

Company Name: \_\_\_\_\_

Regional Association: \_\_\_\_\_

Company Location: \_\_\_\_\_

Please make sure that you enter data for **this location only**.

## Company Background

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Number of employees (full-time) for this location ONLY

Annual Sales Volume for this location ONLY



Is your workforce represented by a trade union?

- Yes  
 No

## Policies

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Please check all of the following employment features that apply to this location: (Check all that apply)

- Company has a written employee handbook  
 Company has a written 'Drug-Free Workplace Policy'  
 Company has job descriptions for employee  
 Company tests for drugs and alcohol

When do you test for drugs?

- For new employees  
 At random  
 In event of an accident  
 For cause

## Shifts of Production

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**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:

**Second Shift \$ per hour over the day rate**

 \$

OR

**Second Shift % differential over the day rate**

 %

**Third Shift \$ per hour over the day rate**

 \$

OR

**Third Shift % differential over the day rate**

 %

## Overtime

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**Overtime, assume your state/municipalities/union minimum hours have been met: (Check all that apply)**

- Paid based on hours EARNED (vacation / sick leave / holidays are counted)
- Paid based on hours WORKED (vacation / sick leave / holidays are not counted)
- 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?  
If not provided, please mark N/A.

**Saturdays**

- Time & 1/2
- Double-time
- N/A

**Sundays**

- Time & 1/2
- Double-time
- N/A

**Holidays**

- Time & 1/2
- Double-time
- N/A

## Holiday, Vacation, and Absence Policies

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**Leave of Absence Policies**

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

**How many PAID parental leave days do you provide?**

**How do you determine sick / vacation / PTO time eligibility? (Check all that apply)**

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

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

**What are the maximum number of HOURS that can be accumulated?**

**If this location offers a PTO which incorporates sick days, vacation, etc., please complete this section**

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

**Employed < 1 year**

**Employed 1-2 years**

**Employed 2-5 years**

**Employed 5-10 years**

**Employed >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?**

**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 8 years
- 3 weeks after 10 years
- Other

**Please describe your other vacation policy**

**What is the maximum number of vacation days that you offer?**

**After how many years is the maximum applied?**

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

- Yes
- No

**Do employees accumulate vacation time from year to year?**

- Yes
- No

**What are the maximum number of days?**

**What are the paid holidays offered by your company?**

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

**How many days are offered in one year?**

**Please list other holidays offered**

**Do you provide funeral or bereavement leave?**

- Yes
- No

**Is bereavement paid or unpaid?**

- Paid
- Unpaid

**How many HOURS are provided for immediate family?**

spouse, child, mother, father, sister, brother, grandparents

**How many HOURS are provided for extended family?**

## Health Insurance

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**Group health insurance offering: (Check all that apply)**

- PPO Plan
- Self-insured Plan
- HMO Plan
- No Plan Offered

**What is the max company ANNUAL contribution (for employee)**

 \$

**Deductibility (Check all that apply)**

- < \$1000 for individual
- > \$1000 and < \$3000 for individual
- > \$3001 for individual
- HAS or HRA high deductible with company contribution

**Contribution to health plan:**

Please provide the percentage of premium your company pays per plan level (A) OR fixed amount (C), as well as the TOTAL MONTHLY average premium paid by the company in B. Use the plan with the most employees if you offer multiple plans/options.

- For:
- A: % Paid by Company
- B: TOTAL Average MONTHLY Premium
- C: Fixed Amount Per Month

Employee	
	\$
	\$
	\$
Employee + 1 (Significant Other)	
	\$
	\$
	\$
Employee + Child	
	\$
	\$
	\$
Family	
	\$
	\$
	\$

- Check here if dental is included in the rates above.
- Check here if vision is included in the rates. (Basic vision is included in many plans)

**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

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**Please indicate your tobacco policy.**

- No smoking. Smoke Free Environment
- Smoking outside building, off the clock
- Smoking outside building, on the clock
- Smoking inside in designated areas
- Electronic Cigarettes included in policy
- No formal policy on smoking

**Retirement or profit-sharing plan provided by your company.**

- No Company Plan Offered
- Profit Sharing
- Plan 401k
- Simple IRA
- Defined Benefit Plan (Company)
- Defined Benefit Plan (Union)
- Other Retirement

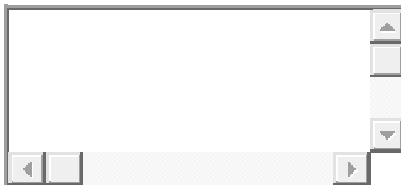
**Plan 401k Company Match**

- Yes
- No

**IRA Company Match**

- Yes
- No

**Other Retirement Details**



**Please indicate the incentive plans your company offers**

**Bonus available for the following employees:**

- Hourly Employees
- Salaried Employees



**Hourly Bonus Based On**

- Profitability of company
- Productivity
- Sales Goals
- Other

Other Incentive Hourly

**Salaried Bonus Based On**

- Profitability of company
- Sales Goals
- Productivity
- Other

Other Incentive Salary

**If your company tracks job absence and employee turnover rates, what are those metrics for the past year?**

**Job Absence**

 %

(% of work period)

**Turnover Rate**

 %

(% of workforce)

**Does your company have a policy in effect with respect to moonlighting by employees?**

- Yes
- No

**Please indicate the details of your policy:**

- 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

## Wage Adjustments

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**Our projected average increase for wages and salaries in the upcoming 12 months will be**

 %

Enter zero if your company does not expect to provide any wage adjustments.

**In the last 12 months has your company used employee incentives a retention strategy?**

- Yes  
 No

**What incentives does your company have?**

- Additional PTO
- Bonuses
- Special lunches / food trucks / ice cream / etc.
- Company picnic / amusement parks / recreation facilities
- Gift cards / gas cards / lottery tickets / give-a-ways
- Free company branded gear
- Company recognition or plaques
- Charitable donation
- Pets in the office
- Entertainment ticket drawings - movies / sports / etc.
- Gym memberships
- Work parties
- Remote days

**In the last 12 months, has your company adjusted wages for existing staff to match that of new hires?**

- Yes  
 No