

WAGE + BENEFITS 2020 SURVEY

Participating in the *Wage + Benefits 2020 Survey* will help you gain invaluable insights to stay competitive in your local labor marketplace. Print Industries Affiliate Members receive a complimentary copy {\$250 Value} for your participation. Report includes both regional and national survey and will be available in the Fall of 2020.



PLEASE RETURN COMPLETED SURVEY BY JULY 31, 2020.

WAGE SURVEY CONTACT INFORMATION

NAME	ADDRESS 1
COMPANY	ADDRESS 2
TITLE	EMAIL

The confidential survey results will be returned to the individual listed above.

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.

COMPLETE THE SURVEY ONLINE!

Visit www.printindustries.org

Past ONLINE participants can modify / update their 2019 submission.

RETURN OPTION

ONLINE www.printindustries.org

QUESTIONS

EMAIL info@piamidam.org

PHONE (800) 788.2040

BENEFITS

COMPANY BACKGROUND

1. Please indicate your **PRIMARY** market classification: (Select one)

- | | |
|--|--|
| <input type="checkbox"/> Bindery/Finishing | <input type="checkbox"/> Mailing House/Services |
| <input type="checkbox"/> Business Forms Manufacturer | <input type="checkbox"/> Packaging - Flexo |
| <input type="checkbox"/> Converters/Packaging - Offset | <input type="checkbox"/> Quick Printer |
| <input type="checkbox"/> Design/Marketing Services | <input type="checkbox"/> Tag & Label |
| <input type="checkbox"/> Digital Printer | <input type="checkbox"/> Web Printer (Heatset) |
| <input type="checkbox"/> Envelope Converters | <input type="checkbox"/> Web Printer (Non-Heatset) |
| <input type="checkbox"/> General Commercial Printer | <input type="checkbox"/> Wide Format |
| <input type="checkbox"/> Implant Printer | <input type="checkbox"/> Other _____ |

2. Please indicate your location: _____ City _____ State

3. Number of employees (full-time): _____ years

4. Annual Sales Volume (2019): \$ _____

5. Is your workforce represented by a trade union? ☐ Yes ☐ No

POLICIES

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

- | | |
|---|--|
| <input type="checkbox"/> Company has a written employee handbook | |
| <input type="checkbox"/> Company has a written "Drug-Free Workplace Policy" | |
| <input type="checkbox"/> Company tests for drugs and alcohol | |
| <input type="checkbox"/> For new employees | <input type="checkbox"/> In event of an accident |
| <input type="checkbox"/> At random | <input type="checkbox"/> For cause |
| <input type="checkbox"/> No, we do not test for drugs and alcohol | |
| <input type="checkbox"/> Company has job descriptions for employee | |

SHIFTS OF PRODUCTION

7. Please indicate your shifts of production:

- | |
|---|
| <input type="checkbox"/> One shift of production employees |
| <input type="checkbox"/> Two shifts of production employees |
| <input type="checkbox"/> More than two shifts of production employees |

What is your **predominant** work week in production?

- | |
|--|
| <input type="checkbox"/> 3 day work week (3 day, 12 hour shifts) |
| <input type="checkbox"/> 4 day work week |
| <input type="checkbox"/> 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:

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. Overtime: (Check all that apply)

- | |
|--|
| <input type="checkbox"/> Overtime is paid based on hours <u>earned</u> (vacation/sick leave/holidays are counted) |
| <input type="checkbox"/> Overtime is paid based on hours <u>worked</u> (vacation/sick leave/holidays are <u>not</u> counted) |
| <input type="checkbox"/> Overtime is paid upon shift completion |
| <input type="checkbox"/> 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?

Saturday	<input type="checkbox"/> Time & 1/2	<input type="checkbox"/> Double-time
Sunday	<input type="checkbox"/> Time & 1/2	<input type="checkbox"/> Double-time
Holidays	<input type="checkbox"/> Time & 1/2	<input type="checkbox"/> Double-time

HOLIDAY, VACATION, AND ABSENCE POLICIES

9. Leave of Absence Policies:

- | |
|--|
| <input type="checkbox"/> Employees have paid time for voting |
| <input type="checkbox"/> Company offers jury duty pay |
| <input type="checkbox"/> Company provides PAID Parental Leave _____ Number of paid days |
| <input type="checkbox"/> Company has a written sick leave/personal time off policy (PTO) |

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

(Check all that apply)

- | |
|---|
| <input type="checkbox"/> Anniversary of date of hire |
| <input type="checkbox"/> By calendar year |
| <input type="checkbox"/> Earned days based on length of service |

11. 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

If so, what are the maximum HOURS that can be accumulated? _____

12. If your company offers a PTO (Personal Time Off) which incorporates sick days, vacation, etc., please complete this section.

What are the number of HOURS you provide in a year? Please mark the appropriate "cells."

	<40 hrs	41-80 hrs	81-120 hrs	121-160 hrs	>161 hrs
<1 year					
1-2 years					
2-5 years					
5-10 years					
> 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? _____

13. Please indicate your vacation policy: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> 1 week after 6 months | <input type="checkbox"/> 1 week after 1 year |
| <input type="checkbox"/> 2 weeks upon hire | <input type="checkbox"/> 2 weeks after 1 year |
| <input type="checkbox"/> 2 weeks after 2 years | <input type="checkbox"/> 3 weeks after 5 years |
| <input type="checkbox"/> 3 weeks after 7 years | <input type="checkbox"/> 3 weeks after 8 years |
| <input type="checkbox"/> 3 weeks after 10 years | <input type="checkbox"/> Other: _____ |

14. Please list the maximum number of vacation days that you offer.

_____ days after _____ years

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

17. What are the number of paid holidays offered by your company in a year? (Check all the days offered below)

_____ days

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

18. 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

Other family members _____ HOURS

*spouse, child, mother, father, sister, brother, grandparent

HEALTH INSURANCE

19. Group health insurance offering: (Check all that apply)

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

Deductibility (Check all that apply)

- ☐ < \$1,000 for individual
☐ > \$1,001 and < \$3,000 for individual
☐ > \$3,001 for individual
☐ HSA or HRA high deductible with company contribution
\$ _____ max company contribution (for employee)

20. Contribution to health plan:

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

	COLUMN A % Paid by Company	COLUMN B TOTAL Average Monthly Premium	COLUMN C Fixed Amount Per Month
Employee coverage	_____ %	\$ _____	\$ _____
Employee +1	_____ %	\$ _____	\$ _____
Family	_____ %	\$ _____	\$ _____

- ☐ Check here if dental is included in the rates and skip the dental question
☐ Check here if vision is included in the rates. (Basic vision is included in many plans)

21. Dental Contributions.

If your dental coverage is not included above, please complete the following:

	COLUMN A % Paid by Company	COLUMN B TOTAL Average Monthly Premium
Employee coverage	_____ %	\$ _____
Employee +1	_____ %	\$ _____
Family	_____ %	\$ _____

22. 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

23. 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 formal policy on smoking

24. Retirement or profit sharing plan provided by company.

(Check all that apply)

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

25. Please indicate the incentive plans your company offers.

Bonus available for the following employees:

- ☐ Salaried employees ☐ Hourly employees

Hourly Employee Bonus based on:

- ☐ Profitability of company ☐ Productivity
☐ Sales goals ☐ Other: _____

Salaried Employee Bonus based on:

- ☐ Profitability of company ☐ Productivity
☐ Sales goals ☐ Other: _____

26. 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)

27. 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

WAGE ADJUSTMENTS

28. Wage Adjustments

- ☐ 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.

[SEE NEXT PAGE]

COVID-19 TOPICS

29. During the March-June period of 2020, did your Company stay open to produce essential work?

☐ Yes ☐ No

If the response to the previous question was "yes," what percentage of work was deemed essential? _____%

30. During the March-June period did your Company make any reductions to work-week hours?

☐ Yes ☐ No

If the answer was yes, what was the reduction percentage? _____%

Was this applicable to exempt and non-exempt employees?

____ Exempt Only

____ Non-exempt Only

____ All employees

31. Did you utilize work-share partial unemployment for the reduced hours?

☐ Yes ☐ No

32. In the March-June period, did you have any reduction-in-force periods or furloughs?

☐ Yes ☐ No

If the answer was "yes":

What percentage of your workforce? _____%

Were company paid/shared health benefits extended to those individuals?

☐ Yes ☐ No

Was your Company able to re-employ those workers?

☐ Yes ☐ No

If yes, what percentage of workers were brought back? _____%

33. Did any of your workers take time off under FFCRA?

☐ Yes ☐ No

If so, indicate the cause.

☐ Illness

☐ Childcare

☐ Illness of a family member

34. Did any of your employees test positive for COVID-19?

☐ Yes ☐ No

If yes, what percentage of the company's workforce? _____%

35. Did your Company provide PPE for employees?

☐ Yes ☐ No

If so, indicate the type of PPE:

Office/Administration

☐ Masks

☐ Face Shields

☐ Gloves

Production/Operations

☐ Masks

☐ Face Shields

☐ Gloves

36. Did your Company stagger shifts to keep employees safe?

Office/Administration

☐ Yes ☐ No

Production/Operations

☐ Yes ☐ No

37. Did your company move workstations six feet apart or modify work areas to achieve "social distancing?"

☐ Yes ☐ No

38. Did your company modify, eliminate, or suspend any of the following benefits in 2020?

	Modify	Eliminate	Suspend
Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Profit-Sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
401K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Was your company eligible for the EID or PPP loans through the SBA?

☐ Yes ☐ No

If so, did you apply?

☐ Yes ☐ No

Did you receive funds in the first stimulus?

☐ Yes ☐ No

Second stimulus?

☐ Yes ☐ No

COMPENSATION

The form allows for 3 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.

DO NOT INCLUDE TRAINEES.

Please enter base salary (NO Shift Differentials or Bonus) EFFECTIVE as of June 1, 2020.

ENTER ANNUAL SALARY

Management	1	CEO / President (No Owners)	_____	N/A	N/A
	2	COO / Vice President / General Manager	_____	N/A	N/A
	3	VP Operations	_____		
	4	Plant Manager	_____		
	5	Production / Operations Manager	_____		
	6	CFO / Controller / Financial Manager	_____		
	7	Sales Manager / Sales VP	_____		
	8	Marketing / Business Development Manager	_____		
	9	Customer Service Manager	_____		
	10	Customer Service Representative I	_____		
	11	Customer Service Representative II	_____		
	12	Production Planner / Scheduler / Traffic Manager	_____		
	13	Estimating Supervisor	_____		
	14	Estimator	_____		
	15	Human Resources Manager / Personnel Manager	_____		
	16	Environmental Health & Safety Manager	_____		
	17	Continuous Improvement Manager	_____		
	18	Continuous Improvement Specialist	_____		
	19	Quality Control Technician	_____		
Department Managers	20	IT Manager	_____		
	21	Workflow Manager	_____		
	22	Prepress Manager	_____		
	23	Pressroom Manager – Sheetfed	_____		
	24	Pressroom Manager – Web	_____		
	25	Digital Print Manager	_____		
	26	Wide Format / Display Manager	_____		
	27	Bindery Manager	_____		
	28	Converting / Finishing Manager	_____		
	29	Mailroom / Fulfillment Manager	_____		
	30	Shipping / Receiving Manager	_____		
	31	Maintenance Manager	_____		
Office / Administration	32	Office Manager	_____		
	33	Executive Administrative Assistant	_____		
	34	Administrative Assistant	_____		
	35	HR Assistant	_____		
	36	General Administrative / Clerical Support	_____		
	37	Receptionist	_____		
	38	Accounting Supervisor / Manager	_____		
	39	A/P or A/R Clerk	_____		
	40	Full Charge Bookkeeper	_____		
	41	Accountant	_____		
	42	Credit Manager	_____		
	43	Purchasing Specialist	_____		

ENTER HOURLY WAGE**Information Technology**

44 Technology Support Specialist

45 Database Specialist

46 Network Engineer

47 Programmer / Web Developer

Prepress

48 Working Supervisor (Prepress)

49 Graphic Design (Art Director / Designer)

50 Desktop Operator

51 Prepress / Desktop Technician

52 Platemaker (CTP / Conventional)

Digital Printing

53 Working Supervisor (Digital)

54 Digital Press Operator (2-out format; <20")

55 Digital Press Operator (4-out format; >20")

56 Digital Press Operator (Labels)

57 Production Copier Operator– B&W

58 Inkjet Press Operator – Sheetfed

59 Inkjet Press Operator – Roll-fed

60 Wide Format Operator – Production <60"

61 Grand Format Operator – Production >60"

62 Wide Format Finishing / Laminating Technician

63 Wide Format/Display Installer

Press Operations (Sheetfed)

64 Working Supervisor (Sheetfed)

65 <20" 1-2 Color Press Operator

66 <20" 4-6 Color Press Operator

67 Jet Press Operator

68 20"-28" 1-2 Color Press Operator

69 20"-28" 4-5 Color Press Operator

70 20"-28" 6 Color Press Operator

71 38"-42" 1-2 Color Press Operator

72 38"-42" 4-5 Color Press Operator

73 38"-42" 6 Color Press Operator

74 38"-42" 8-10 Color Press Operator

75 38"-42" 4-5 Color 2nd Press Operator

76 38"-42" 6 Color 2nd Press Operator

77 38"-42" 8-10 Color 2nd Press Operator

78 52"-60" Press Operator

79 52"-60" 2nd Press Operator

80 61"-81" Press Operator

81 61"-81" 2nd Press Operator

82 Press Feeder

83 Floor Helper

Press Operations (Heatset Web – Full)

84 Working Supervisor

85 Lead Pressman

86 Assistant Pressman

87 Material Handler

Press Operations (Non-Heatset Web)

88 Working Supervisor

89 Lead Pressman

90 Assistant Pressman

91 Material Handler

Narrow Web Presses, Collators

92 Working Supervisor

93 Press Operator

94 Forms Collator Operator

ENTER HOURLY WAGE.

Finishing/Converting

95	Letterpress Operator			
96	Finishing Press Operator (Kluge, etc.)			
97	Automated Diecutter (<28" Cylinder)			
98	Automated Diecutter (>40" Bobst, etc.)			
99	Diemaker			

Flexo

100	Folder / Gluer Operator			
101	Flexo Operator ≤9" web width			
102	Flexo Operator >10" web width			
103	Plate Mounter			
104	Flexo Platemaker			
105	Rewind Operator			

Bindery

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

Mailing & Fulfillment

119	Working Supervisor			
120	Insert Machine Operator			
121	Mail Machine Operator			
122	Mail Specialist			

Shipping / Warehouse / Maintenance

123	Fulfillment Worker			
124	Working Supervisor			
125	Shipping / Receiving Clerk			
126	Delivery Person / Driver			
127	Materials Handler (Shipping / Warehouse)			
128	Forklift Operator			
129	Maintenance (Facility)			
130	Maintenance (Equipment)			

Ancillary Positions

131	CAD Design (Structural)			
132	Color Management Professional – G7 Expert			

Other (Please List)

133				
134				
135				
136				
137				
138				
139				
140				