

2019 WAGE+BENEFITS SURVEY



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 cvent.com/d/zgqzxx

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

Please return completed survey by July 31, 2019.

RETURN IT YOUR WAY

- » **MAIL** 1245 Main St.
Yourtown, XX 75842
Attn: Doug Brown
- » **ONLINE** www.cvent.com/d/zgqzxx
- » **EMAIL** dbrown@piaaffiliate.org
- » **FAX** (555) 123-4567

QUESTIONS

- » **CONTACT** Doug Brown
- » **EMAIL** dbrown@piaaffiliates.org
- » **PHONE** (555) 123-4567

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)

- | | |
|--|--|
| <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 (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 | <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:

- 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)

- | | |
|--|---|
| <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"/> Martin Luther King Jr. Day | <input type="checkbox"/> Day after Thanksgiving |
| <input type="checkbox"/> President's Day | <input type="checkbox"/> Christmas Eve |
| <input type="checkbox"/> Good Friday | <input type="checkbox"/> Christmas Day |
| <input type="checkbox"/> Memorial Day | <input type="checkbox"/> One Floating Day |
| <input type="checkbox"/> Independence Day | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Labor Day | |

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 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.

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, 2018.

ENTER MONTHLY SALARY

Management	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	_____	_____	_____
	Department Managers	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	_____	_____	_____
Office / Administration	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 (2-out format; <20") _____
- 55 Digital Press (4-out format; >20") _____
- 56 Digital Press (Labels) _____
- 57 Production Copiers – B&W _____
- 58 Inkjet Presses – Sheetfed _____
- 59 Inkjet Presses – Roll-fed _____
- 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 _____
- 83 Floor Helper _____

Press Operations (Heatset Web – Full)

- 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	_____	_____	_____
Bindery	105	Rewind Operator	_____	_____	_____
	106	Slitter Operator	_____	_____	_____
	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	_____	_____	_____
Mailing & Fulfillment	115	Stitcher / Binder Operator	_____	_____	_____
	116	Perfect Binder Operator	_____	_____	_____
	117	Binder / Stitcher Helper	_____	_____	_____
	118	Shrink Wrap Operator	_____	_____	_____
	119	Working Supervisor	_____	_____	_____
	120	Insert Machine Operator	_____	_____	_____
Shipping / Warehouse / Maintenance	121	Mail Machine Operator	_____	_____	_____
	122	Mail Specialist	_____	_____	_____
	123	Fulfillment Worker	_____	_____	_____
	124	Working Supervisor	_____	_____	_____
	125	Shipping / Receiving Clerk	_____	_____	_____
	126	Delivery Person / Driver	_____	_____	_____
	127	Materials Handler (Shipping / Warehouse)	_____	_____	_____
Ancillary Positions	128	Forklift Operator	_____	_____	_____
	129	Maintenance (Facility)	_____	_____	_____
	130	Maintenance (Equipment)	_____	_____	_____
Other (Please List)	131	CAD Design (Structural)	_____	_____	_____
	132	Color Management Professional – G7 Expert	_____	_____	_____
	133	_____	_____	_____	_____
	134	_____	_____	_____	_____
	135	_____	_____	_____	_____
	136	_____	_____	_____	_____
	137	_____	_____	_____	_____
	138	_____	_____	_____	_____
	139	_____	_____	_____	_____
	140	_____	_____	_____	_____

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