

# 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.



**PIA | SD**

## COMPLETE THE SURVEY ONLINE!

Visit [www.printindustries.org](http://www.printindustries.org)

Past ONLINE participants can modify / update their 2019 submission.

## RETURN OPTIONS

**ONLINE** (Preferred)  
[www.printindustries.org](http://www.printindustries.org)

**EMAIL** [info@piamidam.org](mailto:info@piamidam.org)

**FAX** (214) 688.1767

**MAIL** ATTN: Teresa Campbell  
Print Industries  
YOUR AFFILIATE/REGION  
7328 N. Palmer Avenue  
Kansas City, MO 64158



# 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"/> Inplant 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)

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

## 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, 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:

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)

- Overtime is paid based on hours earned (vacation/sick leave/holidays are counted)
- Overtime is paid based on hours worked (vacation/sick leave/holidays are not counted)
- Overtime is 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?

- |          |                                     |                                      |
|----------|-------------------------------------|--------------------------------------|
| 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:

- Employees have paid time for voting
- Company offers jury duty pay
- Company provides PAID Parental Leave \_\_\_\_\_ Number of paid days
- 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)

- Anniversary of date of hire
- By calendar year
- 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	COLUMN B	COLUMN C
	% Paid by Company	TOTAL Average Monthly Premium	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	COLUMN B
	% Paid by Company	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
- Sales goals
- Productivity
- Other: \_\_\_\_\_

Salaried Employee Bonus based on:

- Profitability of company
- Sales goals
- Productivity
- 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**

<b>Management</b>	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	_____	_____	_____
	<b>Department Managers</b>	19	Quality Control Technician	_____	_____
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	_____	_____	_____
<b>Office / Administration</b>	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 \_\_\_\_\_

**Press Operations (Sheetfed)**

- 63 Wide Format/Display Installer \_\_\_\_\_
- 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 \_\_\_\_\_

**Press Operations (Heatset Web – Full)**

- 82 Press Feeder \_\_\_\_\_
- 83 Floor Helper \_\_\_\_\_
- 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.**

<b>Finishing/Converting</b>	95	Letterpress Operator	_____	_____	_____
	96	Finishing Press Operator (Kluge, etc.)	_____	_____	_____
	97	Automated Diecutter (<28" Cylinder)	_____	_____	_____
	98	Automated Diecutter (>40" Bobst, etc.)	_____	_____	_____
	99	Diemaker	_____	_____	_____
<b>Flexo</b>	100	Folder / Gluer Operator	_____	_____	_____
	101	Flexo Operator ≤9" web width	_____	_____	_____
	102	Flexo Operator >10" web width	_____	_____	_____
	103	Plate Mounter	_____	_____	_____
	104	Flexo Platemaker	_____	_____	_____
<b>Bindery</b>	105	Rewind Operator	_____	_____	_____
	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	_____	_____	_____
<b>Mailing &amp; Fulfillment</b>	115	Stitcher / Binder Operator	_____	_____	_____
	116	Perfect Binder Operator	_____	_____	_____
	117	Binder / Stitcher Helper	_____	_____	_____
	118	Shrink Wrap Operator	_____	_____	_____
	119	Working Supervisor	_____	_____	_____
<b>Shipping / Warehouse / Maintenance</b>	120	Insert Machine Operator	_____	_____	_____
	121	Mail Machine Operator	_____	_____	_____
	122	Mail Specialist	_____	_____	_____
	123	Fulfillment Worker	_____	_____	_____
	124	Working Supervisor	_____	_____	_____
<b>Ancillary Positions</b>	125	Shipping / Receiving Clerk	_____	_____	_____
	126	Delivery Person / Driver	_____	_____	_____
	127	Materials Handler (Shipping / Warehouse)	_____	_____	_____
	128	Forklift Operator	_____	_____	_____
	129	Maintenance (Facility)	_____	_____	_____
<b>Other (Please List)</b>	130	Maintenance (Equipment)	_____	_____	_____
	131	CAD Design (Structural)	_____	_____	_____
	132	Color Management Professional – G7 Expert	_____	_____	_____
	133	_____	_____	_____	_____
	134	_____	_____	_____	_____
	135	_____	_____	_____	_____
	136	_____	_____	_____	_____
	137	_____	_____	_____	_____
	138	_____	_____	_____	_____
	139	_____	_____	_____	_____
	140	_____	_____	_____	_____

**Thank you for completing this survey. PLEASE RETURN BY JULY 31, 2020.**