



# 2020 Plant Compensation and Benefits Survey

**Survey Deadline  
December 4, 2020**

**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.**

Please complete the survey and mail or email it to: [surveys@mackayresearchgroup.com](mailto:surveys@mackayresearchgroup.com)  
Mackay Research Group, P.O. Box 17668, Boulder, Colorado 80308-0668, or fax (720) 890-8719.

Wherever possible, please report 2020 actual data.

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

If you would prefer the survey in Excel, email Taylor Mackay at [taylor@mackayresearchgroup.com](mailto:taylor@mackayresearchgroup.com).

Questions? Contact Taylor Mackay at 720-890-4255 or email [taylor@mackayresearchgroup.com](mailto: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	\$ _____	\$ _____

## Organization Diversity

27. Has your organization taken steps toward integrating diversity into your organization operations, structure and mission? .....  Yes  No

28. If yes, what elements have your incorporated?

**Check all that apply**

- Signed a CEO or Executive Pledge to integrate, train and measure diversity in your organization
- Appointed a Diversity Manager or Officer
- Developed a comprehensive plan with evaluation
- Identified measurable, achievable, and agreed upon objectives and metrics to document progress toward these objectives
- Expanded HR roles to include responsibilities for diversity, equity, and inclusion issues
- Required accountability holding executives and managers responsible for ensuring diversity-related issues are given attention, communicated, and executed
- Established a diversity committee, Employee Resource Group (ERG) or Affinity Program
- Conducted a diversity needs assessment
- Communicated your commitment internally to your staff and employees
- Communicated your commitment externally to your customers and the public
- Implemented Diversity, Equity, and Inclusion training such as diversity awareness, overcoming “unconscious bias” or similar workplace issues
- Conducted outreach efforts to supplier partners aimed at encouraging supply chain diversity
- None of the above
- Other (Please specify) \_\_\_\_\_

29. How important is diversity, equity, and inclusion to the culture of your organization? (Enter 1-5).... \_\_\_\_\_  
**1=Not Important, 5=Very Important**

30. How does diversity, equity and inclusion impact your organization?