2019
WAGE+BENEFITS SURVEY

PRINTING INDUSTRIES OF AMERICA

PIA MIDAMERICA
PRINTING & IMAGING ASSOCIATION

Compensation Survey

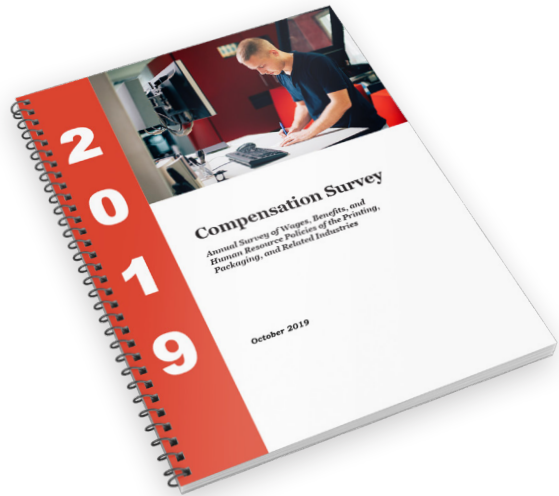Annual Survey of Wages, Benefits, and Human Resource Policies of the Printing, Packaging, and Related Industries

October 2019

Participating in the *2019 Wage + Benefits Survey* will help you gain invaluable insights to stay competitive in your local labor marketplace. Receive a complimentary copy {$250 Value} for your participation. Report includes both regional and national survey and will be available in the Fall of 2019.

✅ **Please return completed survey by July 31, 2019.**

WAGE SURVEY CONTACT INFORMATION

_____
NAME

_____
COMPANY

_____
TITLE

_____
ADDRESS 1

_____
ADDRESS 2

_____
EMAIL

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

Complete this survey online!
Visit www.printindustries.org

Your information will be saved for easier re-entry next year.

RETURN IT YOUR WAY

» **MAIL**   5720 LBJ Fwy. Suite 655
                Dallas, TX 75240
                Attn: W + B Survey

» **ONLINE**   www.printindustries.org

» **EMAIL**   info@piamidam.org

» **FAX**   (800) 788-2040

QUESTIONS

» **CONTACT**   Teresa Campbell

» **EMAIL**   teresac@piamidam.org

» **PHONE**   (800) 788-2040

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.

BENEFITS

COMPANY BACKGROUND

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

- ❏ Bindery/Finishing
- ❏ Business Forms Manufacturer
- ❏ Converters/Packaging - Offset
- ❏ Design/Marketing Services
- ❏ Digital Printer
- ❏ Envelope Converters
- ❏ General Commercial Printer
- ❏ Inplant Printer
- ❏ Mailing House/Services
- ❏ Packaging - Flexo
- ❏ Quick Printer
- ❏ Tag & Label
- ❏ Web Printer (Heatset)
- ❏ Web Printer (Non-Heatset)
- ❏ Wide Format
- ❏ Other _____

2. Please indicate your location: _____ City _____ State

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

4. Annual Sales Volume (2018): $_____

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	❏ Time & 1/2	❏ Double-time
Sunday	❏ Time & 1/2	❏ Double-time
Holidays	❏ Time & 1/2	❏ 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)

- ❏ 1 week after 6 months
- ❏ 2 weeks upon hire
- ❏ 2 weeks after 2 years
- ❏ 3 weeks after 7 years
- ❏ 3 weeks after 10 years
- ❏ 1 week after 1 year
- ❏ 2 weeks after 1 year
- ❏ 3 weeks after 5 years
- ❏ 3 weeks after 8 years
- ❏ 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

- ❏ New Year's Eve
- ❏ New Year's Day
- ❏ Martin Luther King Jr. Day
- ❏ President's Day
- ❏ Good Friday
- ❏ Memorial Day
- ❏ Independence Day
- ❏ Labor Day
- ❏ Columbus Day
- ❏ Thanksgiving Day
- ❏ Day after Thanksgiving
- ❏ Christmas Eve
- ❏ Christmas Day
- ❏ One Floating Day
- ❏ Other: _____

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 underlined 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

OTHER TOPICS

28. Wage Adjustments and other topics

❑ 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.

WAGE

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.

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, 2018.

ENTER <u>MONTHLY</u> 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 <u>HOURLY</u> 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 <u>HOURLY</u> 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	_____	_____	_____
	100	Folder / Gluer Operator	_____	_____	_____
Flexo	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, 2019.