



Control # _____

Date _____
Received: _____

For PINE Use

2010 Wage & Fringe Benefit Survey Questionnaire

For Management and Production Employees

Dear PINE Member:

Please take a few minutes to complete this survey and return to the Association by **February 26, 2010**. Participating companies will receive a summarized report by the end of March.

Only participating companies will receive the survey results.

Wage and Fringe Benefit Survey Questionnaire Instructions:

The survey is for base rates of experienced employees – please do not include compensation for trainees.

- **Response:** **FAX**: Send to 508-804-4119 or **MAIL** to 5 Crystal Pond Road – Southborough, MA 01772
- **Deadline for returned surveys:** All completed questionnaires must be returned to PINE by **February 26, 2010**.

If you have any questions, please call Gail Maloney at 508-804-4109.

You MUST Participate to Receive A FREE Final Report

Company Name: _____

The final confidential survey will be returned to the individual on the left.

Contact: _____

Position: _____ Phone: _____

PINE Principal Contact _____ Title _____

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

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"/> Other _____ | | |

2. Please indicate your location:

- | | |
|--|---|
| a. <input type="checkbox"/> Connecticut | b. <input type="checkbox"/> New Hampshire |
| c. <input type="checkbox"/> Maine | d. <input type="checkbox"/> Rhode Island |
| e. <input type="checkbox"/> Massachusetts inside 495 | f. <input type="checkbox"/> Massachusetts outside 495 |
| g. <input type="checkbox"/> Vermont | |

3. Number of Employees: _____

Number of F/T Sales People: _____

4. Annual Sales Volume\$ _____

5. Is your workforce represented by a trade union?

- a. ___yes Which one (s)? b. _____
c. ___no

6. If any, what is the projected overall average increase for wages and salaries in this coming year?

- a. _____%

Human Resources Policies & Benefit Information

POLICIES

7. 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

8. 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 (2) 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

- 9. 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

10. Leave of Absence policies:

- a. Employees have paid time for voting
- b. Company has a written sick leave/personal time off policy
- c. Employees receive the following number of sick days per year: _____
- d. Sick leave/PTO can be accumulated from year to year.
- e. Company offers jury duty pay beyond state statutes.

11. 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 Years Eve | j. <input type="checkbox"/> Columbus Day |
| c. <input type="checkbox"/> New Year's Day | k. <input type="checkbox"/> Thanksgiving Day |
| d. <input type="checkbox"/> Washington's Birthday | l. <input type="checkbox"/> Day after Thanksgiving |
| e. <input type="checkbox"/> Lincoln's Birthday | m. <input type="checkbox"/> Christmas Eve |
| f. <input type="checkbox"/> Good Friday | n. <input type="checkbox"/> Christmas Day |
| g. <input type="checkbox"/> Memorial Day | o. <input type="checkbox"/> One Floating Day |
| h. <input type="checkbox"/> Independence Day | p. <input type="checkbox"/> Two or more Floating Days |
| i. <input type="checkbox"/> Labor Day | q. <input type="checkbox"/> Other: _____ |

12. Please indicate your vacation policy (answer all that apply):

- 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 _____

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

a. _____ days after b. _____ years

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

- a. Yes
- b. No

15. 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. _____

16. Does your company offer a PTO (Personal Time Off) Plan rather than traditional vacation/sick days?

- a. Yes
- b. No
- If the answer was yes, how many days of PTO do you offer? c. _____

HEALTH AND DENTAL INSURANCE

17. **Group health and dental insurance plan:**

- a. No plan offered
- b. Self-insured Plan
- c. HMO Plan
- d. PPO Plan
- e. POS Plan
- f. Combination of above
- g. Other _____

18. **Contribution to health plan:**

- a. We Pay the entire premium for employee's coverage
- b. We pay the entire premium for dependent's coverage
- c. We **do not** pay for dependent coverage.

If you contribute to the cost of your employee's health/dental plan, please complete the following:

MEDICAL

Amount of Company's contribution per employee for Health Plan:

Please enter the dollar amount and % of contribution for all benefits offered – see example.

Example:

We pay d. \$ 250 of **employee's** health premium which is e. 60% of the cost to the company.
We pay f. \$ 250 of **dependent's** health premium which is g. 25% of the cost to the company.

We pay d. \$ _____ of **employee's** health premium which is e. _____% of the cost to the company.
We pay f. \$ _____ of **dependent's** health premium which is g. _____% of the cost to the company.

Additional benefits covered in health plan package:

- h. We provide Vision Insurance
- i. We provide Dental Insurance

VISION

Amount of Company's contribution per employee for Vision Care:

We pay j. \$ _____ of **employee's** Vision premium which is k. _____% of the cost to the company.
We pay l. \$ _____ of **dependent's** Vision premium which is m. _____% of the cost to the company.

Dental

Amount of Company's contribution per employee for Dental Care:

We pay n. \$ _____ of **employee's** Dental premium which is o. _____% of the cost to the company.
We pay p. \$ _____ of **dependent's** Dental premium which is q. _____% of the cost to the company.

19. **Other insurance benefits:**
- 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 smoking policy:**

- 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
- e. No formal policy on smoking

21. **Please check any retirement or profit sharing plan you provide: PLEASE NOTE QUESTION 27 F AS WELL!**

- a. Profit Sharing
- b. 401(k) Plan
If yes, does the Company Match? C. Yes What Maximum Amount? d. _____% of base
- e. Defined Contribution Plan
- f. Defined Benefit Plan

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? _____

23. **If your company tracks job absence and employee turnover rates, what are those metrics?**

- a. Job Absence _____ (% of days worked)
- b. Turnover _____ (% of workforce)

24. **How do you determine sick and vacation time eligibility?**

- a. Anniversary of date of hire
- b. By calendar year
- c. Earn days based on length of service

25. **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.

26. **Do you provide funeral or bereavement leave?** a. Yes b. No

Is it c. Paid d. Unpaid

How many days?

*Immediate family e. _____ days (*spouse, child, mother, father, sister, brother, grandparent)

Other family members? f. _____ days

27. **Because of the recent economic conditions, many member companies made substantive changes to their wage and benefit policies in 2009. Please share your company's experience.**

Has your company made any of the following changes in the last year?

- a. _____ We made "across-the-board wage reductions by _____ percent.
- b. _____ The company has reduced the number of base hours worked by our employees (e.g. 32 vs. 40).
- c. _____ We have made a reduction in force in the past 12 months.
- d. _____ Our health plan benefits were modified in order to reduce costs.
- e. _____ Employees pay a greater share of health insurance costs than last year.
- f. _____ We have made modifications to our 401 (l) plan to reduce expenses.

COMMENTS:



Please return to PINE by:

February 26, 2010

Fax 508-804-4119 or Mail to 5 Crystal Pond Road – Southborough, MA 01772

SOME HELPFUL DEFINITIONS

	Position Title/Description
1	CEO/President - Manages and directs the organization toward its primary goals and objectives.
2	COO/Vice President/General Manager - Directs, administers and coordinates all activities of the organization in support of policies, goals and objectives established by the CEO, President or Owner.
3	Manufacturing/Production Manager, Plant Manager, VP of Manufacturing, VP of Operations - Directs and coordinates all manufacturing activities for organization, which can include multiple facilities.
4	CFO, VP Finance/ Treasurer - Responsible for the protection of the company's assets through sound and generally accepted accounting methods and practices. Oversees financial, accounting, and granting policies and procedures.
5	Sales Manager/Sales VP - Manages sales activities of organization by performing the duties personally or through subordinate supervisors.
6	Manager of Marketing/Business Development - Creates, administers company's total sales promotion program, including space advertising, direct mail, and/or public relations.
7	Customer Service Manager - Supervises all employees in Customer Service Department.
8	Customer Service Representative - Acts as a coordinator between customer, company salesperson, and production personnel to ensure customer satisfaction with order.
9	Production Planner/Scheduler -Responsible for placing jobs in a comprehensive schedule and maintaining efficiency of production.
10	Estimating Manager - Supervises all estimating department personnel.
11	Estimator - Responsible for placing a dollar value representing "cost" on each job and/or potential job.
12	Human Resources Director/Personnel Manager – Responsible for overall H.R. policy compliance. Works with all company departments to determine specific personnel needs, advertises for applications, screens resumes and/or conducts initial interviews to determine applicant suitability.
13	Environmental Health & Safety Manager - Establishes & promotes maintenance of a safe, accident free, & healthy work environment by performing duties personally or through subordinate supervisors. Oversee compliance with all permitting requirements.
14	Quality Control Manager - Develops, implements, and coordinates product assurance program to prevent or eliminate defects in new or existing products and insures continuous production of products consistent with established standards.
15	MIS/IT Manager - Responsible for IT functions. Directs and coordinates activities of workers engaged in computer operations personally or through supervisors.
16	Prepress Supervisor – Supervises workers engaged in prepress/premedia activities.
17	Pressroom Supervisor – Sheetfed – Oversees all operations in sheetfed department.
18	Pressroom Supervisor – Web Oversees all operations in the Web department.
19	Bindery Supervisor - Oversees all operations in the Bindery department
20	Mailroom /Fulfillment Supervisor - Oversees all operations related to mailing and fulfillment.
21	Warehouse Supervisor – Responsible for operations in warehouse area.
22	Office Manager - Supervises all clerical, timekeeping, supplies and related office functions.
23	Executive Secretary/Admin. Assistant - Schedules appointments, answer inquiries, takes dictation, and otherwise relieves managers of clerical work and administrative and business detail.
24	HR Assistant - Assists the HR/Personnel Mgr. in maintaining personnel records and the hiring process. May also do payroll.
25	Receptionist/Switchboard Operator - Receives callers at establishment, determines nature of business, and directs callers to destination. May perform other clerical functions.
26	Accounting Supervisor/Manager – Responsible for all accounting functions and activity.
27	Accounting Clerk/Bookkeeping Assistant – Responsible for billing and collection functions.
28	Full Charge Bookkeeper - Under direction of accounting supervisor, responsible for maintaining some or all accounting records and preparation of reports.
29	Purchasing Agent/Buyer - Responsible for selection of reliable sources of supply, approval of major purchase contracts, supervision of actual purchases and control of price & quality.

Wage & Salary Information

DO NOT INCLUDE ANY OWNERS WHO FULFILL THESE ROLES. DO NOT INCLUDE TRAINEES.

BE CAREFUL TO ENTER "MONTHLY" 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.

Please enter base salary (no shift differentials or bonus)

Title	Enter <u>Monthly</u> Salaries			
MANAGEMENT:				
1. CEO/President	_____	_____		
2. COO/Vice President/General Mgr.	_____	_____	_____	_____
3. Manufacturing/Production Mgr./ Plant Manager / VP Operations	_____	_____	_____	_____
4. CFO/Controller/Financial Manager	_____	_____	_____	_____
5. Sales Manager/Sales VP	_____	_____	_____	_____
6. Manager of Marketing/Business Dev	_____	_____	_____	_____
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	_____	_____	_____	_____
DEPARTMENT SUPERVISORS				
		Enter Monthly Salaries		
15. MIS/IT Manager	_____	_____	_____	_____
16. Prepress Supervisor	_____	_____	_____	_____
17. Pressroom Supervisor – Sheetfed	_____	_____	_____	_____
18. Pressroom Supervisor – Web	_____	_____	_____	_____
19. Bindery Supervisor	_____	_____	_____	_____
20. Mailroom/Fulfillment Supervisor	_____	_____	_____	_____
21. Warehouse Supervisor	_____	_____	_____	_____

Please enter wages for all employees. Use additional sheets if necessary.

Please enter wages for all employees. Use additional sheets if necessary.

**Enter Hourly Wages of Each Employee
(Report base wage only – do NOT include shift premiums)**

OFFICE/ADMINISTRATION

22. Office Manager	_____	_____	_____	_____
23. Executive Secretary/Admin. Asst	_____	_____	_____	_____
24. HR Assistant/General Admn.	_____	_____	_____	_____
25. Receptionist	_____	_____	_____	_____
26. Accounting Supervisor/Manager	_____	_____	_____	_____
27. A/P or A/R Clerk	_____	_____	_____	_____
28. Full Charge Bookkeeper	_____	_____	_____	_____
29. Purchasing Agent	_____	_____	_____	_____

INFORMATION TECHNOLOGY

Enter Hourly Wages

30. MIS/IT Support	_____	_____	_____	_____
31. Website Administrator	_____	_____	_____	_____

PREPRESS

Enter Hourly Wages

32. Working Supervisor	_____	_____	_____	_____
33. Design/Layout (Art Director/Designer	_____	_____	_____	_____
34. Typesetter/Layout (No Creative Responsibilities)	_____	_____	_____	_____
35. Prepress/Desktop Technician	_____	_____	_____	_____
36. Stripper	_____	_____	_____	_____
37. Platemaker	_____	_____	_____	_____

DIGITAL PRINTING

Enter Hourly Wages

41. Digital Color Press Operator (Indigo, Igen, etc.)	_____	_____	_____	_____
44. Direct Image Press Operator	_____	_____	_____	_____
45. Production Copiers -- Black & White	_____	_____	_____	_____
46. Production Copiers – Color	_____	_____	_____	_____
47. Large Format Operator (Inkjet)	_____	_____	_____	_____

Please enter wages for all employees. Use additional sheets if necessary.

PRESS OPERATIONS (SHEETFED)

Enter Hourly Wages

49. Working Supervisor	_____	_____	_____	_____
50. 20" or Smaller - Single Color Press Operator	_____	_____	_____	_____
51. 20" or Smaller - Two Color Press Operator	_____	_____	_____	_____
52. 20" or Smaller - 4/5 Color Press Operator	_____	_____	_____	_____
53. Jet Press Operator	_____	_____	_____	_____
54. 28" Single Color Press Operator	_____	_____	_____	_____
55. 20" - 28" Two Color Press Operator	_____	_____	_____	_____
56. 20" - 28" Four Color Press Operator	_____	_____	_____	_____
57. 20" - 28" Five Color Press Operator	_____	_____	_____	_____
58. 20" - 28" Six Color Press Operator	_____	_____	_____	_____
59. 38" - 42" Single Color Press Operator	_____	_____	_____	_____
60. 38" - 42" Two Color Press Operator	_____	_____	_____	_____
61. 38" - 42" Four Color Press Operator	_____	_____	_____	_____
62. 38" - 42" Five Color Press Operator	_____	_____	_____	_____
63. 38" - 42" Six Color Press Operator	_____	_____	_____	_____
64. 38" - 42" Eight Color Press Operator	_____	_____	_____	_____
65. 38" - 42" Four Color 2nd Press Operator	_____	_____	_____	_____
66. 38" - 42" Five Color 2nd Press Operator	_____	_____	_____	_____
67. 38" - 42" Six Color 2nd Press Operator	_____	_____	_____	_____
68. 38" - 42" Eight Color 2nd Press Operator	_____	_____	_____	_____
69. 52" - 77" Press Operator	_____	_____	_____	_____
70. 52" - 77" 2nd Press Operator	_____	_____	_____	_____
200. Press Feeder/Helper	_____	_____	_____	_____

PRESS OPERATIONS (HEATSET WEB - FULL)

Enter Hourly Wages

73. Working Supervisor	_____	_____	_____	_____
74. Lead Pressman	_____	_____	_____	_____
75. Assistant Pressman	_____	_____	_____	_____
76. Roll Tender	_____	_____	_____	_____
77. Jogger/Delivery Tender	_____	_____	_____	_____

Please enter wages for all employees. Use additional sheets if necessary.

PRESS OPERATIONS (HEATSET WEB – HALF)

Enter Hourly Wages

79. Working Supervisor	_____	_____	_____	_____
80. Lead Pressman	_____	_____	_____	_____
81. Assistant Pressman	_____	_____	_____	_____
82. Roll Tender	_____	_____	_____	_____
83. Jogger/Delivery Tender	_____	_____	_____	_____

PRESS OPERATIONS (NON-HEATSET WEB)

Enter Hourly Wages

84. Working Supervisor	_____	_____	_____	_____
85. Lead Pressman	_____	_____	_____	_____
86. Second Pressman	_____	_____	_____	_____
87. Assistant Pressman	_____	_____	_____	_____
88. Roll Tender	_____	_____	_____	_____
89. Jogger/Delivery Tender	_____	_____	_____	_____

NARROW WEB PRESSES & COLLATORS

Enter Hourly Wages

90. Working Supervisor	_____	_____	_____	_____
92. Press Operator	_____	_____	_____	_____
94. Forms Collator Operator	_____	_____	_____	_____

FLEXO/LETTERPRESS

Enter Hourly Wages

95. Letterpress Operator	_____	_____	_____	_____
96. Finishing Press Operator (Kluge,etc.)	_____	_____	_____	_____
97. Automated Diecutter (<28" Cylinder)	_____	_____	_____	_____
98. Automated Diecutter (40"+, Bobst,etc.)	_____	_____	_____	_____
99. Flexo Operator – <= 9" web width	_____	_____	_____	_____
100. Flexo Operator – > 10" web width	_____	_____	_____	_____

BINDERY

Enter Hourly Wages

107. Working Supervisor	_____	_____	_____	_____
108. Hand Bindery	_____	_____	_____	_____
109. Small Machines	_____	_____	_____	_____
110. Combination (Small Machine/Hand)	_____	_____	_____	_____
111. Folder Operator >17x22	_____	_____	_____	_____
112. Cutter Operator	_____	_____	_____	_____

Please enter wages for all employees. Use additional sheets if necessary.

BINDERY CONTINUED

Enter Hourly Wages

113. Folder/Cutter Operator	_____	_____	_____	_____
114. Stitcher/Binder Operator	_____	_____	_____	_____
115. Perfect Binder Operator	_____	_____	_____	_____
116. Shrink Wrap Operator	_____	_____	_____	_____
117. Inserting Machine Operator	_____	_____	_____	_____
118. Mail Machine Operator	_____	_____	_____	_____
119. Combination (Inserting/Mail Operator)	_____	_____	_____	_____

SHIPPING/WAREHOUSE/MAINTENANCE

121. Shipping Receiving Clerk	_____	_____	_____	_____
122. Delivery Person/Driver	_____	_____	_____	_____
122. Fulfillment Worker	_____	_____	_____	_____
123. Warehouse Worker	_____	_____	_____	_____
125. Maintenance (Facility)	_____	_____	_____	_____
126. Maintenance (Equipment)	_____	_____	_____	_____

SCREEN OPERATIONS

Enter Hourly Wages

101. Working Supervisor	_____	_____	_____	_____
102. Ink Mixer	_____	_____	_____	_____
103. Screen Maker	_____	_____	_____	_____
104. Press Operator - Multi color auto <30"	_____	_____	_____	_____
105. Press Operator - Multi color auto 30"-70"	_____	_____	_____	_____
127. Press Operator - Multi color auto >70"	_____	_____	_____	_____
128. Press Operator - Multi color handfed <30"	_____	_____	_____	_____
129. Press Operator - Multi color handfed >30"	_____	_____	_____	_____
130. Press Operator - Single color handfed <30"	_____	_____	_____	_____
131. Press Operator - Single color handfed >30"	_____	_____	_____	_____
132. Slitter Operator	_____	_____	_____	_____



Please return to PINE by:

February 26, 2010

Fax 508-804-4119 or Mail to 5 Crystal Pond Road – Southborough, MA 01772