

Plant Compensation and Benefits Survey

Your data will be treated confidentially by the Mackay Research Group.
No one from TRSA or its staff will have access to individual company data.
Participant data will be aggregated in a way that prevents identification of any individual company.

The Plant Employee Compensation and Benefits Report will be sent to participants only.

Wherever possible, please report 2019 actual data. If actual data is not available, please provide your best estimate. It is better to make an educated guess than to leave a field blank.

If this important survey has not reached the person responsible for this information, please forward this to their attention.

Please complete by **October 31, 2019** and mail to:

Mackay Research Group, P.O. Box 17668, Boulder, Colorado 80308-0668 or Fax to 720-890-8719.

If you would prefer the survey in Excel, email Taylor Mackay at taylor@mackayresearchgroup.com.

Questions? Contact Taylor Mackay at 720-890-4255 or email taylor@mackayresearchgroup.com.

Please specify who is to receive your copy of the TRSA Plant Employee Compensation and Benefits Report. (type or print clearly):

Name/Title _____

Company Name _____

Mailing Address _____

City, State, Zip Code _____

Telephone (_____) _____ Fax (_____) _____

Email Address _____

Questions

1. How would you best classify your business? (check only one)

- Healthcare Rental – Retail Medical
- Healthcare Rental – Hospital/Nursing Home
- Food & Beverage Linen Rental
- Hotel/Lodging Linen Rental
- Industrial Rental
- Dust Control Rental
- Uniform
- Hotel/Lodging COG/NOG
- Hospital/Nursing Home COG/NOG
- Mixed – significant revenue in 2 or more of the above categories

2. Number of plant locations _____

3. Annual Revenue (Total Company) \$ _____

4. Number of routes _____

5. Number of customers (at year end) _____

6. **Employees by Function** – Full-Time Equivalent, count full-time equivalent employees including owners as appropriate. For example, include an employee who works 20 hours a week for the entire year as .5 employees; one who only worked three months as .25.

Plant Productive Employees _____

Plant Supervisors..... _____

Maintenance & Power Plant Employees _____

Route Sales Rep/Route Person _____

Service Department Employees..... _____

Sales Employees _____

Executives & Management Employees _____

All Other Employees (office, clerical & other admin.)..... _____

Total Number of Employees (FTE)..... _____

7. **Employee Turnover** – Full-Time Equivalent, count full-time equivalent employees including owners as appropriate.

Total employees at beginning of year (FTE) _____

+ number of employees hired during the year + _____

– number of employees who have left during the year (please include turnover that occurs during probationary period) ..- _____

Total employees at the end of year (FTE)..... = _____

Fringe Benefit Programs

8. Benefit Programs Offered

<u>Check all that apply</u>	<u>% of Premium Paid by Employer</u>	<u>Annual Deductible Amount (Per Person)</u>	<u>Co-Pay Amount (Per Office Visit)</u>
<input type="checkbox"/> Medical/Hospitalization – Employee coverage	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Medical/Hospitalization – Dependent/Family	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Prescription Drug Plan (even if included in medical plan)	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Dental Plan (even if included in medical plan)	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Vision/Optical Plan (even if included in medical plan)	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Group Term Life Insurance	_____ %		
<input type="checkbox"/> Long-term Disability Insurance	_____ %		
<input type="checkbox"/> Short-term Disability Insurance	_____ %		

9. Do you offer a High Deductible Health Plan (HDHP) or Health Savings Accounts(HSA)?..... Yes No

10. Do you provide a “Cafeteria Plan” or flexible benefit program (“Section 125”, HRA, FSA, etc.) that allows employees to select different levels of different benefits?..... Yes No

11. Retirement Income Plans (check all that are offered)

- Defined Benefit Plan (pension plan, involving a fixed level of benefits upon retirement)
- SEP-IRA/SIMPLE IRA
- Profit Sharing Plan (fluctuating employer contribution)
- Money Purchase Plan (fixed employer contribution)
- 401(k) (with or without employer match)

Employer matches \$ _____ per \$1.00 of _____ % of employee’s salary(Enter 0 if no employer match)

Years until employee becomes 100% vested: _____ years

12. Do you have a combined vacation/sick days/personal leave program?..... Yes No

13. Paid Time Off (PTO) Policy – Employees are eligible for:

- 1 week paid time off **after** _____ years of service
- 2 weeks paid time off **after** _____ years of service
- 3 weeks paid time off **after** _____ years of service
- 4 weeks paid time off **after** _____ years of service
- 5 weeks paid time off **after** _____ years of service

14. May employees **carry over paid time off** (vacation) into the following year(s)? (check **only one**)

- No Yes (with or without limits) Yes (but management approval required)

15. Are employees paid for **unused vacation accumulated**?..... Yes No

16. How many paid holidays (not vacation) do you allow employees per year? _____ Days

17. Do you offer sick days or personal days with pay for plant employees? Yes No

18. If yes, how many days are allowed each year? _____ Days

19. Are hourly production employees represented by a union?..... Yes No

Plant Overtime and Premium Pay Policies

20. Basis for hourly overtime rates paid (check **only one**)

- 1½ times base pay after 8 daily hours 2 times base pay
- 1½ times base pay after 40 hours/week Other (specify): _____

21. Route Sales Reps are paid on the basis of (check **only one**)

- Straight Salary/Hourly Rate Straight Commission Salary/Hourly Rate & Commission

22. Route Commissions are based on _____ % of sales.

23. Second shift premium pay (check **only one**)

- Percentage above base No premium paid for second shift
- Flat add-on per hour No second shift

24. Third shift premium pay (check **only one**)

- Percentage above base No premium paid for third shift
- Flat add-on per hour No third shift

Plant Employee Compensation

25. Exempt Plant Employee Compensation, excluding fringe benefits and prior to employee deductions.
Report compensation for a **typical** employee in each position.

	<u>Base/ Straight-time Salary</u>	<u>Overtime/ Bonus/ Incentives</u>	<u>Total Compensation</u>
Vice President/#2 Officer	\$ _____	\$ _____	\$ _____
General Manager (reports to owner)	\$ _____	\$ _____	\$ _____
General Manager (reports to regional manager)	\$ _____	\$ _____	\$ _____
Branch Manager	\$ _____	\$ _____	\$ _____
Plant / Operations Manager	\$ _____	\$ _____	\$ _____
Shift Manager	\$ _____	\$ _____	\$ _____
Production Supervisor.....	\$ _____	\$ _____	\$ _____
Service Manager.....	\$ _____	\$ _____	\$ _____
Safety Director / Safety Manager	\$ _____	\$ _____	\$ _____
Route Supervisor	\$ _____	\$ _____	\$ _____
Chief Engineer (Maintenance Head)	\$ _____	\$ _____	\$ _____
Human Resources/Personnel Director	\$ _____	\$ _____	\$ _____
Office Manager	\$ _____	\$ _____	\$ _____
Sales Manager (managing reps)	\$ _____	\$ _____	\$ _____
Sales Representative (standard).....	\$ _____	\$ _____	\$ _____

26. Non-exempt Plant Employee Hourly Wages

Report hourly wages prior to employee deductions (in dollars and cents) for a typical employee in each position.

	1-4 years <u>Base Rate</u>	4+ years <u>Base Rate</u>	Incentive <u>Potential</u>	<u>If Incentives</u>	
				1-4 years <u>Final Rate</u>	4+ years <u>Final Rate</u>
Route Sales Rep/Route Person.....	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Mechanics	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Production Workers: Level 1 – Dryfolders, Ironers, Hanging Garments	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Production Workers: Level 2.....	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Production Workers: Level 3 – Load Builders, Press.....	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____