced</u> 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 can be submitted at: <a href="http://www.cvent.com/d/rcqyh1">http://www.cvent.com/d/rcqyh1</a>
- Deadline for returned surveys: <u>All completed questionnaires must be returned to the Association by</u> July 31, 2013.

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

Company Name:\_\_\_\_\_\_ State: \_\_\_\_\_\_ City: \_\_\_\_\_\_ State: \_\_\_\_\_\_ Contact: \_\_\_\_\_\_ Phone: \_\_\_\_\_\_ Position:

The 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 your for your participation.

# 2013 Wage & Benefit Survey Questionnaire

This survey is being conducted through the efforts of Printing Industries of America and its local Affiliates. It has become 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 (888) 576-1971 or at <u>icunningham@pianko.org</u>

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 <u>http://tinyurl.com/my5tgk3</u>.

<u>We would also ask that the compensation and benefits reported are effective as of June 1, 2013.</u> This will provide a common point of reference for all participating companies.

Please note that the following changes were made in this year's Survey Questionnaire:

- 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;

# ENTRY DEADLINE - July 31, 2013

# **Demographic Information**

1.	. Please indicate your <u>primary</u> market classification:									
	a.		General Commercial Printer	b.		Inplant Printer	с.		Digital Printer	
	d.		Quick Printer	e.		Prepress Services	f.		Business Forms Manufacturer	
	g.		Bindery/Finishing	h.		Web Printer (Heat Set)	i.		Web Printer (Non-Heat Set)	
	j.		Mailing House/Services	k.		Packaging - Offset	١.		Packaging - Flexo	
	m.		Labels	n.		Wide Format	о.		Other	
2. Please indicate your location: City State										
3.	Num	ber	of Employees (full-time):							
4.	. Annual Sales Volume \$									
5. Is your workforce represented by a trade union? a				yes						

# **Human Resources Policies & Benefit Information**

## **POLICIES**

c.

- 6. Please check all of the following employment features that apply to your company:
  - a. D Company has a written employee handbook
  - b. D Company has a written "Drug Free Workplace Policy"
    - Company tests for Drugs & Alcohol
      - d. D For new employees
      - e. 🛛 In event of an accident
      - f. 🛛 At random
  - h. D No, we do not test for drugs & alcohol
  - i. D Company has job descriptions for employees

## **SHIFTS OF PRODUCTION**

#### 7. Please indicate your shifts of production:

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

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

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

#### (Continued Next Page)

#### Pay Differentials/Shift Premiums: (if applicable)

#### Please specify the method your firm uses to pay 2<sup>nd</sup> and 3<sup>rd</sup> shift production workers:

2 <sup>nd</sup> shift:	g. \$	per hour over the day rate <u>or</u>
	h	% differential over the day rate

3<sup>rd</sup> shift: i. \$\_\_\_\_\_per hour over the day rate <u>or</u>

j. \_\_\_\_\_% differential over the day rate

## **OVERTIME**

- Select all questions which are applicable. 8.
  - a. D Overtime is paid on the basis of the hours earned (vacation/sick leave/holidays are counted)
  - b. D Overtime is paid on the amount of hours worked (vacation/sick leave/holidays are not counted)
  - c. D 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. D Employees have paid time for voting
- b. Company offers jury duty pay
- Company has a written sick leave/personal time off policy (PTO) c.

#### PTO (Personal Time Off)

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

- d. What are the maximum HOURS you provide after one year of employment? \_\_\_\_\_\_
- e. What are the maximum HOURS you provide after five years of employment? \_\_\_\_\_\_
- f. Do you permit accumulation from year to year? Yes No
- g. What is the maximum number of HOURS which can be accumulated? \_\_\_\_\_

#### **Sick Day Policies**

- h. What are the maximum HOURS provided in one year?
- i. Do you permit accumulation from year to year?  $\Box$  Yes  $\Box$  No
- What is the maximum number of HOURS which can be accumulated? j.

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

- a. 1 week after 6 months b. D 1 week after 1 year
- c.□2 weeks after 1 yeard.□2 weeks after 2 yearse.□3 weeks after 5 yearsf.□4 weeks after 20 years
- g. 🛛 Other \_\_\_\_\_

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

a.		days	after	b	years
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12. Do you	have a specific time	e period when	employees n	nust take their	vacation?
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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. D By calendar year
- c. 
  □ Earn days based on length of service

15. <b>What</b> i	is the	e number of Paid Holida	ys offered b	y your c	omp	anyi	in a year? a
Ple	ase o	check off all the days off	ered below	:			
b. c. d. e. f.		New Year's Eve New Year's Day President's Day Good Friday Memorial Day Independence Day Labor Day			k. I m.		Columbus Day Thanksgiving Day Day after Thanksgiving Christmas Eve Christmas Day One Floating Day Other:
16. <b>Do you</b>	prov	ide funeral or bereaven	ent leave?	a.Yes 🗆	lb.N	lo □	I
ls i	t	c. □ Paid d. □	Unpaid				
How many	days	?					
	*Im	nmediate family	e	_ HOURS	5 (*sp	ouse,	child, mother, father, sister, brother, grandparent)
	Oth	ner family members?	f	_HOURS			
17. <b>Group I</b> a. □ b. □ c. □	<b>nealt</b>   No   Self   HM	<b>ISURANCE</b> h insurance offering (sel plan offered f-insured Plan IO Plan D Plan	ect all that	apply):			

#### Deductibility

- e.  $\Box <$  \$1,000 for individual
- f.  $\Box >$ \$1,000 and <\$3,000 for individual
- g.  $\square >$ \$3,000 for individual

h. HSA or HRA high deductible with Company Contribution i. \$\_\_\_\_\_ max company contribution (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 Premium
Employee coverage	a%	b. \$ (average)
Employee +1	с%	d. \$ (average)
Family	e%	f. \$ (average)

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

h. D 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 Premium
Employee coverage	a%	b. \$ (average)
Employee +1	с%	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. D Group accidental death & dismemberment coverage is provided.
- d. 
  Given Short term disability is provided paid in full or part by employer
- e. 
  D Short term disability is available for purchase by employee
- f. D 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 smoking policy. Select one:

- a. D No smoking. Smoke Free Environment
- b. D Smoking outside the building, **off** the clock
- c. D Smoking outside the building, **on** the clock
- e. D No formal policy on smoking

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

- a. D Profit Sharing
- b. □ 401(k) Plan Does The Company Match? c. □ Yes
   What Amount? d.\_\_\_\_% match for \_\_\_% of salary (or fixed amount)
- e. Defined Benefit Plan (Company)
- f. Defined Benefit Plan (Union Plan)
- g. D 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?
  - 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.  $\Box$  It requires granting of prior approval by company principal, or supervisor.
- e. U We have no restrictions on moonlighting providing it doesn't interfere with employee's job performance.
- f. D 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 coming 12 months will be \_\_\_\_\_%.
- b. D Our company will <u>not</u> provide any wage adjustments over the coming 12 month period
- As it pertains to 2013-2014 health care, at this point:
- c. There will be <u>no</u> changes to our existing plan design and no change to our cost sharing
- d. There will be **no** changes to our existing plan design and employees will pick up a larger share of costs
- e. There will be **no** changes to our existing plan design and employees will pick up a smaller share of costs
- f. 
  There will be plan design changes and no change to our cost sharing
- g. There will be plan changes and employees will pick up a larger share of costs
- h. There will be plan changes and employees will pick up a smaller share of costs
- i.  $\Box$  We will offer a financial incentive to employees to take coverage with a spouse's (domestic partner's) plan that provides "qualified coverage" defined under the health care law.
- j. 
  D We will no longer offer group health insurance as a company benefit

#### COMMENTS:

## Please return to Printing Industries of Ohio • N. Kentucky by July 31, 2013

#### Fax 614-794-2049 or mail to: P.O. Box 819, Westerville, Ohio 43086

# Wage & Salary Information

**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.

#### **DO NOT INCLUDE TRAINEES.**

Please enter base salary (NO Shift Differentials or Bonus) EFFECTIVE as of June 1, 2013

Title

# Enter <u>ANNUAL</u> 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	 		_	 
9.	Production Planner/Scheduler	 		_	 
10.	Estimating Manager				
11.	Estimator	 		_	 
12.	Human Resources Manager/Personnel				
	Mgr./Director				
13.	Environmental Health & Safety Mgr.				
14.	Quality Manager				
999.	Position not listed - Job Title:	 	Salary/Wage	::	 
DEP	ARTMENT MANAGERS				
15.	MIS/IT Manager				
16.	Prepress Manager	 		_	 
17.	Pressroom Manager – Sheetfed	 		_	 
18.	Pressroom Manager – Web	 		_	 
19.	Bindery Manager	 		_	 
20.	Mailroom/Fulfillment Manager	 		_	 
21.	Shipping/Receiving Manager	 		_	 
999.	Position not listed - Job Title:	 	Salary/Wage	:	 

# (Report base wage only – do NOT include shift premiums or bonuses) Enter $\underline{HOUrly}$ Wages

# OFFICE/ADMINISTRATION

22.	Office Manager		
23.	Executive Administrative Assistant		<u></u>
24.	Administrative Assistant		
25.	HR Assistant		
26.	General Administrative/Clerical Support		
27.	Receptionist		
28.	Accounting Supervisor/Manager		
29.	A/P or A/R Clerk		
30.	Full Charge Bookkeeper		
31.	Credit Manager		
32.	Purchasing Manager		
999.	Position not listed - Job Title:		Salary/Wage:
INFO	DRMATION TECHNOLOGY		
33.	MIS/IT Support		<u></u>
34.	Database Technician		
999.	Position not listed - Job Title:		Salary/Wage:
PRE	PRESS		
35.	Working Supervisor (Prepress)		
36.	Graphic Design (Art Director/Designer)		
37.	Desktop Operator		
38.	Prepress/Desktop Technician		
39.	Stripper/Film Assembly		
40.	Platemaker (CTP/Conventional)		
999.	Position not listed - Job Title:		Salary/Wage:
DIG	ITAL PRINTING		
41.	Working Supervisor (Digital)		
42.	Digital Color Press Operator (Sheetfed)		
43.	Direct Image Press Operator (DI press)		
44.	Production Copiers Black & White		
45.	Production Copiers – Color		
46.	Hi-speed Inkjet Presses (B&W)		
47.	Hi-speed Inkjet Presses (Color)		
48.	Wide Format Operator (Proofing)		
49.	Wide Format Operator (Production <60")		
	2013 V	Vage & Benefit Survey	

50.	Grand Format Operator (Production >60"	)	<u> </u>
51.	Wide Format Finishing/Laminating		<u> </u>
999.	Position not listed - Job Title:		Salary/Wage:
PRE	SS OPERATIONS (SHEETFED)		
52.	Working Supervisor (Sheetfed)		
53.	20" or Smaller - Single Color Press Operator		<u> </u>
54.	20" or Smaller - Two Color Press Operator		<u> </u>
55.	20" or Smaller - 4/5/6 Color Press Operator		<u> </u>
56.	Jet Press Operator		<u> </u>
57.	20" - 28" Single Color Press Operator		<u> </u>
58.	20" - 28" Two Color Press Operator		<u> </u>
59.	20" - 28" Four Color Press Operator		<u> </u>
60.	20" - 28" Five Color Press Operator		<u> </u>
61.	20" - 28" Six Color Press Operator		<u> </u>
62.	38" - 42" Single Color Press Operator		
63.	38" - 42" Two Color Press Operator		
64.	38" - 42" Four Color Press Operator		
65.	38" - 42" Five Color Press Operator		
66.	38" - 42" Six Color Press Operator		
67.	38" - 42" Eight Color Press Operator		<u> </u>
68.	38" - 42" Four Color 2nd Press Operator		<u> </u>
69.	38" - 42" Five Color 2nd Press Operator		
70.	38" - 42" Six Color 2nd Press Operator		<u> </u>
71.	38" - 42" Eight Color 2nd Press Operator		
72.	52" - 60" Press Operator		
73.	52" - 60" 2nd Press Operator		
74.	61" - 81" Press Operator		
75.	61" - 81" 2nd Press Operator		<u> </u>
76.	Press Feeder/Helper		<u> </u>
999.	Position not listed - Job Title:		Salary/Wage:
PRE	SS OPERATIONS (HEATSET WEB - FU	LL)	
77.	Working Supervisor		
78.	Lead Pressman		
79.	Assistant Pressman		
80.	Material Handler		
999.	Position not listed - Job Title:		Salary/Wage:

# PRESS OPERATIONS (HEATSET WEB - HALF)

81.	Working Supervisor		
82.	Lead Pressman		
83.	Assistant Pressman		
84.	Material Handler		
999.	Position not listed - Job Title:	Salary/Wage:	
PRE	SS OPERATIONS (NON-HEATSET WEB)		
85.	Working Supervisor		
86.	Lead Pressman		
87.	Assistant Pressman		
88.	Material Handler		
999.	Position not listed - Job Title:	Salary/Wage: _	
NAF	ROW WEB PRESSES, COLLATORS, SPEC	CIALTY PRESSES	
89.	Working Supervisor		
90.	Press Operator		
91.	Forms Collator Operator		
92.	Timson (1/C) Book Press Operator		
93.	Timson (2/C) Book Press Operator		
94.	Timson Press Helper		
999.	Position not listed - Job Title:	Salary/Wage: _	
LETT	TERPRESS/FINISHING		
95.	Letterpress Operator		
96.	Finishing Press Operator (Kluge, etc.)		
97.	Automated Diecutter (<28" Cylinder)		
98.	Automated Diecutter (40"+, Bobst,etc.)		
999.	Position not listed - Job Title:	Salary/Wage: _	
FLE)	(O		
99.	Flexo Operator – <= 9" web width		
100.	Flexo Operator – > 10" web width		
101.	Flexo Platemaker		
102.	Rewind Operator		
103.	Slitter Operator		
999.	Position not listed - Job Title:	Salary/Wage:	

## BINDERY

104.	Working Supervisor	 		 
105.	Hand Bindery	 		
106.	Small Bindery Machines	 		
107.	Combination (Small Machine/Hand)	 		
108.	Folder Operator >17x22	 		 
109.	Cutter Operator	 		 
110.	Folder/Cutter Operator	 		 
111.	Stitcher/Binder Operator	 		
112.	Perfect Binder Operator	 		
113.	Shrink Wrap Operator	 		
999.	Position not listed - Job Title:	 	Salary/Wage:	 
MAI	LING & FULFILLMENT			
114.	Working Supervisor	 		 
115.	Inserting Machine Operator	 		
116.	Mail Machine Operator	 		 
117.	Mail Specialist	 		 
118.	Fulfillment Worker	 		
999.	Position not listed - Job Title:	 	Salary/Wage:	 
SHIP	PING/WAREHOUSE/MAINTENANCE			
119.	Shipping/Receiving Clerk	 		
120.	Delivery Person/Driver	 		
121.	Warehouse Worker	 		
122.	Forklift Operator	 		 
123.	Maintenance (Facility)	 		
124.	Maintenance (Equipment)	 		
999.	Position not listed - Job Title:	 	Salary/Wage:	 

# Please return to Printing Industries of Ohio • N. Kentucky by July 31, 2013

## Fax 614-794-2300 or mail to:

## P.O. Box 819

## Westerville, OH 43086