

2008 U.S. Compensation Survey

I. Instructions and Agency Demographics

Purpose:

Answers will constitute the factual basis for the 2008 U.S. Compensation Report.

Confidentiality:

All answers are confidential and will not be further disclosed other than in aggregate form.

Directions:

We strongly recommend printing out a hard copy of the survey to prepare and complete before submitting answers on this online web survey. This survey must be completed in one sitting because the survey has no pause and resume feature.

To advance from one question to the next you may either use the tab key or your mouse. The *Space bar* or *mouse* checks an item or choice. The *left* and *right* arrows move among choices (radio buttons) within a question. To advance to the next page, click the "next" button at the bottom left-hand side of the page or hit the *return/enter* key. The *back arrow* on your browser allows you to review prior screens, however if you go back and change data on a prior page you must re -enter all data from that point forward.

Note to users:

The bar at the bottom of the screen tracks your progress through the survey. Required fields are few in number and are so noted.

The survey consists of ten (10) screens

I. Instructions and Agency Demographics	VI. Health Insurance
II. CEO Position Information	VII. Other Benefits (dental, vision, retirement)
III. Senior Executive Positions	VIII. Paid Leave
IV. Director and Manager Positions	IX. CEO Benefits
V. Staffing Levels	X. Contact Information and Thank You

Estimated time to complete: 10 minutes (with prepared data)

Agency Information

Organization Name (Required field)	<input style="width: 95%;" type="text"/>		
City (Required field)	<input style="width: 100%;" type="text"/>	State (Required field)	<input style="width: 100%;" type="text" value="(Click here to choose)"/> ▼
Survey prepared by (Required field)	<input style="width: 100%;" type="text"/>	Preparer's email	<input style="width: 100%;" type="text"/>

Organization Size

(1) Budget	Total Annual Operating Budget for FY 2007 (Required field)	\$	<input style="width: 95%;" type="text"/>	(do not spell x.y million, use real numbers)
(2) If primary operations are residential:	(a) Number of beds	<input style="width: 50%;" type="text"/>	(b) Number of separate residential buildings	<input style="width: 50%;" type="text"/>

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II. CEO Position Information

Please provide the annual base salary and highest earned academic degree for incumbents of the following positions as of December 1, 2007.

Position Name	Annual base salary (Required field)	Highest Academic Degree of Incumbent					
(3) CEO/Executive Director/Administrator	\$ <input style="width: 80%;" type="text"/>	BA/BS	MA/MS	MSW	PhD	Other	Other (please specify)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Years in current position	<input style="width: 50%;" type="text"/>	Age of CEO (will not be published)				<input style="width: 100%;" type="text"/>	

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III. Senior Executive Positions

Please provide the annual base salary and highest earned academic degree for incumbents of the following positions as of December 1, 2007.

Position Name	Annual Base Salary	Highest Academic Degree of Incumbent						Other (please specify):
		BA/BS	MA/MS	MSW	PhD	Other		
(4) Chief Operating Officer	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
If there are more than three Vice Presidents, list the highest paid.								
(5) Vice President of <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
(6) Vice President of <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
(7) Vice President of <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
(8) Nursing Home Administrator	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
(9) Chief Financial Officer/Director of Finance	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Next

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(18) Chaplain	\$ <input type="text"/>	BA/BS	MA/MS	MDiv	Other	Other (please specify):
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(19) Project Director/Site Director/Program Manager (for multiple incumbents report <i>mean</i> , skip degree)	\$ <input type="text"/>	BA/BS	MA/MS	MSW	Other	Other (please specify):
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(20) Activities Director (for multiple incumbents report <i>mean</i> , skip degree)	\$ <input type="text"/>	BA/BS	MA/MS	MSW	Other	Other (please specify):
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(21) Office Manager (for multiple incumbents report <i>mean</i> , skip degree)	\$ <input type="text"/>	HS Diploma	Associate Degree	BA/BS	Other	Other (please specify):
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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V. Staffing Levels

	Number of Full Time Staff	Number of Part Time Staff	Number of Contracted Staff
(22) Total Number of <u>Management</u> Staff (count all positions listed above and equivalent positions)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(23) Total Number of <u>Professional or Direct Service</u> Staff (do not include paraprofessionals such as childcare workers, eldercare aides, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(24) Total Number of <u>Other</u> Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>

(25) Work Week

Our organization defines a work week for full-time employees as: hours per week (Required field).

Provide details or comments here regarding staffing levels:

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VI. Health Insurance

(26) Minimum number of hours per week needed to qualify for health insurance coverage:

hours per week

(27) Agency pays toward health insurance for full-time employees?

Yes

No (Skip to #31, next page)

(28) Agency pays a set dollar amount toward health insurance for different classes of employees.

Yes (Enter amount below)

No (Skip to #29, below)

If agency pays a set dollar amount toward the monthly premium:

\$ toward Single Plan

\$ toward Family Plan

Enter additional details about health insurance plans in comment box below.

(29) Agency pays for a fixed percentage of the health insurance premium for different classes of employees.

Yes (Enter percent below)

No (Skip to #30 below)

If agency pays for a fixed percentage of the premium:

percent toward Single Plan (do not use % sign)

percent toward Family Plan (do not use % sign)

Enter additional details about health insurance plans in comment box below.

(30) Does the organization pay the premium in proportion to time worked?

Yes

No

Provide details or comments here regarding health insurance:

Next

VII. Other benefits

Benefit Type	Employer Provided		Employer Contributes	
	Yes	No	Yes	No
(31) Dental insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(32) Vision insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(33) Life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(34) Short-term disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(35) Long-term disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(36) Employee Assistance Program	<input type="checkbox"/>	<input type="checkbox"/>		
	Maximum # of Sessions	<input type="text"/>		
(37) Section 125 Flexible Spending Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	For which expenses?	<input type="checkbox"/> Health Insurance Premiums	<input type="checkbox"/> Dependent care	<input type="checkbox"/> Unreimbursed Medical Expenses

Benefit Type	Employer Provided		Employer Contributes	
	Yes	No	Yes	No
(39) Health Savings Accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(40) Retirement plan for full-time employees	<input type="checkbox"/>	<input type="checkbox"/>		
Defined Contribution Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defined Benefit Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
403 (b) plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
401 (k) plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(41) Other benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Type of benefit:	<input type="text"/>		

Provide details or comments here regarding other benefits:

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VIII. Paid Annual Leave

Type of Annual Leave	Yes	No	Minimum Benefit	Maximum Benefit
(40) Does the organization grant <u>all leave</u> in a lump sum as Paid Time Off (PTO)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> hours	<input type="text"/> hours
If you entered values above for PTO, skip to Question #47, below.				
(41) Vacation: Exempt employees (i.e., <i>not</i> subject to Federal overtime rules)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> days	<input type="text"/> days
(42) Vacation: Non-exempt employees (i.e., <i>subject</i> to Federal overtime rules)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> days	<input type="text"/> days

Other leave	
(43) Sick Leave	<input type="text"/> hours per month
(44) Statutory Holidays	<input type="text"/> days per year
(45) Optional Holidays	<input type="text"/> days per year
(46) Personal Days	<input type="text"/> days per year
(47) Bereavement leave	<input type="text"/> days per event

Qualification or explanation for any element of annual leave:

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IX. CEO Benefits

Does the Executive Director/CEO receive any of the following benefits?

Type of Benefit	Yes	No	Value of benefit for 2007
(48) Bonus	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
(49) Housing Allowance	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
(50) Company Car	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
(51) Car allowance	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
(52) Sabbatical Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> months every <input type="text"/> years
(53) Professional Association Memberships	<input type="checkbox"/>	<input type="checkbox"/>	
(54) Professional Development/Education	<input type="checkbox"/>	<input type="checkbox"/>	
(55) Service Club Membership(s)	<input type="checkbox"/>	<input type="checkbox"/>	
(56) Social Club Membership(s)	<input type="checkbox"/>	<input type="checkbox"/>	
(57) Increase in base salary in 2007?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> percent of base salary. (do not use % sign)

We appreciate your taking the time to complete this survey online. We would like to improve on this survey.

You may leave any comments or suggestions below that might help us improve this survey's ease of use.

X. Contact Information

Thank you for completing this survey. We are pleased to have your organization as a member of the Alliance for Children and Families.

Please address technical questions to:

Laura Pineseault, Research Analyst

(800) 221-3726, Ext. 3644

Fax: (414) 359-1074

lpineseault@alliance1.org

[Alliance Homepage](#)