



2017 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.

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.**

Participants Receive A FREE Final Report – a \$250 Value
If completed survey is returned by July 21, 2017

RETURN IT YOUR WAY

- » MAIL to 5 Crystal Pond Road, Southborough, MA 01772
- » FILLABLE PDF at www.pine.org/hr/wage-survey/
- » ONLINE at <https://www.cvent.com/d/25q36w>. (Please contact us for login information)
- » FAX 508-804-4119

QUESTIONS?

- » CONTACT Donna McKenna
- » EMAIL dmckenna04@pine.org
- » PHONE 508-804-4109

WAGE SURVEY CONTACT INFORMATION

NAME

COMPANY

TITLE

MAILING ADDRESS

EMAIL

**This confidential survey results
will be returned to the individual
on the left.**

The address above will be used only to send you a copy of the report in the fall. Your answers will be kept confidential. This top sheet containing company information will be removed when your data is submitted.

2017 Wage & Benefit Survey Questionnaire

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, 2017. 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:

- General Commercial Printer
- Inplant Printer
- Digital Printer
- Quick Printer
- Prepress Services
- Business Forms Manufacturer
- Bindery/Finishing
- Web Printer (Heat Set)
- Web Printer (Non-Heat Set)
- Mailing House/Services
- Packaging - Offset
- Packaging - Flexo
- Labels
- Wide Format
- Other _____

2. Please indicate your location:

City _____ State _____

3. Number of Employees (full-time):

4. Annual Sales Volume (2016)

\$ _____

5. Is your workforce represented by a trade union?

Yes No

HUMAN RESOURCES POLICIES & BENEFITS

POLICIES

6. Please check all of the following employment features that apply to your company:

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

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 12hr shifts)
- 4 day work week
- 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: \$ _____ 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. Select all questions which are applicable.

- Overtime is paid on the basis of the hours earned (vacation/sick leave/holidays are counted)
- Overtime is paid on the amount of hours worked (vacation/sick leave/holidays are not counted)
- Overtime is paid upon shift completion
- Double time is paid after working 4 hours of over-time in a shift

If extra overtime is available for weekends/holidays, how is it paid?

- | | | |
|----------|-------------------------------------|--------------------------------------|
| Saturday | <input type="checkbox"/> Time and ½ | <input type="checkbox"/> Double Time |
| Sunday | <input type="checkbox"/> Time and ½ | <input type="checkbox"/> Double Time |
| Holidays | <input type="checkbox"/> Time and ½ | <input type="checkbox"/> Double Time |

HOLIDAY, VACATION, OTHER ABSENCE POLICIES

9. Leave of Absence policies:

- Employees have paid time for voting
- Company offers jury duty pay
- Company has a written sick leave/personal time off policy (PTO)

Sick Day Policies

What are the maximum HOURS provided in one year?

Do you permit accumulation from year to year?

- Yes No

What is the maximum number of HOURS which can be accumulated? _____

PTO (Personal Time Off) – Please complete this section ONLY if you offer a PTO program

What are the number of HOURS you provide in a year?

Please mark the appropriate "cells."

Years of Employment	<40 hours	40 – 80 hours	80 – 120 hours	120 – 160 hours	>160 hours
<1 year					
1 – 2 years					
2 – 5 years					
5 – 10 years					
10+ years					

Do you permit accumulation from year to year?

- Yes No

What is the maximum number of HOURS which can be accumulated? _____

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

- 1 week after 6 months
- 1 week after 1 year
- 2 weeks after 1 year
- 2 weeks after 2 years
- 3 weeks after 5 years
- 4 weeks after 20 years
- Other _____

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

_____ days after _____ years

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

- Yes No

13. Do employees accumulate vacation time from year to year?

- Yes No

If yes, what is the maximum number of days carried forward? _____

14. How do you determine sick/vacation/PTO time eligibility?

- Anniversary of date of hire
- By calendar year
- Earn days based on length of service

15. What is the number of Paid Holidays offered by your company in a year?

Please check off all the days offered below:

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

16. 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 (*spouse, child, mother, father, sister, brother, grandparent)

Other family members? _____ HOURS

HEALTH INSURANCE

17. Group health insurance offering (select all that apply):

- No plan offered
- Self-insured Plan
- HMO Plan
- PPO Plan

Deductibility

- <\$1,000 for individual
- >\$1,000 and <\$3,000 for individual
- >\$3,000 for individual
- HSA or HRA high deductible with Company
- Contribution \$_____ max company contribution (for employee)

18. Contribution to health plan

MEDICAL

Please provide the percentage of premium your company pays per plan level (Column A), as well as the TOTAL MONTHLY premium 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.

	(A) % paid by Company	(B) Total Average Monthly Premium	(C) Fixed Amount Per Month
Employee only			
Employee +1			
Family			

- Check here if dental is included in these rates and skip the dental question.
- 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 Monthly Premium
Employee coverage		
Employee +1		
Family		

19. Other insurance benefits (not voluntary benefits).

Select 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

20. 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

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

- Profit Sharing
- 401(k) Plan
- Does the Company match? Yes No
- Simple IRA
- Does the Company match? Yes No
- Defined Benefit Plan (Company)
- Defined Benefit Plan (Union Plan)
- Other _____
- No company retirement plan offered

22. Does your company offer incentive plans for production employees?

- Yes 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 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)

24. 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.

25. 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

In regards to temporary workers:

- We use temporary workers but not through an agency.
- We pay benefits to temporary workers.
- We hire temporary workers through an agency.

Does your company schedule planned overtime in your production departments? Yes No

If the answer was yes, what is that percentage (in terms of production hours)? _____

As it pertains to 2017-2018 health care, at this point:

- We have decided to no longer offer health insurance to our employees
- We have reduced/will reduce the % of coverage paid by the company for health insurance
- We have made/will make plan design changes to reduce the cost of the health care plan

If your company received a health rate change during the past 12 months, what was the **proposed** change of the existing plan? _____%

What was the **effective change** after any plan adjustments were made? _____%

COMMENTS:

**To receive your free copy of report
please return by July 21, 2017**

Wage & Salary Information

(Job Descriptions can be downloaded at <http://ilnk.me/1928f>)

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 June 1, 2017

MANAGEMENT

Enter ANNUAL Salaries

CEO/President (No Owners)	_____			
COO/Vice President/General Mgr.	_____			
Manufacturing- Plant Manager/ VP Operations/Production Manager	_____	_____		
CFO/Controller/Financial Manager	_____			
Sales Manager/Sales VP	_____			
Marketing/Business Development Mgr.	_____			
Customer Service Manager	_____			
Customer Service Representative I (Base rate x 2,080 hours)	_____	_____	_____	_____
Customer Service Representative II	_____	_____	_____	_____
Production Planner/Scheduler	_____	_____	_____	_____
Estimating Supervisor	_____			
Estimator	_____	_____	_____	_____
Human Resources Manager/ Personnel Mgr./Director	_____			
Environmental Health & Safety Mgr.	_____			
Continuous Improvement Manager	_____			
Continuous Improvement Specialist	_____			

DEPARTMENT MANAGERS

IT Manager	_____
Workflow Manager	_____
Prepress Manager	_____
Pressroom Manager – Sheetfed	_____
Pressroom Manager – Web	_____
Digital Print Manager	_____
Bindery Manager	_____
Converting/Finishing Manager	_____
Mailroom/Fulfillment Manager	_____
Shipping/Receiving Manager	_____
Maintenance Manager	_____

(Report base wage only – do NOT include shift premiums or bonuses)

OFFICE/ADMINISTRATION

Enter Hourly Wages

Office Manager	_____	_____	_____	_____
Executive Administrative Assistant	_____	_____	_____	_____
Administrative Assistant	_____	_____	_____	_____
HR Assistant	_____	_____	_____	_____
General Administrative/Clerical Support	_____	_____	_____	_____
Receptionist	_____	_____	_____	_____
Accounting Supervisor/Manager	_____	_____	_____	_____
A/P or A/R Clerk	_____	_____	_____	_____
Full Charge Bookkeeper	_____	_____	_____	_____
Accountant	_____	_____	_____	_____
Credit Manager	_____	_____	_____	_____
Purchasing Specialist	_____	_____	_____	_____

INFORMATION TECHNOLOGY

Technology Support Specialist	_____	_____	_____	_____
Database Specialist	_____	_____	_____	_____

PREPRESS

Working Supervisor (Prepress)	_____	_____	_____	_____
Graphic Design (Art Director/Designer)	_____	_____	_____	_____
Desktop Operator	_____	_____	_____	_____
Prepress/Desktop Technician	_____	_____	_____	_____
Stripper/Film Assembly	_____	_____	_____	_____
Platemaker (CTP/Conventional)	_____	_____	_____	_____

DIGITAL PRINTING

Working Supervisor (Digital)	_____	_____	_____	_____
Direct Image Press Operator (DI Press)	_____	_____	_____	_____
Digital Color Press Operator (iGen, Indigo)	_____	_____	_____	_____
Production Copiers -- Black & White	_____	_____	_____	_____
Production Copiers – Color	_____	_____	_____	_____
Hi-speed Inkjet Presses (B&W)	_____	_____	_____	_____
Hi-speed Inkjet Presses (Color)	_____	_____	_____	_____
Wide Format Operator (Proofing)	_____	_____	_____	_____
Wide Format Operator (Production <60")	_____	_____	_____	_____
Grand Format Operator (Production >60")	_____	_____	_____	_____
Wide Format Finishing/Laminating	_____	_____	_____	_____

PRESS OPERATIONS (SHEETFED)

Working Supervisor (Sheetfed)	_____	_____	_____	_____
20" or Smaller – 1/2 Color Press Operator	_____	_____	_____	_____
20" or Smaller - 4/5/6 Color Press Operator	_____	_____	_____	_____
Jet Press Operator	_____	_____	_____	_____
20"-28" 1-2 Color Press Operator	_____	_____	_____	_____
20"-28" 4-5 Color Press Operator	_____	_____	_____	_____
20"-28" 6 Color Press Operator	_____	_____	_____	_____
38"-42" 1-2 Color Press Operator	_____	_____	_____	_____

38"-42" 4-5 Color Press Operator	_____	_____	_____	_____
38"-42" 6 Color Press Operator	_____	_____	_____	_____
38"-42" 8-10 Color Press Operator	_____	_____	_____	_____
38"-42" 4-5 Color 2nd Press Operator	_____	_____	_____	_____
38"-42" 6 Color 2nd Press Operator	_____	_____	_____	_____
38"-42" 8-10 Color 2nd Press Operator	_____	_____	_____	_____
52"-60" Press Operator	_____	_____	_____	_____
52"-60" 2nd Press Operator	_____	_____	_____	_____
61"-81" Press Operator	_____	_____	_____	_____
61"-81" 2nd Press Operator	_____	_____	_____	_____
Press Feeder/Helper	_____	_____	_____	_____

PRESS OPERATIONS (HEATSET WEB - FULL)

Working Supervisor	_____	_____	_____	_____
Lead Pressman	_____	_____	_____	_____
Assistant Pressman	_____	_____	_____	_____
Material Handler	_____	_____	_____	_____

PRESS OPERATIONS (HEATSET WEB - HALF)

Working Supervisor	_____	_____	_____	_____
Lead Pressman	_____	_____	_____	_____
Assistant Pressman	_____	_____	_____	_____
Material Handler	_____	_____	_____	_____

PRESS OPERATIONS (NON-HEATSET WEB)

Working Supervisor	_____	_____	_____	_____
Lead Pressman	_____	_____	_____	_____
Assistant Pressman	_____	_____	_____	_____
Material Handler	_____	_____	_____	_____

NARROW WEB PRESSES, COLLATORS

Working Supervisor	_____	_____	_____	_____
Press Operator	_____	_____	_____	_____
Forms Collator Operator	_____	_____	_____	_____

FINISHING/CONVERTING

Letterpress Operator	_____	_____	_____	_____
Finishing Press Operator (Kluge,etc.)	_____	_____	_____	_____
Automated Diecutter (<28" Cylinder)	_____	_____	_____	_____
Automated Diecutter (40"+, Bobst,etc.)	_____	_____	_____	_____
Diemaker	_____	_____	_____	_____
Folder/Gluer Operator	_____	_____	_____	_____

FLEXP

Flexo Operator - <= 9" web width	_____	_____	_____	_____
Flexo Operator - > 10" web width	_____	_____	_____	_____
Plate Mounter	_____	_____	_____	_____
Flexo Platemaker	_____	_____	_____	_____
Rewind Operator	_____	_____	_____	_____
Slitter Operator	_____	_____	_____	_____

BINDERY

Working Supervisor	_____	_____	_____	_____
Hand Bindery	_____	_____	_____	_____
Small Bindery Machines	_____	_____	_____	_____
Combination (Small Machine/Hand)	_____	_____	_____	_____
Folder Operator >17x22	_____	_____	_____	_____
Cutter Operator	_____	_____	_____	_____
Folder/Cutter Operator	_____	_____	_____	_____
Multi-competency Operator	_____	_____	_____	_____
Stitcher/Binder Operator	_____	_____	_____	_____
Perfect Binder Operator	_____	_____	_____	_____
Binder/Stitcher Helper	_____	_____	_____	_____
Shrink Wrap Operator	_____	_____	_____	_____

MAILING & FULFILLMENT

Working Supervisor	_____	_____	_____	_____
Inserting Machine Operator	_____	_____	_____	_____
Mail Machine Operator	_____	_____	_____	_____
Mail Specialist	_____	_____	_____	_____
Fulfillment Worker	_____	_____	_____	_____

SHIPPING/WAREHOUSE/MAINTENANCE

Working Supervisor	_____	_____	_____	_____
Shipping/Receiving Clerk	_____	_____	_____	_____
Delivery Person/Driver	_____	_____	_____	_____
Materials Handler (Shipping/Warehouse)	_____	_____	_____	_____
Forklift Operator	_____	_____	_____	_____
Maintenance (Facility)	_____	_____	_____	_____
Maintenance (Equipment)	_____	_____	_____	_____

Ancillary Positions

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

Additional Wages				
CAD Design (Structural)	_____	_____	_____	_____
Network Engineer	_____	_____	_____	_____
Programmer/Web Developer	_____	_____	_____	_____
Wide Format Installer	_____	_____	_____	_____
Color Mgt Professional – G7 Expert	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Use additional sheet if needed)