

2017 Regional Wage & Benefit Study

Welcome to the 2017 Regional Wage & Benefit Study

Thank you for participating in the 2017 Regional Wage and Benefit Study. This study involves completing a survey, the results of which will not only help your company benchmark its benefits against county and regional averages but also provide useful data for economic development in your community. This project is made possible through a partnership between Champaign Economic Partnership, Expand Greater Springfield, Logan County Chamber of Commerce, Madison County Future Inc., Union County Marysville Economic Development, and Ohio Means Jobs: Champaign, Clark, Logan, Madison, and Union.

Your participation in the survey is voluntary, and you may withdraw at any time. You are encouraged, however, to provide complete and accurate responses. Your responses are confidential and will be combined with those of other participants. In other words, your responses will not be identifiable when the results are reported. Completing the online survey serves as your consent to participate in this study.

Companies that have completed the benefit survey will receive a copy of the summarized results, along with wage data for Champaign, Clark, Logan, Madison, and Union Counties provided by the Dayton Development Coalition. The wage data provider, Economic Modeling Specialists Inc. (ESMI), obtains quarterly wage estimates based on Occupational Employment Statistics (Quarterly Census of Employment & Wages, QCEW, and Non-QCEW Employees classes of worker) and the American Community Survey (Self-Employed and Extended Proprietors). Survey results and wage data will be sent out to participating companies in September 2017. Companies that did not complete the benefit survey will not have access to survey results until January 2018.

For the benefit survey, if your company has multiple facilities within the same county and the benefits are the same across facilities, please complete the survey items with all facilities within that county in mind. For example, if your company has two facilities and both are located in Logan county, one with 25 employees and the other with 30 employees, then the total number of employees would be 55 and the survey should be completed in terms of the benefits that apply to those 55 employees in Logan county.

If your company has multiple facilities within the same county but the benefits vary across facilities OR if your company has multiple locations in several counties (e.g., one facility in Champaign county and one facility in Clark county), please contact Dr. Wendy Gradwohl via email (wendygradwohl@gmail.com) or phone (937.475.6408) for instructions on how to complete the survey.

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Section One - Company Information

* Please provide the following contact information so we know to whom to send the report of the survey results.

Name [input]
Work Email [input]
Work Phone [input]

* Organization name:

[input]

* In which county is the organization located?

Remember: If your company has multiple facilities within the same county and the benefits are the same across facilities, please complete the survey items with all facilities within that county in mind. For example, if your company has two facilities and both are located in Logan county, one with 25 employees and the other with 30 employees, then the total number of employees would be 55 for #5a and the survey would be completed in terms of those 55 employees in Logan county.

If your company has multiple facilities in the same county but the benefits vary across facilities OR your company has facilities in several counties (e.g., one facility in Champaign county and one facility in Clark county), please contact Dr. Wendy Gradwohl via email (wendygradwohl@gmail.com) or phone (937.475.6408) before completing the survey.

- Champaign County
- Clark County
- Logan County
- Madison County
- Union County

* What type of firm is it? (Choose the category that best describes your organization.)

- Education
- Distribution/Transportation
- Government
- Health Care/Medical
- Manufacturing
- Non-profit
- Retail
- Service
- Other (please specify)

* Please describe your workforce. (Enter specific numerical values only for each question. In other words, avoid using ranges of values or text.)

Number of full-time employees:

Number of part-time employees:

Number of full-time or part-time employees who are union:

Number of full-time or part-time employees who are non-union:

Number of contractors (i.e., 1099):

Number of temporary/seasonal employees:

Average number of years employees (full-time and part-time) have been with your organization:

Section Two - Pre-employment Processes

For the remainder of the survey, some of the questions may ask for processes or benefits pertaining to salary vs. hourly employees. If the question does not specify, and your organization has different processes or benefits for salary vs. hourly employees, please answer the question based on the majority of your workforce. For example, if 70% of your workforce is hourly, then you would answer based on processes or benefits pertaining to hourly employees.

Where does your organization post job openings? (Check all that apply.)

- Incentivized Employee Referral
- Local Chamber or Economic Development Organization
- Newspaper
- Newsletter/Bulletin
- OhioMeansJobs County Office
- Online-your organization's website
- Online-paid job boards (e.g., Indeed.com, Monster.com)
- Online-free job boards
- Posted sign
- Social media (e.g., Facebook, LinkedIn, Twitter)
- Not applicable - Our organization does not post job openings
- Other (please specify)

Does your organization give preference to veterans in the hiring process?

- Yes
- No

* Is your organization willing to hire convicted felons?

Yes

No

Section Two - Pre-employment Processes - Convicted felon follow-up

Under which condition(s) would your organization be willing to hire a convicted felon? (Check all that apply.)

- If the conviction was for a non-violent crime
- If the conviction was not theft-related
- If the conviction occurred after a specified time had passed
- Other (please specify)

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Section Two - Employment Policies

* Does your organization perform background and credit checks? (Check all that apply.)

	Yes, pre-employment	Yes, post-employment	No
Background check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Does your organization conduct drug and/or alcohol testing? (Check all that apply.)

- Yes, pre-employment
- Yes, post-accident
- Yes, random
- Yes, reasonable suspicion
- No

* Does your company have a second chance policy for drug and/or alcohol violations?

- Yes
- No

Section Two - Employment Practices

* Does your organization offer job shadowing?

Yes

No

* Does your organization offer apprenticeships (i.e., training for skilled trade jobs that is likely to lead to employment)?

Yes

No

* Does your organization offer internships (i.e., job experience that may or may not be for academic credit and that may or may not lead to a job)?

Yes, paid

Yes, not paid

No

Section Two - Employment Practices - Internship follow-up

What type of individual would your organization be willing to hire for an internship? (Check all that apply.)

- An individual attending high school
- An individual attending college
- An individual who has completed high school but is not/has not attended college

What is the minimum age an individual would need to be in order to be considered for an internship in your organization? (Enter a specific numerical value, such as 17. In other words, avoid using a range of values or text.)

Section Three - Health Insurance - HRA

The next series of questions will focus on health insurance. Other types of insurance (e.g., dental, disability, life, vision) will be addressed later in this section.

* Does your organization offer a Flexible Spending Account?

Yes

No

* Does your organization offer a Health Reimbursement Arrangement/Account?

Yes

No

Section Three - Health Insurance - HRA follow-up

What is the dollar amount per coverage level that your organization contributes toward employees' Health Reimbursement Account? If your organization offers multiple HRA plans, please provide dollar amounts for the various coverage levels of the plan that the majority of employees select. (Enter specific numerical values only. In other words, avoid using ranges of values or text.)

Employee only	<input type="text"/>
Employee plus spouse	<input type="text"/>
Employee plus dependents	<input type="text"/>
Family	<input type="text"/>

Section Three - Health Insurance - HSA

* Does your organization offer a Health Savings Account?

- Yes, *with* employer contribution
- Yes, *without* employer contribution
- No

Section Three - Health Insurance - HSA follow-up

What is the dollar amount per coverage level that your organization contributes toward employees' Health Savings Account? If your organization offers multiple HSA plans, please provide dollar amounts for the various coverage levels of the plan that the majority of employees select. (Enter specific numerical values only. In other words, avoid using ranges of values or text.)

Employee only	<input type="text"/>
Employee plus spouse	<input type="text"/>
Employee plus dependents	<input type="text"/>
Family	<input type="text"/>

Section Three - Health Insurance - Part II

* Does your organization offer traditional co-pay health insurance plans?

- Yes, fully-insured
- Yes, self-insured
- No

Section Three - Health Insurance follow-up

What coverage plans are offered? (Check all that apply.)

- Employee only
- Employee plus spouse
- Employee plus dependents
- Family
- Other (please specify)

Does your organization have a working spouse provision?

- Yes
- No

Section Three - Health Insurance Cost

* On average, what does it cost your organization to provide health insurance per employee per year? (i.e., annual total employer-paid premiums, as well as Health Reimbursement Account and Health Savings Account contributions, divided by the number of enrolled employees)

- Under \$2,000
- \$2,000-\$3,999
- \$4,000-\$5,999
- \$6,000-\$7,999
- \$8,000-\$9,999
- \$10,000-\$11,999
- \$12,000-\$13,999
- \$14,000 and over
- Not applicable

* What is the average percentage of wages to provide health insurance benefits (employer-paid premiums, Health Reimbursement Account and Health Savings Account contributions) per employee per year?

- 1-9%
- 10-19%
- 20-29%
- 30-39%
- 40-49%
- 50-59%
- 60-69%
- 70-79%
- 80-89%
- 90-100%
- Not applicable

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Section Three - Other Insurance

* What other types of insurance does your organization offer? (Check all that apply.)

	Employee paid only	Employer paid only	Shared cost	N/A
Dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability, Long-term	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability, Short-term	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life/Accidental Death & Dismemberment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section Three - Retirement

* Which type of employee retirement plan does your organization offer? (Check all that apply.)

- 401K, 403B, etc.
- Employee Stock Ownership Plan (ESOP)
- OPERS
- Roth 401K
- Roth IRA
- STRS
- None offered
- Other (please specify)

Section Three - Retirement follow-up

Please explain your organization's contribution to the employee's retirement plan.

Section Three - Paid Time Off (PTO)

* Which model best describes your organization's paid time off (PTO) policy? (Please do NOT include paid holidays or other types of leave. You will be asked about these other types of leave later in the survey.)

- Personal, Sick, and Vacation Days are separate categories of PTO
- Personal/Sick Days are combined while Vacation Days is a separate category of PTO
- Personal, Sick, and Vacation Days are combined into one PTO category
- No PTO provided
- Other (please specify)

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Section Three - PTO follow-up

Please provide the average number of days employees receive in paid time off (include personal, sick, and vacation days) given years of service. (Please do NOT include paid holidays or any other types of leave. You will be asked about these other types of leave later in the survey.) (Enter specific numerical values only for each year of service. In other words, avoid using ranges of values or text.)

1 year	<input type="text"/>
2 years	<input type="text"/>
5 years	<input type="text"/>
10 years	<input type="text"/>
15 years	<input type="text"/>
20 years	<input type="text"/>
25 years	<input type="text"/>

Section Three - Other Types of Leave

* Which of the following is offered by your organization? (Check all that apply.)

- Bereavement leave-Paid
- Compensatory time
- Holidays-Paid
- Jury duty-Paid
- Maternity/Paternity leave-Paid
- Pay in lieu of vacation
- None offered
- Other (please specify)

Section Three - Other Types of Leave follow-up

On average, how many paid holidays per year do employees receive? (Enter a specific numerical value only. In other words, avoid using ranges of values or text.)

Section Three - Incentives

* Which of the following does your organization offer? (Check all that apply.)

- Attendance bonus
- Cost savings incentive (e.g., safety incentives, quality incentives)
- Flextime
- Employee Assistance Program (EAP) (e.g., assistance with mental health, chemical dependency, personal finance/budget issues)
- Graduated-training wage programs for new employees
- Merit pay (i.e., pay raise based on performance review)
- Piece-rate pay
- Premium paid shift differential
- Premium pay for overtime (more than mandated 1.5 times hourly rate)
- Profit sharing
- Skill-based incentive
- Telecommuting
- Wellness program
- None offered
- Other (please specify)

* Does your organization financially contribute toward employees' professional development (e.g., certification/licensure, renewal, continuing education) and/or offer tuition reimbursement?

- Yes
- No

Section Three - Incentives follow-up

Does your organization contribute toward employees' professional development (e.g., certification/licensure, renewal, continuing education)?

- Yes
- No

What is the *maximum* employer contribution toward professional development *per employee per year*? (Enter specific numerical values. In other words, avoid using ranges of values or text.)

Does your organization offer tuition reimbursement?

- Yes
- No

What is the *maximum* employer contribution toward tuition reimbursement *per employee per year*? (Enter specific numerical values. In other words, avoid using ranges of values or text.)

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Section Three - Total Cost of Fringe Benefits

* What is the average percentage of salary to provide fringe benefits (insurance, retirement, paid time off, and incentives) for your salaried employees per year? (Please do NOT include FICA in the percentage.)

- 0-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51% or higher
- No fringe benefits
- No salaried employees

* What is the average percentage of wages to provide fringe benefits (insurance, retirement, paid time off, and incentives) for your hourly employees per year? (Please do NOT include FICA in the percentage.)

- 0-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51% or higher
- No fringe benefits
- No hourly employees

* Workers' compensation:

- Self-insured
- State-funded

Part Four - Organizational Planning

The remaining 7 questions will help your counties better understand organizational needs. Your responses to these questions will be linked to your organization's name and sent to the Economic Development official in your county of operation. You do not have to answer these questions.

Is your organization planning to invest money in the business (e.g., equipment, construction, working capital, etc.) within the next year?

Is your organization considering moving or expanding within the next year?

Is your organization currently hiring or planning to hire within the next year?

What future skills are needed to grow/maintain your organization?

Is your organization planning any additional training for existing or new employees within the next year?

Are there any consistent training or re-training needs you see for employees?

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Thank you for your time!

Do you have comments about the survey?

As a reminder, for your participation in this study, you will receive a copy of the survey results and wage data in September 2017. Companies that did not complete the benefit survey will not have access to the results until January 2018.

If you have any questions regarding the survey please contact Dr. Wendy Gradwohl via email (wendygradwohl@gmail.com) or phone (937.475.6408).