



2011 WAGE & BENEFIT SURVEY QUESTIONNAIRE FOR MANAGEMENT AND PRODUCTION EMPLOYEES

Dear Member:

Please take a few minutes to complete this survey and return to the Association by **September 26, 2011**. Participating companies will receive a free copy of the survey results.

WAGE AND BENEFIT SURVEY QUESTIONNAIRE INSTRUCTIONS:

The survey is for base rates of experienced employees – please do not include compensation for trainees. **DO NOT** include salary/wages for any company owner or partner.

- **Response:** **FAX:** (716) 691-4249 or **MAIL** to 636 North French Road, Suite 1, Amherst, NY 14228.
- Deadline for returned surveys: **All completed questionnaires must be returned to the Association by September 26, 2011.**

YOU MUST PARTICIPATE TO RECEIVE A FREE FINAL REPORT

Company Name: _____

Contact: _____

Phone: _____

Position: _____

The confidential survey results will be sent to the individual on the left.

*All information collected is strictly **confidential**. This top sheet containing company information will be removed when your data is submitted. Thank your for your participation.*

PRINTING INDUSTRIES ALLIANCE * www.PIAAlliance.org

Serving Graphic Communications Firms in New York State, Northern New Jersey and Northwestern Pennsylvania

636 North French Road, Suite 1, Amherst, NY 14228 * tel: 716-691-3211 * fax: 716-691-4249 * toll free: 800 777-4742

NY/NJ Metro Office: 37 Elm Street, Suite 11-A, Westfield, NJ 07090 * tel: 908-233-4124 * fax: 908-233-4126

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 | l. <input type="checkbox"/> Flexo |
| m. <input type="checkbox"/> Labels | n. <input type="checkbox"/> Screen | o. <input type="checkbox"/> Other _____ |

2. Please indicate your location:

- | | |
|---|---|
| a. <input type="checkbox"/> Buffalo, NY | b. <input type="checkbox"/> Metro NYC |
| c. <input type="checkbox"/> Rochester, NY | d. <input type="checkbox"/> Long Island |
| e. <input type="checkbox"/> Syracuse & Central NY | f. <input type="checkbox"/> New Jersey |
| g. <input type="checkbox"/> Albany & Eastern NY | h. <input type="checkbox"/> Other _____ |

3. Number of Employees: _____

4. Annual Sales Volume \$ _____

5. Is your workforce represented by a trade union? a. ____ yes Which one(s)? b. _____

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

a. _____%

HUMAN RESOURCES POLICIES & BENEFIT INFORMATION

POLICIES

7. 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

8. 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 (2) 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: 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. 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

10. **Leave of Absence policies:**

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

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 Year's 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 applies):**

- | | |
|---|--|
| a. <input type="checkbox"/> 1 week after 6 months | b. <input type="checkbox"/> 1 week after 1 year |
| c. <input type="checkbox"/> 2 weeks after 1 year | d. <input type="checkbox"/> 2 weeks after 2 years |
| e. <input type="checkbox"/> 3 weeks after 5 years | f. <input type="checkbox"/> 4 weeks after 20 years |
| g. <input type="checkbox"/> Other _____ | |

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

a. _____ weeks 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 the traditional vacation/sick day?

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

Does your company offer sick days? d. Yes What are the maximum days in one year e. _____

Do you permit accumulations f. Yes

What is the maximum number of days which can be accumulated? g. _____

HEALTH INSURANCE

17. Group health 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. Employer pays **employee's** entire premium.
- b. Employer pays **all** of **dependent** coverage.
- c. Employer **does not** pay for dependent coverage.

MEDICAL

The **monthly cost** of our Medical Insurance plan. Use current rates or average for class if self-funded:

d. Single Plan \$ _____

e. Employee + 1 \$ _____

f. Family Plan \$ _____

g. Check here if dental is included in these rates and skip the next question.

h. Check here if vision is included in these rates. (Basic vision is included in many plans)

- i. Our Company contribution to the cost of the **Single plan** is _____% of the total.
- j. Our Company contribution to the cost of the **Employee + 1 plan** is _____% of the total.
- k. Our Company contribution to the cost of the **Family plan** is _____% of the total.

DENTAL

If your dental coverage is not included above, please complete the following:
 The **monthly cost** of our Dental plan. Use current or average for class if self-funded:

- l. Single Plan \$ _____
- m. Employee + 1 \$ _____
- n. Family Plan \$ _____

- o. Our Company contribution to the cost of the **Single plan** is _____% of the total.
- p. Our Company contribution to the cost of the **Employee + 1 plan** is _____% of the total.
- q. Our Company contribution to the cost of the **Family plan** is _____% of the total.

19. **OTHER INSURANCE BENEFITS (NOT VOLUNTARY 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 provided by the company:

- a. Profit Sharing
- b. 401(k) Plan Does The Company Match? c. Yes What Amount? d. _____% of base
- e. Defined Contribution Plan
- f. Defined Benefit Plan
- g. 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?

- 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 economic conditions, many member companies continue to make changes to their wage and benefit policies in 2011. Please share your company's experience.

Has your company made any of the following changes in 2011?

- a. ____ We restored wage reductions by _____percent.
b. ____ The company has returned to full base hours worked by our employees (e.g. 32 back to 40, etc.).
c. ____ We have added to the work force in the past 12 months.
d. ____ Health plan benefits, which were reduced, were restored.
e. ____ Our health plan benefits were modified in order to reduce costs.
f. ____ Employees pay a greater share of the health insurance costs in 2011 than last year.
g. ____ We have made modifications to our 401(k) plan to reduce expenses.

COMMENTS:

Please return to Printing Industries Alliance by September 26, 2011

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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, administrates 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.

	Position Title/Description
16	Prepress Manager – Supervises workers engaged in prepress/premedia activities. Normally overtime exempt.
17	Pressroom Manager – Sheetfed – Oversees all operations in sheetfed department. Normally overtime exempt.
18	Pressroom Manager – Web Oversees all operations in the Web department. Normally overtime exempt.
19	Bindery Manager - Oversees all operations in the Bindery department. Normally overtime exempt.
20	Mailroom /Fulfillment Manager - Oversees all operations related to mailing and fulfillment. Normally overtime exempt.
21	Warehouse Manager – Responsible for operations in warehouse area. Normally overtime exempt.
22	Office Manager - Supervises all clerical, timekeeping, supplies and related office functions. Normally overtime exempt.
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.

	Position Title/Description (Web/Mailing)
74, 80, 85	Lead Pressman – This person is the team lead during the shift and is responsible for all aspects of production. He/she ensures that all product quality (ink, registration, folding, etc.) goals are met, as well as meeting production standards required for the press crew.
75, 81, 86	Assistant Pressman – This person will be “operate” the press and follow the directions of the Lead Pressman in ensuring that product quality is met. During setups, this person will be involved with hanging plates, folder setup, and adjusting registration and ink balance.
76, 82, 87	Material Handler – This individual’s primary responsibility is making sure that there is a constant supply of paper being fed into the printing units and/or ensuring that product is packed/skidded properly and counts maintained on the delivery end. This job can entail many other duties depending on the press configuration and equipment automation.
120	Mail Specialist - Responsible for operating inserting and mailing equipment as well as maintaining appropriate USPS recordkeeping and mail verification processes.

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

Enter Hourly Wages

OFFICE/ADMINISTRATION

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

INFORMATION TECHNOLOGY

30. MIS/IT Support	_____	_____	_____	_____
31. Database Technician	_____	_____	_____	_____

PREPRESS

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

40. Working Supervisor	_____	_____	_____	_____
41. Digital Color Press Operator (Indigo, Igen, etc.)	_____	_____	_____	_____
44. Direct Image Press Operator (DI press)	_____	_____	_____	_____
45. Production Copiers -- Black & White	_____	_____	_____	_____
46. Production Copiers – Color	_____	_____	_____	_____
47. Wide Format Operator (Inkjet)	_____	_____	_____	_____
48. Wide Format Finishing/Laminating	_____	_____	_____	_____

PRESS OPERATIONS (SHEETFED)

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 _____

PRESS OPERATIONS (SHEETFED) - Continued

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)

73. Working Supervisor _____
74. Lead Pressman _____
75. Assistant Pressman _____
76. Material Handler _____

PRESS OPERATIONS (HEATSET WEB - HALF)

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

PRESS OPERATIONS (NON-HEATSET WEB)

84. Working Supervisor _____
85. Lead Pressman _____
86. Assistant Pressman _____
87. Material Handler _____

NARROW WEB PRESSES & COLLATORS

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

FLEXO/LETTERPRESS

- 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

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

MAILING & FULFILLMENT

- 117. Working Supervisor _____
- 118. Inserting Machine Operator _____
- 119. Mail Machine Operator _____
- 120. Mail Specialist (See p. 8) _____

SHIPPING/WAREHOUSE/MAINTENANCE

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

SCREEN OPERATIONS

- 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 _____

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