



# 2017 Wage & Benefit Survey Questionnaire

For Management and Production Employees

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Wage and Benefit Survey Questionnaire Instructions:

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.

- **Response:** **FAX:** (503)221-5691 or **MAIL** to PO Box 23575, Portland, OR 97281-3575
- Online responses: <https://www.cvent.com/d/25q36w>--Password required. Please contact [hannah@ppiassociation.org](mailto:hannah@ppiassociation.org) for your user name and password at (503) 221-3944 or (877)762-7742.
- Deadline for returned surveys: **July 21, 2017**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**This survey information is considered confidential and will either be destroyed or can be returned to the individual on the left after input.**

***Please indicate your preference:***

\_\_\_\_\_ **Destroy this information**

\_\_\_\_\_ **Return my original survey**

*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.*

# 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. If you have any questions and/or suggestions, **please contact us at (503)221-3944 or [hannah@ppiassociation.org](mailto:hannah@ppiassociation.org)**

Because the industry is very 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:

- |  |  |   |
|--|--|---|
| 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"/> Mailing House/Services     | k. <input type="checkbox"/> Packaging - Offset     | l. <input type="checkbox"/> Packaging - Flexo           |
| m. <input type="checkbox"/> Labels                     | n. <input type="checkbox"/> Wide Format            | o. <input type="checkbox"/> 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 & Benefit Information

## POLICIES

### 6. 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

### 7. 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 (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 2<sup>nd</sup> and 3<sup>rd</sup> shift production workers:

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

3<sup>rd</sup> shift:           i. \$ \_\_\_\_\_ per hour over the day rate **or**  
                          j. \_\_\_\_\_% differential over the day rate

## OVERTIME

### 8. Select all questions which are applicable.

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

### Sick Day Policies

- d. What are the maximum HOURS provided in one year? \_\_\_\_\_
- e. Do you permit accumulation from year to year?  Yes  No
- f. 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

- g. What are the number of HOURS you provide in a year? Please mark the appropriate “cells.”

Years of Employment	<40 hours	>40 and <80 hours	>80 and <120 hours	>120 and <160 hours	>160 hours
<1	G1	G2	G3	G4	G5
>1 and <2	G6	G7	G8	G9	G10
>2 and <5	G11	G12	G13	G14	G15
>5 and <10	G16	G17	G18	G19	G20
10+	G21	G22	G23	G24	G25

- h. Do you permit accumulation from year to year?  Yes  No
- i. What is the maximum number of HOURS which can be accumulated? \_\_\_\_\_

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

- 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 \_\_\_\_\_

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

- a. \_\_\_\_\_ days after b. \_\_\_\_\_ years

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

- 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.  By calendar year
- c.  Earn days based on length of service

**15. 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 Year's Eve   | i. <input type="checkbox"/> Columbus Day           |
| c. <input type="checkbox"/> New Year's Day   | j. <input type="checkbox"/> Thanksgiving Day       |
| d. <input type="checkbox"/> President's Day  | k. <input type="checkbox"/> Day after Thanksgiving |
| e. <input type="checkbox"/> Good Friday      | l. <input type="checkbox"/> Christmas Eve          |
| f. <input type="checkbox"/> Memorial Day     | m. <input type="checkbox"/> Christmas Day          |
| g. <input type="checkbox"/> Independence Day | n. <input type="checkbox"/> One Floating Day       |
| h. <input type="checkbox"/> Labor Day        | o. <input type="checkbox"/> Other: _____           |

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

If offered, Is it: c.  Paid d.  Unpaid

**What is the length of time? Please state in HOURS.**

- \*Immediate family e. \_\_\_\_\_ HOURS (\*spouse, child, mother, father, sister, brother, grandparent)  
 Other family members? f. \_\_\_\_\_ HOURS

**HEALTH INSURANCE**

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

- |   |   |
|---|---|
| a. <input type="checkbox"/> No plan offered | b. <input type="checkbox"/> Self-insured Plan |
| c. <input type="checkbox"/> HMO Plan        | d. <input type="checkbox"/> PPO Plan          |

**Deductibility**

- e.  <=\$1,000 for individual
- f.  >\$1,000 and <\$3,000 for individual
- g.  >\$3,000 for individual
- h.  HSA or HRA high deductible with Company Contribution
- i. \$\_\_\_\_\_ 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	a. _____%	b. \$_____ (average)	c. \$_____
Employee +1	d. _____%	e. \$_____ (average)	f. \$_____
Family	g. _____%	h. \$_____ (average)	i. \$_____

- j.  Check here if dental is included in the rates on Page 5 and skip the dental question.
- k.  Check here if vision is included in the above 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 <u>Monthly Premium</u>
Employee Only	a. ____%	b. \$_____ (average)
Employee +1	c. ____%	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.  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 tobacco policy. Select one:**

- 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
- Are Electronic Cigarettes included in your policy? e.  Yes
- f.  No formal policy on smoking

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

- a.  Profit Sharing
- b.  401(k) Plan
- c. Does the Company match?  Yes  No
- d.  Simple IRA
- e. Does the Company match?  Yes  No
- f.  Defined Benefit Plan (Company)
- g.  Defined Benefit Plan (Union Plan)
- h.  Other \_\_\_\_\_
- i.  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 for the most recent 1-year period?

- a. Job Absence \_\_\_\_\_ (% of work period)  
b. 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?

- 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.

25. Wage Adjustments and other topics.

- a. Our projected average increase for wages and salaries in the upcoming 12 months will be \_\_\_\_\_%.  
b.  Our company will not provide any wage adjustments over the coming 12 month period.

In regards to temporary workers:

- c.  We use temporary workers but not through an agency.  
d.  We pay benefits to temporary workers  
e.  We hire temporary workers through an agency.  
f.  Does your company schedule planned overtime in your production departments?  
g.  If the answer was yes to f.), what is that percentage (in terms of production hours)? \_\_\_\_\_

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

- h.  We have decided to no longer offer health insurance to our employees  
i.  We have reduced/will reduce the % of coverage paid by the company for health insurance  
j.  We have made/will make plan design changes to reduce the cost of the health care plan  
k. If your company received a health rate change during the past 12 months, what was the **proposed** change of the existing plan? \_\_\_\_\_%  
l. What was the **effective** change after any plan adjustments were made? \_\_\_\_\_%

**COMMENTS:**

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 as of June 1, 2017***

**Title**

Enter ANNUAL 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 I (Base rate x 2,080 hours)	_____	_____	_____	_____
9. Customer Service Representative II	_____	_____	_____	_____
10. Production Planner/Scheduler	_____	_____	_____	_____
11. Estimating Supervisor	_____			
12. Estimator	_____	_____	_____	_____
13. Human Resources Manager/Personnel Mgr./Director	_____			
14. Environmental Health & Safety Mgr.	_____			
15. Continuous Improvement Manager	_____			
16. Continuous Improvement Specialist	_____			



**DEPARTMENT MANAGERS**

- 17. IT Manager \_\_\_\_\_
- 18. Workflow Manager \_\_\_\_\_
- 19. Prepress Manager \_\_\_\_\_
- 20. Pressroom Manager – Sheetfed \_\_\_\_\_
- 21. Pressroom Manager – Web \_\_\_\_\_
- 22. Digital Print Manager \_\_\_\_\_
- 23. Bindery Manager \_\_\_\_\_
- 24. Converting/Finishing Manager \_\_\_\_\_
- 25. Mailroom/Fulfillment Manager \_\_\_\_\_
- 26. Shipping/Receiving Manager \_\_\_\_\_
- 27. Maintenance Manager \_\_\_\_\_

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

**Beginning with #28, enter Hourly Wages**

**OFFICE/ADMINISTRATION**

- 28. Office Manager \_\_\_\_\_
- 29. Executive Administrative Assistant \_\_\_\_\_
- 30. Administrative Assistant \_\_\_\_\_
- 31. HR Assistant \_\_\_\_\_
- 32. General Administrative/Clerical Support \_\_\_\_\_
- 33. Receptionist \_\_\_\_\_
- 34. Accounting Supervisor/Manager \_\_\_\_\_
- 35. A/P or A/R Clerk \_\_\_\_\_
- 36. Full Charge Bookkeeper \_\_\_\_\_
- 37. Accountant \_\_\_\_\_
- 38. Credit Manager \_\_\_\_\_
- 39. Purchasing Specialist \_\_\_\_\_

**INFORMATION TECHNOLOGY**

- 40. Technology Support Specialist \_\_\_\_\_
- 41. Database Specialist \_\_\_\_\_

**PREPRESS**

- 42. Working Supervisor (Prepress) \_\_\_\_\_
- 43. Graphic Design (Art Director/Designer) \_\_\_\_\_
- 44. Desktop Operator \_\_\_\_\_



Hourly Wages

- 45. Prepress/Desktop Technician \_\_\_\_\_
- 46. Stripper/Film Assembly \_\_\_\_\_
- 47. Platemaker (CTP/Conventional) \_\_\_\_\_

**DIGITAL PRINTING**

- 48. Working Supervisor (Digital) \_\_\_\_\_
- 49. Direct Image Press Operator (DI Press) \_\_\_\_\_
- 50. Digital Color Press Operator (iGen, Indigo) \_\_\_\_\_
- 51. Production Copiers -- Black & White \_\_\_\_\_
- 52. Production Copiers – Color \_\_\_\_\_
- 53. Hi-speed Inkjet Presses (B&W) \_\_\_\_\_
- 54. Hi-speed Inkjet Presses (Color) \_\_\_\_\_
- 55. Wide Format Operator (Proofing) \_\_\_\_\_
- 56. Wide Format Operator (Production <60") \_\_\_\_\_
- 57. Grand Format Operator (Production >60") \_\_\_\_\_
- 58. Wide Format Finishing/Laminating \_\_\_\_\_

**PRESS OPERATIONS (SHEETFED)**

- 59. Working Supervisor (Sheetfed) \_\_\_\_\_
- 60. 20" or Smaller – 1/2 Color Press Operator \_\_\_\_\_
- 61. 20" or Smaller - 4/5/6 Color Press Operator \_\_\_\_\_
- 62. Jet Press Operator \_\_\_\_\_
- 63. 20" - 28" 1-2 Color Press Operator \_\_\_\_\_
- 64. 20" - 28" 4-5 Color Press Operator \_\_\_\_\_
- 65. 20" - 28" 6 Color Press Operator \_\_\_\_\_
- 66. 38" - 42" 1-2 Color Press Operator \_\_\_\_\_
- 67. 38" - 42" 4-5 Color Press Operator \_\_\_\_\_
- 68. 38" - 42" 6 Color Press Operator \_\_\_\_\_
- 69. 38" - 42" 8-10 Color Press Operator \_\_\_\_\_
- 70. 38" - 42" 4-5 Color 2nd Press Operator \_\_\_\_\_
- 71. 38" - 42" 6 Color 2nd Press Operator \_\_\_\_\_
- 72. 38" - 42" 8-10 Color 2nd Press Operator \_\_\_\_\_
- 73. 52" - 60" Press Operator \_\_\_\_\_
- 74. 52" - 60" 2nd Press Operator \_\_\_\_\_
- 75. 61" - 81" Press Operator \_\_\_\_\_
- 76. 61" - 81" 2nd Press Operator \_\_\_\_\_
- 77. Press Feeder/Helper \_\_\_\_\_

**PRESS OPERATIONS (HEATSET WEB - FULL)**

Hourly Wages

78. Working Supervisor	_____	_____	_____	_____
79. Lead Pressman	_____	_____	_____	_____
80. Assistant Pressman	_____	_____	_____	_____
81. Material Handler	_____	_____	_____	_____

**PRESS OPERATIONS (HEATSET WEB - HALF)**

82. Working Supervisor	_____	_____	_____	_____
83. Lead Pressman	_____	_____	_____	_____
84. Assistant Pressman	_____	_____	_____	_____
85. Material Handler	_____	_____	_____	_____

**PRESS OPERATIONS (NON-HEATSET WEB)**

86. Working Supervisor	_____	_____	_____	_____
87. Lead Pressman	_____	_____	_____	_____
88. Assistant Pressman	_____	_____	_____	_____
89. Material Handler	_____	_____	_____	_____

**NARROW WEB PRESSES, COLLATORS**

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

**FINISHING/CONVERTING**

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

**FLEXO**

99. Flexo Operator – <= 9" web width	_____	_____	_____	_____
100. Flexo Operator – > 10" web width	_____	_____	_____	_____
101. Plate Mounter	_____	_____	_____	_____
102. Flexo Platemaker	_____	_____	_____	_____
103. Rewind Operator	_____	_____	_____	_____
104. Slitter Operator	_____	_____	_____	_____

**BINDERY**

Hourly Wages

105. Working Supervisor	_____	_____	_____	_____
106. Hand Bindery	_____	_____	_____	_____
107. Small Bindery Machines	_____	_____	_____	_____
108. Combination (Small Machine/Hand)	_____	_____	_____	_____
109. Folder Operator >17x22	_____	_____	_____	_____
110. Cutter Operator	_____	_____	_____	_____
111. Folder/Cutter Operator	_____	_____	_____	_____
112. Multi-competency Operator	_____	_____	_____	_____
113. Stitcher/Binder Operator	_____	_____	_____	_____
114. Perfect Binder Operator	_____	_____	_____	_____
115. Binder/Stitcher Helper	_____	_____	_____	_____
116. Shrink Wrap Operator	_____	_____	_____	_____

**MAILING & FULFILLMENT**

117. Working Supervisor	_____	_____	_____	_____
118. Inserting Machine Operator	_____	_____	_____	_____
119. Mail Machine Operator	_____	_____	_____	_____
120. Mail Specialist	_____	_____	_____	_____
121. Fulfillment Worker	_____	_____	_____	_____

**SHIPPING/WAREHOUSE/MAINTENANCE**

122. Working Supervisor	_____	_____	_____	_____
123. Shipping/Receiving Clerk	_____	_____	_____	_____
124. Delivery Person/Driver	_____	_____	_____	_____
125. Materials Handler (Shipping/Warehouse)	_____	_____	_____	_____
126. Forklift Operator	_____	_____	_____	_____
127. Maintenance (Facility)	_____	_____	_____	_____
128. Maintenance (Equipment)	_____	_____	_____	_____

