

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 OPTIONS

ONLINE (Preferred)
www.printindustries.org/wages

EMAIL info@PIAlliance.org

FAX (716) 691-4249

MAIL Attn: Tim Freeman
Printing Industries Alliance
636 North French Road, Suite 1
Amherst, NY 14228



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 % 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
- 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

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	_____	_____	_____
	Department Managers	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	_____	_____	_____
Office / Administration	30	Shipping / Receiving Manager	_____	_____	_____
	31	Maintenance Manager	_____	_____	_____
	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.

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 _____
- 106 Slitter Operator _____

Bindery

- 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 _____
- 123 Fulfillment Worker _____

Shipping / Warehouse / Maintenance

- 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 _____

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