

## 2018 Wage and Benefit Survey Questionnaire

This survey is being conducted through the efforts of Printing Industries of America and its regional Affiliates. It is the most comprehensive industry survey of its kind, and your participation is important. If you have any questions and/or suggestions, please contact Adriane Harrison at (800) 910-4283, x707 or [aharrison@printing.org](mailto:aharrison@printing.org).

Because the industry is very diverse, it's difficult to survey every position and/or equipment configuration. We have attempted to report the most common positions. To assist our survey participants in best classifying a position, you will find a PDF of title descriptions by clicking [here](#).

We would also ask that the compensation and benefits reported are effective as of June 1, 2018. This will provide a common point of reference for all participating companies.

Please note:

- Personal Days off (Sick Days, Bereavement, etc.) should be reported in **HOURS** rather than days;
- For Management/Administrative salaries, we have asked compensation to be reported on an **ANNUAL** basis. As always, do not include salaries of company owners.

## Demographic Information

\*1. Please indicate your **primary** market classification: (\*Required)

Select one.

<input type="radio"/>	General Commercial Printer
<input type="radio"/>	In-plant Printer
<input type="radio"/>	Digital Printer
<input type="radio"/>	Quick Printer
<input type="radio"/>	Envelope Converters
<input type="radio"/>	Prepress Services
<input type="radio"/>	Business Forms Manufacturer
<input type="radio"/>	Bindery/Finishing
<input type="radio"/>	Web Printer (Heat Set)
<input type="radio"/>	Web Printer (Non-Heat Set)
<input type="radio"/>	Mailing House/Services
<input type="radio"/>	Converters/Packaging-Offset
<input type="radio"/>	Packaging - Offset
<input type="radio"/>	Packaging - Flexo
<input type="radio"/>	Tag & Label
<input type="radio"/>	Wide Format
<input type="radio"/>	Design/Marketing Services
<input type="radio"/>	Other, specify: <input type="text"/>

\*2. Please indicate your location: (\*Required)

	*City:	<input type="text"/>
	*State:	<input type="text"/>

\*3. Number of Employee (full-time equivalents): (\*Required)

Enter a number (Minimum 1, Maximum 200000).

Full Time Employees	<input type="text"/>
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4. Annual Sales Volume in 2017	
\$	<input type="text"/>

*5. Is your workforce represented by a trade union?(*Required)	
<i>Select one.</i>	
<input type="radio"/>	Yes
<input type="radio"/>	No

## Human Resources Policies & Benefit Information

### \*6. Policies

Please check all of the following employment features that apply to your company: (\*Required)

*Select between 1 and 4 choices.*

<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	(Answer question number 6.1.)
<input type="checkbox"/>	No, we do not test for drugs and alcohol	
<input type="checkbox"/>	Company has job descriptions for employees	

6.1 In what situations does your company test for drugs and alcohol: (mark all that apply)

*Select all that apply.*

<input type="checkbox"/>	For new employees
<input type="checkbox"/>	In event of an accident
<input type="checkbox"/>	At random
<input type="checkbox"/>	For cause

### Shifts of Production

Please enter percentages as decimals.

\*7. Please indicate your shifts of production: (select only one)(\*Required)

*Select one.*

<input type="radio"/>	One shift of production employees	
<input type="radio"/>	Two shifts of production employees	(Answer question number 7.1.)
<input type="radio"/>	More than two shifts of production employees	(Answer question number 7.1.)

7.1 Pay Differentials/Shift Premiums: (If Applicable)

Please specify the method your firm uses to pay 2nd and 3rd shift production workers:  
(Please report percentages as a decimal, e.g., 75% will be entered as .75)

2nd shift: \$ per hour over the day rate or:	<input type="text"/>
2nd shift: % differential over the day rate:	<input type="text"/>
3rd shift: \$ per hour over the day rate or:	<input type="text"/>
3rd shift: % differential over the day rate:	<input type="text"/>

\*8. What is your predominant work week in production?(\*Required)

Select one.

<input type="radio"/>	3-day workweek: (3-day 12 hour shifts)
<input type="radio"/>	4-day workweek
<input type="radio"/>	5-day workweek

**Overtime**

\*9. Select all that apply.(\*Required)

Select all that apply.

<input type="checkbox"/>	Overtime is paid on the basis of the hours EARNED (vacation/sick leave/holidays are counted)
<input type="checkbox"/>	Overtime is paid on the amount of hours WORKED (vacation/sick leave/holidays are NOT counted)
<input type="checkbox"/>	Overtime is paid upon shift completion
<input type="checkbox"/>	Double time is paid after working 4 hours overtime in a shift

\*10. If extra overtime is available for weekends/holidays, how is it paid?(\*Required)

Select one per row.

	<i>Time and 1/2</i>	<i>Double Time</i>	<i>Not Applicable</i>
*Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Holidays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## **Holiday & Leave Policies**

### 11. Leave of Absence policies:

*Select all that apply.*

<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
<input type="checkbox"/>	Company has a written sick leave/personal time off policy (PTO)

### 11.1 Number of paid Parental Leave days provided

*Enter a number.*

<input type="text"/>	paid days
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### 12. How do you determine sick/vacation/PTO time eligibility?

*Select all that apply.*

<input type="checkbox"/>	Anniversary of date of hire
<input type="checkbox"/>	Calendar year
<input type="checkbox"/>	Earn by length of service
<input type="checkbox"/>	N/A - do not provide

### 13. Do you offer employees the traditional vacation/sick leave policy or a personal time off policy (PTO)?

*Select one.*

<input type="radio"/>	Traditional Vacation/Sick Leave	(Go to question number 14.)
<input type="radio"/>	Personal Time Off Policy (PTO)	(Go to question number 19.)
<input type="radio"/>	N/A, do not offer paid time off.	(Go to question number 21.)

### 14. Do you permit **SICK LEAVE** accumulation from year-to-year?

*Select one.*

<input type="radio"/>	Yes	(Answer question number 14.1.)
<input type="radio"/>	No	

14.1 What is the maximum number of HOURS which can be accumulated?

Hours

15. Please indicate your vacation policy (answer all that apply)

*Select all that apply.*

- 1 week after 6 months
- 1 week after 1 year
- 2 weeks after 1 year
- 2 weeks after 2 years
- 3 weeks after 5 years
- 3 weeks after 7 years
- 3 weeks after 8 years
- 3 weeks after 10 years
- 4 weeks after 20 years
- Other::

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

Maximum number of DAYS:

Number of years worked to  
earn maximum:

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

*Select one.*

- Yes
- No

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

*Select one.*

- Yes (Answer question number 18.1.)
- No



18.1 What is the maximum number of days carried forward?

Number of Days:

Personal Time Off (PTO) Policy

If you offer a PTO policy rather than a traditional vacation/sick leave policy please complete the following questions.

19. What are the number of HOURS you provide each year for employees by the number of years they have been employed?

Select one per row.

	<i>Less than 40 hours</i>	<i>40 hours but less than 80</i>	<i>80 hours but less than 120</i>	<i>120 hours but less than 160</i>	<i>160+ hours</i>
Employed Less than 1 year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employed 1 year and less than 2 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employed 2 years and less than 5 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employed 5 years and less than 10 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employed 10+ years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Do you permit accumulation from year-to-year?

Select one.

- |                           |                                |
|---------------------------|--------------------------------|
| <input type="radio"/> Yes | (Answer question number 20.1.) |
| <input type="radio"/> No  |                                |

20.1 What is the maximum number of HOURS which can be accumulated?

Hours

21. What is the number of Paid Holidays offered by your company in a year?

*Enter a number.*

Days

\*22. Please check off all the Paid Holidays offered below: (\*Required)

*Select between 1 and 14 choices.*

New Year's Eve

New Year's 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

Two Floating Days

Other::

\*23. Do you provide funeral or bereavement leave? (\*Required)

*Select one.*

Yes

(Answer question number 23.1,  
23.2.)

No

*23.1 Is it paid or unpaid?(*Required)	
<i>Select one.</i>	
<input type="radio"/>	Paid
<input type="radio"/>	Unpaid

23.2 How many <b>HOURS</b> ?	
Immediate family (spouse, child, mother, father, sister, brother, grandparent):	<input type="text"/>
Other family members:	<input type="text"/>

**Health Insurance**

*24. Group health insurance plan: <i>(mark all that apply)</i> (*Required)		
<i>Select all that apply.</i>		
<input type="checkbox"/>	No plan offered	(Go to question number 30.)
<input type="checkbox"/>	Self-insured	(Go to question number 25.)
<input type="checkbox"/>	HMO Plan	(Go to question number 25.)
<input type="checkbox"/>	PPO Plan	(Go to question number 25.)

*25. Average Plan Deductible(*Required)		
<i>Select between 1 and 3 choices.</i>		
<input type="checkbox"/>	<\$1,000 for individual	
<input type="checkbox"/>	>\$1,000 and <\$3,000 for individual	
<input type="checkbox"/>	>\$3,001 for individual	
<input type="checkbox"/>	HSA or HRA high deductible with Company Contribution	(Answer question number 25.1.)

\*25.1 What is the maximum COMPANY contribution for an in the HSA or HRA?(\*Required)

\$

26. Please provide the PERCENTAGE of total premium that your company pays per plan level, as well as the total monthly premium cost (total combined cost paid by employee and employer). Use the plan with the most employees if you offer multiple plans/options.

	<i>Percent of Premium Paid by Company</i>	<i>Total Average MONTHLY Premium</i>	<i>Fixed Amount Per Month</i>
Employee coverage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee +1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family coverage	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*27. Is **Vision** insurance included in the above health insurance rates? (Basic vision is included in many plans)(\*Required)

Select one.

- Yes
- No

\*28. Is **Dental** included in the above health insurance rates?(\*Required)

Select one.

- Yes (Go to question number 30.)
- No

29. Do you offer Dental insurance?

Select all that apply.

- Yes (Answer question number 29.1.)
- No

29.1 Please provide the PERCENTAGE of total premium that your company pays for dental insurance, as well as the total monthly premium cost (total combined cost paid by both employer and employee).

	<i>% Paid by Company</i>	<i>*Total Average MONTHLY Premium Cost (\$)</i>	<i>Fixed Amount Per Month</i>
Employee coverage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee +1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family coverage	<input type="text"/>	<input type="text"/>	<input type="text"/>

30. Other insurance benefits (not voluntary benefits). Select all that apply:

*Select all that apply.*

<input type="checkbox"/>	Group life is provided paid in full or part by employer
<input type="checkbox"/>	Group life is available for purchase by employee
<input type="checkbox"/>	Group accidental death and dismemberment coverage is provided
<input type="checkbox"/>	Short-term disability is provided paid in full or part by employer
<input type="checkbox"/>	Short-term disability is available for purchase by employee
<input type="checkbox"/>	Long-term disability is provided paid in full or part by employer
<input type="checkbox"/>	Long-term disability is available for purchase by employee

## Other Policies

31. Please indicate your tobacco policy: **(select only one response)**

*Select one.*

<input type="radio"/>	No smoking. Smoke Free Environment	(Answer question number 31.1.)
<input type="radio"/>	Smoking outside the building, OFF the clock	(Answer question number 31.1.)
<input type="radio"/>	Smoking outside the building, ON the clock	(Answer question number 31.1.)
<input type="radio"/>	Smoking inside designated areas	(Answer question number 31.1.)
<input type="radio"/>	No formal policy on smoking	

\*31.1 Are Electronic Cigarettes / Vaping included in your smoking policy?(\*Required)

*Select one.*

<input type="radio"/>	Yes
<input type="radio"/>	No

\*32. Retirement or profit sharing plan provided by the company. Please check all that apply:(\*Required)

*Select all that apply.*

<input type="checkbox"/>	Profit Sharing	
<input type="checkbox"/>	401(k) Plan	(Answer question number 32.1.)
<input type="checkbox"/>	Simple IRA	(Answer question number 32.1.)
<input type="checkbox"/>	Defined Benefit Plan (Company plan)	
<input type="checkbox"/>	Defined Benefit Plan (Union plan)	
<input type="checkbox"/>	Other, please specify:	<input type="text"/>
<input type="checkbox"/>	N/A, No company plan offered	

32.1 Does the company match?	
<i>Select one.</i>	
<input type="radio"/>	Yes
<input type="radio"/>	No

*33. Does your company offer incentive plans for production employees?(*Required)		
<i>Select one.</i>		
<input type="radio"/>	Yes	(Answer question number 33.1, 33.2, 33.3.)
<input type="radio"/>	No	

33.1 Please indicate the incentive plans your company offers:	
<i>Select at least 1 choices.</i>	
<input type="checkbox"/>	Bonuses for salaried employees
<input type="checkbox"/>	Bonuses for hourly employees

33.2 Salaried employee bonuses are based on:	
<i>Select all that apply.</i>	
<input type="checkbox"/>	Profitability of company
<input type="checkbox"/>	Productivity
<input type="checkbox"/>	Sales goals
<input type="checkbox"/>	Other:
	<input type="text"/>

33.3 Hourly employee bonuses are based on:	
<i>Select all that apply.</i>	
<input type="checkbox"/>	Profitability of the company
<input type="checkbox"/>	Productivity
<input type="checkbox"/>	Sales goals
<input type="checkbox"/>	Other:
	<input type="text"/>

34. 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):	<input type="text"/>
Turnover (% of workforce) Please provide data for INVOLUNTARY turnover (i.e.: individuals who is terminated):	<input type="text"/>



\*35. Does your company have a policy in effect with respect to moonlighting by employees?(\*Required)

Select one.

- |                           |                                |
|---------------------------|--------------------------------|
| <input type="radio"/> Yes | (Answer question number 35.1.) |
| <input type="radio"/> No  |                                |

\*35.1 Please indicate whether your moonlighting policy: **(please select only one response)**(\*Required)

Select one.

- |   |
|---|
| <input type="radio"/> Restricts employees from accepting part-time work with any other firm in printing or related activity.  |
| <input type="radio"/> It requires granting of prior approval by company principal, or supervisor.                             |
| <input type="radio"/> We have no restrictions on moonlighting providing it doesn't interfere with employee's job performance. |
| <input type="radio"/> No restrictions   |

\*36. Wage Adjustments(\*Required)

Select all that apply.

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> We project to increase wages and salaries in the coming 12 months.                 | (Answer question number 36.1.) |
| <input type="checkbox"/> Our company will NOT provide any wage adjustments over the coming 12 month period. |                                |

\*36.1 Projected average increase for wages/salaries in the coming 12 months:(\*Required)

% Increase

37. Does your company schedule planned overtime in your production departments?

Select one.

- |                           |                                |
|---------------------------|--------------------------------|
| <input type="radio"/> Yes | (Answer question number 37.1.) |
| <input type="radio"/> No  |                                |

37.1 What percentage of overtime is schedule in terms of production hours?

% OT

38. How does your company find new employees?

*Select all that apply.*

<input type="checkbox"/>	Employment agencies
<input type="checkbox"/>	Temp agencies
<input type="checkbox"/>	Print want ads (e.g. newspaper, trade publications)
<input type="checkbox"/>	Online career websites (e.g. Indeed, Monster, CareerBuilder)
<input type="checkbox"/>	Online job postings (e.g. craigslist)
<input type="checkbox"/>	Linked In
<input type="checkbox"/>	PIA Affiliate Find-An-Employee Program
<input type="checkbox"/>	Referral from current or former employees
<input type="checkbox"/>	Colleges / Technical Programs
<input type="checkbox"/>	Walk-Ins
<input type="checkbox"/>	Company website
<input type="checkbox"/>	Other: <input type="text"/>

## Wage & Salary Information

Be careful to enter "**ANNUAL**" salaries for indicated positions and "**HOURLY**" wages for all other employees (even if you pay these employees on a salary basis). The form allows for 4 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 any owners who fulfill these roles.**

**Do not include trainees.**

**Please enter wage/salary data for FULL-TIME employees only.**

At the end of each section (Management employees, Office/Administration employees, and Production/Technical employees) we provide room for you to write-in job titles that are not included in the form and the wages those

employees are paid.

**Please enter base salary (NO Shift Differentials or Bonus) EFFECTIVE as of June 1, 2018**

39.

**Management**

Enter **ANNUAL Salaries** for the Following Positions

Please enter base salary (no shift differentials or bonus)

	<i>Employee 1</i>	<i>Employee 2</i>	<i>Employee 3</i>	<i>Employee 4</i>
CEO/President (No Owners)				
COO/Vice President/General Manager				
VP Operations				
Production/Operations Manager				
CFO/Controller/Financial Manager				
Sales Manager/Sales VP				
Marketing/Business Development				
Customer Service Manager				
Customer Service Representative				
Customer Service Representative				
Production Planner/Scheduler				
Estimating Manager				
Estimator				
Human Resources Manager/Personnel				

Environmental Health & Safety				
Continuous Improvement (Quality)				
Continuous Improvement (Quality)				
Quality Control Technician				

40.

**Department Managers**

Enter **ANNUAL Salaries** for the Following Positions

Please enter base salary (no shift differentials or bonus)

	<i>Employee 1</i>	<i>Employee 2</i>	<i>Employee 3</i>	<i>Employee 4</i>
IT Manager				
Workflow Manager				
Prepress Manager				
Pressroom Manager - Sheetfed				
Pressroom Manager - Web				
Digital Print Manager				
Wide Format/Display Manager				
Bindery/Finishing Manager				
Converting Manager				
Mailroom/Fulfillment Manager				
Shipping/Receiving Manager				
Maintenance Manager				

**41. Management Positions Not Listed:**

If you employ management personnel that do not fall into any categories above please list their position title below and their corresponding Salary. There is room for you to report on up to 5 unlisted positions.

1. Job Title:	<input type="text"/>
1. Salary:	<input type="text"/>
2. Job Title:	<input type="text"/>
2. Salary:	<input type="text"/>
3. Job Title:	<input type="text"/>
3. Salary:	<input type="text"/>
4. Job Title:	<input type="text"/>
4. Salary:	<input type="text"/>
5. Job Title:	<input type="text"/>
5. Salary:	<input type="text"/>

42.

**Enter HOURLY WAGES for the Following Positions**

**Please enter base wages (no shift differentials or bonus)**

**Office/Administration**

	<i>Employee 1</i>	<i>Employee 2</i>	<i>Employee 3</i>	<i>Employee 4</i>
Office Manager				
Executive Administrative Assistant				
Administrative Assistant				
HR Assistant				
General Administrative/ Clerical				
Receptionist				
Accounting Supervisor/Manager				
A/P or A/R Clerk				
Full Charge Bookkeeper				
Accountant				
Credit Manager				
Purchasing Specialist				



**43. Office/Administration Positions Not Listed:**

If you employ office/administrative personnel that do not fall into any categories above please list their position title below and their corresponding HOURLY WAGE. There is room for you to report on up to 5 unlisted positions.

1. Job Title:	<input type="text"/>
1. Hourly Wage:	<input type="text"/>
2. Job Title:	<input type="text"/>
2. Hourly Wage:	<input type="text"/>
3. Job Title:	<input type="text"/>
3. Hourly Wage:	<input type="text"/>
4. Job Title:	<input type="text"/>
4. Hourly Wage:	<input type="text"/>
5. Job Title:	<input type="text"/>
5. Hourly Wage:	<input type="text"/>

44.

Enter **HOURLY WAGES** for the following positions.  
Please enter base wages (no shift differentials or bonus)

**Information Technology**

	<i>Employee 1</i>	<i>Employee 2</i>	<i>Employee 3</i>	<i>Employee 4</i>
Technology Support Specialist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Database Specialist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Network Engineer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Programmer/ Web Developer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

45.

**Prepress**

	<i>Employee 1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>Employee 5</i>
Working Supervisor (Prepress)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Graphic Design (Art Director/ Desktop Operator)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prepress/Desktop Technician	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Platemaker (CPT/Conventional)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note:** If you have any Information Technology or Prepress positions that are not listed above space is provided at the end of the survey for you to include those positions and wages.

46.

**Enter HOURLY WAGES for the Following Positions**

**Please enter base wages (no shift differentials or bonus)**

**Digital Printing**

	<i>Employee 1</i>	<i>Employee 2</i>	<i>Employee 3</i>	<i>Employee 4</i>
Working Supervisor (Dinital)				
Direct Image Press Operator (DI)				
Digital Color Press Operator				
Production Copiers--Black & White				
Production Copiers--Color				
Hi-speed Inkjet Presses (R&W)				
Hi-speed Inkjet Presses (Color)				
Wide Format Operator (Proofing)				
Wide Format Operator (Production)				
Grand Format Operator (Production)				
Wide Format Finishing/Lamination				
Wide Format/Display Installer				

**Note:** If you have any Digital Printing positions that are not listed above space is provided at the end of the survey for you to include those positions and wages.



47.

**Enter HOURLY WAGES for the Following Positions**  
**Please enter base wages (no shift differentials or bonus)**

**Press Operations (SHEETFED)**

	<i>Employee 1</i>	<i>Employee 2</i>	<i>Employee 3</i>	<i>Employee 4</i>
Working Supervisor (Sheetfed)				
20" or Smaller - 1-2 Color Press				
20" or Smaller - 4-5-6 Color Press				
Jet Press Operator				
20"-28" 1-2 Color Press Operator				
20"-28" 4-5 Color Press Operator				
20"-28" 6 Color Press Operator				
38"-42" 1-2 Color Press Operator				
38"-42" 4-5 Color Press Operator				
38"-42" 6 Color Press Operator				
38"-42" 8 Color Press Operator				
38"-42" 4-5 Color 2nd Press				
38"-42" 6 Color 2nd Press				
38"-42" 8 Color 2nd Press				

52"-60" Press Operator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
52"-60" 2nd Press Operator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
61"-81" Press Operator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
61"-81" 2nd Press Operator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Press Feeder/Helper	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note:** If you have any Sheetfed Press Operator positions that are not listed above, space is provided at the end of the survey for you to include those positions and wages.

48.

**Enter HOURLY WAGES for the Following Positions**

**Please enter base wages (no shift differentials or bonus)**

**Press Operations (HEATSET WEB - FULL)**

	<i>Employee 1</i>	<i>Employee 2</i>	<i>Employee 3</i>	<i>Employee 4</i>
Working Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lead Pressman	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Assistant Pressman	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Material Handler	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

49.

**Press Operations (NON-HEATSET WEB)**

	<i>Employee 1</i>	<i>Employee 2</i>	<i>Employee 3</i>	<i>Employee 4</i>
Working Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lead Pressman	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Assistant Pressman	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Material Handler	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



50.

**Narrow Web Presses, Collators, Specialty Presses**

	<i>Employee 1</i>	<i>Employee 2</i>	<i>Employee 3</i>	<i>Employee 4</i>
Working Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Press Operator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forms Collator Operator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note:** If you have any Web Press Operator positions that are not listed above, space is provided at the end of the survey for you to include those positions and wages.

51.

**Enter HOURLY WAGES for the Following Positions**

**Please enter base wages (no shift differentials or bonus)**

**Finishing/Converting**

	<i>Employee 1</i>	<i>Employee 2</i>	<i>Employee 3</i>	<i>Employee 4</i>
Letterpress Operator				
Finishing Press Operator				
Automated Diecutter (<28" Cylinder)				
Automated Diecutter (40"+ Roll)				
Diemaker				
Folder/Gluer Operator				

52.

**Flexo**

	<i>Employee 1</i>	<i>Employee 2</i>	<i>Employee 3</i>	<i>Employee 4</i>
Flexo Operator (< or = 9" web				
Flexo Operator (>10" web width)				
Plate Mounter				
Flexo Plate Maker				
Rewind Operator				
Slitter Operator				

53.

**Bindery**

	<i>Employee 1</i>	<i>Employee 2</i>	<i>Employee 3</i>	<i>Employee 4</i>
Working Supervisor				
Hand Bindery				
Small Bindery Machines				
Combination (Small Machine/Hand Folder Operator >17"x22")				
Cutter Operator				
Folder/Cutter Operator				
Multi-competency Operator				
Stitcher/Binder Operator				
Perfect Binder Operator				
Binder/Stitcher Helper				
Shrink Wrap Operator				

**Note:** If you have any Letter Press, Finishing, Flexo, or Bindery Operator positions that are not listed above, space is provided at the end of the survey for you to include those positions and wages.

54.

**Enter HOURLY WAGES for the Following Positions**

**Please enter base wages (no shift differentials or bonus)**

**Mailing & Fulfillment**

	<i>Employee 1</i>	<i>Employee 2</i>	<i>Employee 3</i>	<i>Employee 4</i>
Working Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inserting Machine Operator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Machine Operator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Specialist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fulfillment Worker	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

55.

**Shipping/Warehouse/Maintenance**

	<i>Employee 1</i>	<i>Employee 2</i>	<i>Employee 3</i>	<i>Employee 4</i>
Working Supervisor				
Shipping/Receiving Clerk				
Delivery Person/Driver				
Materials Handler (Shinning/War				
Forklift Operator				
Maintenance (Facility)				
Maintenance (Equipment)				

**56. Ancillary Positions**

	<i>Employee 1</i>	<i>Employee 2</i>	<i>Employee 3</i>	<i>Employee 4</i>
CAD Design (Structural)				
Color Management Professional				

**57. Production/Technical Employee Positions Not Listed:**

If you employ production/technical personnel that do not fall into any categories on the previous pages please list their position title below and their corresponding HOURLY WAGE. There is room for you to report on up to 10 unlisted positions.

1. Job Title:	<input type="text"/>
1. Hourly Wage:	<input type="text"/>
2. Job Title:	<input type="text"/>
2. Hourly Wage:	<input type="text"/>
3. Job Title:	<input type="text"/>
3. Hourly Wage:	<input type="text"/>
4. Job Title:	<input type="text"/>
4. Hourly Wage:	<input type="text"/>
5. Job Title:	<input type="text"/>
5. Hourly Wage:	<input type="text"/>
6. Job Title:	<input type="text"/>
6. Hourly Wage:	<input type="text"/>
7. Job Title:	<input type="text"/>
7. Hourly Wage:	<input type="text"/>
8. Job Title:	<input type="text"/>
8. Hourly Wage:	<input type="text"/>
9. Job Title:	<input type="text"/>
9. Hourly Wage:	<input type="text"/>
10. Job Title:	<input type="text"/>
10. Hourly Wage:	<input type="text"/>

**Contact Information**

**Thank you for verifying the below information.**

*Company:	<input type="text"/>	
*First Name:	<input type="text"/>	
*Last Name:	<input type="text"/>	
*Work Phone:	<input type="text"/>	
*Email Address:	<input type="text"/>	
*Title:	<input type="text"/>	
*Work Address 1:	<input type="text"/>	

*Work City:	<input type="text"/>	
*Work State/Province:	<input type="text"/>	
*Work ZIP/Postal Code:	<input type="text"/>	

*All fields with an asterisk (\*) are required.*