



## Alliance for Children and Families Human Services Compensation in the U.S. Survey 2009

Print version of questionnaire for Professional, Direct Service Program Staff, and Support Staff Positions

### INTRODUCTION

Welcome to the Alliance for Children and Families Member Compensation Study 2009 online questionnaire.

This year's questionnaire focus: Professional, program, direct service, support and other staff.  
(Executive and upper management staff will be surveyed in 2010.)

### Study Disclosure

Information from this online questionnaire will constitute the evidence base for the 2009 Alliance for Children and Families Member Compensation Study. The focus of this year's survey is compensation of employees holding positions as professional staff, program and direct service staff, support and other staff.

As we do annually, the questionnaire includes items regarding CEO compensation. No other executive level staff positions are examined in the 2009 study. New this year are questions about CEO educational background details.

Please complete the questions for specific positions using the definitions you currently or historically have used. Space is included for comments or clarifying remarks about your agency's position descriptions / definitions at the end of each position category subsection.

### Member Privacy and Confidentiality:

Members are identified only by organization name in the study report as part of a list of participating organizations. All answers are treated as CONFIDENTIAL. No other details are disclosed in reported findings. Participants' responses to individual questions will not be disclosed other than in aggregate form.

### Suggested Technique:

We strongly recommend printing the attached form to prepare and complete before submitting answers on this online web survey.

**This questionnaire consists of six sections**

- 1. Agency Details & Contact Information**
- 2. Staffing Levels**
- 3. Turnover**
- 4. Position Categories, Salaries & Wages**
- 5. Benefits**
- 6. Feedback about Compensation Study**

**AGENCY DETAILS & CONTACT INFORMATION FOR PRIMARY DATA PREPARER.**

**Current Agency address & contact information for preparer of 2009 compensation survey: [Please specify who we may contact for assistance with questions we have.]**

*Please use the blank space to write your answers.*

Organization Name

.....

Street Address

.....

Mailing Address (if different)

.....

City

.....

State

.....

Zipcode

.....

Agency Website URL

.....

Person Completing Survey

.....

Title of Person Completing Survey

.....

Email address

.....

Phone

.....

**Budget \$ (use real numbers and no decimal places)**

**[Required field]**

*Please use the blank space to write your answers.*

Total Annual Operating Budget for FY 2008

.....

Total Annual Expense for Personnel Wage & Salary

.....

Total Annual Expense for Health Benefits

.....

Total Annual Expense for Retirement Benefits

.....

Total

.....

**Does your agency consider itself to be a "complex" organization?**

**[Many definitions exist, one example is an organization whose top executive(s) answer to multiple boards of directors.]**

*Please pick one of the answers below or add your own.*

- No
- Not Sure / Maybe (please explain)
- Yes, (please explain)

Explain your Yes or Not Sure / Maybe response

.....

**Is your agency a Neighborhood Center or does the organization have a Neighborhood Center?**

*Please pick one of the answers below or add your own.*

- Yes
- No

Other

.....

**Are residential programs or services part of your operations?**

*Please pick one of the answers below or add your own.*

- No
- Yes, residential is a our primary operation
- Yes, residential is among agency services but not our primary operation

Comment if you want to clarify answer about primary operations

**If residential is part of operations:**

*Please use the blank space to write your answers.*

Number of beds

Number of separate residential buildings

Number of residential units / group / settings [even if housed in same building]

**TOTAL**

**How does your organization define a work week for full-time employees:**

*Please use the blank space to write your answers.*

Number of Hours per week

**STAFFING LEVELS:**

**As of DECEMBER 1, 2008, indicate the actual number of employees in each staff position category at your agency.**

**FULL-TIME STAFFING LEVEL:**

Provide actual number of FULL-TIME employees for each "type of staff" at your agency as of December 1st, 2008.

*Please use the blank space to write your answers.*

Support Staff [non-licensed or non-certified staff with supportive functions]

.....

Direct Service program staff [non-licensed or non-certified direct service staff]

.....

Professional staff [includes State licensed / certified / credentialed]

.....

Management / Executive staff (director level and above)

.....

Other staff (all Other Full-Time staff members not included above)

.....

Total FULL-TIME employees

.....

**PART-TIME STAFFING LEVEL:**

Provide actual number of PART-TIME employees for each "type of staff" at your agency as of December 1st, 2008.

*Please use the blank space to write your answers.*

Support Staff [non-licensed or non-certified staff with supportive functions]

.....

Direct Service program staff [non-licensed or non-certified direct service staff]

.....

Professional staff [includes State licensed / certified / credentialed]

.....

Management / Executive staff (director level and above)

.....

Other staff (all Other Full-Time staff members not included above)

.....

Total PART-TIME employees

.....

**FEE FOR SERVICE / CONTRACT STAFFING LEVEL:**

Provide actual number of **CONTRACTUAL WORKERS** for each "type of staff" at your agency as of December 1st, 2008. (In some agencies contractual workers are identified as Fee-for-Service employees).

*Please use the blank space to write your answers.*

Support Staff [non-licensed or non-certified staff with supportive functions]

.....

Direct Service program staff [non-licensed or non-certified direct service staff]

.....

Professional staff [includes State licensed / certified / credentialed]

.....

Management / Executive staff (director level and above)

.....

Other staff (all Other Full-Time staff members not included above)

.....

Total CONTRACT staff

.....

**Share any comments or explain details regarding staffing levels reported above:**

*Please write your answer in the space below.*

.....

.....

.....

.....

**Budget Authorized FTEs and Voluntary Turnover FTEs:**

For the following position categories, please report the total Full-time Equivalent (FTEs), including fractions, authorized (by budget) on 12/1/08

**FTEs authorized by budget, for each category of Positions, as of 12/1/08 (include fractions in decimal format)**

*Please use the blank space to write your answers.*

Management / Executive staff (Authorized)

.....

State licensed / certified / credentialed professional staff (Authorized)

.....

Direct Service program staff (Authorized)

.....

Support staff (Authorized)

.....

Other staff (Authorized)

.....

Total FTEs Authorized by Budget

.....

Full-time Equivalents represented by employees that VOLUNTARILY LEFT the agency during the 12 months between 12/1/07 through 12/1/08.

Voluntary turnover is defined here as employee departure (measured in FTE) from the agency, that is not desired or encouraged by the agency. The following are not included: (1) retirements; (2) those asked/forced to resign or terminated for cause; (3) reduction in force (RIFs ) due to budgets; (4) vertical/horizontal moves within the agency (e.g., promotions).

*Please use the blank space to write your answers.*

Management / Executive staff

.....

PROFESSIONAL staff (state licensed / certified / credentialed)

.....

Direct Service program staff

.....

Support staff

.....

Other staff

.....

Total TURNOVERS

.....

Full-time Equivalents represented by ALL OTHER employees who left the agency during the prior 12 months (from 12/1/07 through 12/1/08).

OTHER STAFF CHANGES are defined here as employee departure (measured in FTE) from the agency for any of the following situations: (1) retirements; (2) those asked/forced to resign or terminated for cause; (3) reduction in force (RIFs ) due to budgets; (4) vertical/horizontal moves within the agency (e.g., promotions).

*Please use the blank space to write your answers.*

Management / Executive staff

.....

PROFESSIONAL staff (state licensed / certified / credentialed)

.....

Direct Service program staff

.....

Support staff

.....

Other staff

.....

Total OTHER STAFF CHANGES

.....

If you would like to provide detail, to help interpret or explain situations surrounding voluntary turnover and/or other staff that left, please comment here.

*Please write your answer in the space below.*

.....

.....

.....

.....

**What are the turnover rates for new hires among direct service, support staff, and professional staff (within 12 months of hire)?**

*Please use the blank space to write your answers.*

Direct Service staff

.....

Professional, licensed, certified, credentialed staff

.....

Support staff

.....

Total

.....

**STAFF TURNOVER:**

**Total FTE of staff who left the agency or changed position for the specified reason across all position categories.**

**Reduction in force is defined as budget cuts to staff positions, layoffs, or other budget related changes in staffing level. Other turnover can include employee death; disability; or other unique situations.**

*Please fill in the answers in the table below (mark appropriate circles and squares and fill in the blank spaces).*

Matrix: part 1 of 2

	Resigned	Involuntary termination	Retired	Reduction in Force
Support staff	.....	.....	.....	.....
Direct Service staff	.....	.....	.....	.....
Professional staff (licensed / certified / credentialed)	.....	.....	.....	.....
Management / Executive staff	.....	.....	.....	.....
Other staff	.....	.....	.....	.....

**STAFF TURNOVER:**

Total FTE of staff who left the agency or changed position for the specified reason across all position categories.

Reduction in force is defined as budget cuts to staff positions, layoffs, or other budget related changes in staffing level. Other turnover can include employee death; disability; or other unique situations.

*Please fill in the answers in the table below (mark appropriate circles and squares and fill in the blank spaces).*

Matrix: part 2 of 2

	Promotion/Lateral job changes	Other turnover in staff
Support staff	.....	.....
Direct Service staff	.....	.....
Professional staff (licensed / certified / credentialed)	.....	.....
Management / Executive staff	.....	.....
Other staff	.....	.....

Indicate which of the following staffing changes occurred in 2008 and which you anticipate at some point in 2009. [check all that apply]

*Please check all that apply and/or add your own variant.*

- Check here if no staffing changes of the types listed
- Furloughs
- Unpaid days of work
- Unpaid time off - voluntary
- Unpaid time off - mandatory
- Shortened work week - decreased hours
- Four day work week

Other Other change in staffing or work hours

.....

Indicate which of the following staffing changes occurred in 2008 and which you anticipate at some point in 2009. [check all that apply]

Please fill in the answers in the table below (mark appropriate circles and squares and fill in the blank spaces).

	Used in 2008	Anticipated for 2009
NO staffing CHANGES of the types listed, used or anticipated	<input type="checkbox"/>	<input type="radio"/> No <input type="radio"/> Maybe <input type="radio"/> Yes, not sure how soon <input type="radio"/> Yes, have scheduled date or have instituted
Furloughs	<input type="checkbox"/>	<input type="radio"/> No <input type="radio"/> Maybe <input type="radio"/> Yes, not sure how soon <input type="radio"/> Yes, have scheduled date or have instituted
Unpaid days of work	<input type="checkbox"/>	<input type="radio"/> No <input type="radio"/> Maybe <input type="radio"/> Yes, not sure how soon <input type="radio"/> Yes, have scheduled date or have instituted
Unpaid time off - voluntary	<input type="checkbox"/>	<input type="radio"/> No <input type="radio"/> Maybe <input type="radio"/> Yes, not sure how soon <input type="radio"/> Yes, have scheduled date or have instituted
Unpaid time off - mandatory	<input type="checkbox"/>	<input type="radio"/> No <input type="radio"/> Maybe <input type="radio"/> Yes, not sure how soon <input type="radio"/> Yes, have scheduled date or have instituted
Shortened work week - decreased hours	<input type="checkbox"/>	<input type="radio"/> No <input type="radio"/> Maybe <input type="radio"/> Yes, not sure how soon <input type="radio"/> Yes, have scheduled date or have instituted
Four day work week	<input type="checkbox"/>	<input type="radio"/> No <input type="radio"/> Maybe <input type="radio"/> Yes, not sure how soon <input type="radio"/> Yes, have scheduled date or have instituted

## SALARY & WAGES BY POSITION CATEGORIES

Including CEO, PROFESSIONAL, DIRECT SERVICE, and SUPPORT staff positions

**CEO/Executive Director/Administrator**

Please provide compensation and professional background for the CEO/Executive Director/Administrator as of December 1, 2008.

Report annual base salary.

Other background details including years in present position, years in the field, age, anticipated retirement year [estimates are sufficient]

*Please fill in the answers in the table below (mark appropriate circles and squares and fill in the blank spaces).*

	Respond with numeric value [If not applicable or not available enter the value 9999]
Annual Base Salary	.....
Years in present position	.....
Years in human services	.....
Current Age	.....
Anticipated year of retirement	.....

**Educational background including Academic degree(s), certificates, and fields of study**

*Please fill in the answers in the table below (mark appropriate circles and squares and fill in the blank spaces).*

	Choose all that apply	Field 1	Field 2	Field 3
Post High School	<input type="checkbox"/>	.....	.....	.....
BA / BS / BSW / BSN	<input type="checkbox"/>	.....	.....	.....
MA / MS / MSW / MPH / MBA / MDIV	<input type="checkbox"/>	.....	.....	.....
JD / MD / DO / DVM	<input type="checkbox"/>	.....	.....	.....
PHD / PsyD / EDD / Other Doctoral Degree	<input type="checkbox"/>	.....	.....	.....
Certificates / Certification	<input type="checkbox"/>	.....	.....	.....
Other	<input type="checkbox"/>	.....	.....	.....

#### **IV. Professional Staff**

**Provide salary and staff levels for incumbents that were in effect as of December 1, 2008. Provide ACTUAL lowest and highest employee annual base salaries and NOT position salary ranges. If there is only one incumbent, skip the low/high categories and include that incumbent's salary or rate under the "average" category.**

**See position job descriptions online at [www.alliance1.org](http://www.alliance1.org) accessed through the Evaluation & Research menu choice on left side of home page, within link to Survey Directory ANNUAL U.S. COMPENSATION, you will find an option to view or download the Position Description PDF file.**

## Credentialed / Registered / Licensed / Professional Positions

Please fill in the answers in the table below (mark appropriate circles and squares and fill in the blank spaces).

Matrix: part 1 of 2

	Salaried (1) or Hourly (2) or Both (3)	Number of staff	Average base salary	Average hourly rate
Accountant CPA	.....	.....	.....	.....
Nurse (RN / BSN)	.....	.....	.....	.....
Licensed Practical Nurse LPN	.....	.....	.....	.....
Licensed Therapist: Chemical Dependency	.....	.....	.....	.....
Licensed Therapist: Marriage and Family	.....	.....	.....	.....
Licensed Therapist: Occupational	.....	.....	.....	.....
Licensed Therapist: Recreational	.....	.....	.....	.....
Licensed Therapist: Rehabilitation	.....	.....	.....	.....
Licensed Therapist: Social Worker BSW	.....	.....	.....	.....
Licensed Therapist: Social Worker MSW	.....	.....	.....	.....
Licensed Therapist: Speech	.....	.....	.....	.....
Psychiatrist	.....	.....	.....	.....
Psychologist MA / MS	.....	.....	.....	.....
Psychologist PhD / Ed D	.....	.....	.....	.....
Social Work Supervisor	.....	.....	.....	.....
Researcher / Evaluator	.....	.....	.....	.....
Other Professional 1	.....	.....	.....	.....
Other Professional 2	.....	.....	.....	.....

## Credentialed / Registered / Licensed / Professional Positions

Please fill in the answers in the table below (mark appropriate circles and squares and fill in the blank spaces).

Matrix: part 2 of 2

	Average contractor payment
Accountant CPA	.....
Nurse (RN / BSN)	.....
Licensed Practical Nurse LPN	.....
Licensed Therapist: Chemical Dependency	.....
Licensed Therapist: Marriage and Family	.....
Licensed Therapist: Occupational	.....
Licensed Therapist: Recreational	.....
Licensed Therapist: Rehabilitation	.....
Licensed Therapist: Social Worker BSW	.....
Licensed Therapist: Social Worker MSW	.....
Licensed Therapist: Speech	.....
Psychiatrist	.....
Psychologist MA / MS	.....
Psychologist PhD / Ed D	.....
Social Work Supervisor	.....
Researcher / Evaluator	.....
Other Professional 1	.....
Other Professional 2	.....

**Does the agency have other professional positions that do not appear in the list above? Please indicate which existing position you used to report the salary/wage information and specify the actual position title used by your agency.**

*Please write your answer in the space below.*

.....

.....

.....

.....

**V. Program / Direct Service / Support Staff**

**Provide salary/hourly rate and staff levels for incumbents that were in effect as of December 1, 2008. Report both full-time and part-time employees in the "Number of Staff in Position" field. Provide incumbents' salary and/or hourly rate averages, dependent on how they are compensated by your agency. If there is only one incumbent, include that incumbent's salary or rate in the average category.**

# Program Staff / Direct Service Providers

Please fill in the answers in the table below (mark appropriate circles and squares and fill in the blank spaces).

Matrix: part 1 of 2

	Salaried (1) or Hourly (2) or Both (3)	Number of staff	Average base salary	Average hourly rate
Advocate	.....	.....	.....	.....
After School Worker	.....	.....	.....	.....
Case Manager	.....	.....	.....	.....
Child Care Worker	.....	.....	.....	.....
Child Daycare Assistant Teacher	.....	.....	.....	.....
Child Daycare Lead Teacher	.....	.....	.....	.....
Child Daycare Teacher Aide	.....	.....	.....	.....
Communications Specialist	.....	.....	.....	.....
Community Organizer	.....	.....	.....	.....
Community Outreach / Liaison	.....	.....	.....	.....
Credit Counselor	.....	.....	.....	.....
Crisis Line worker	.....	.....	.....	.....
Driver (Bus / Van / Car)	.....	.....	.....	.....
Educational Program Supervisor	.....	.....	.....	.....
Family Aide	.....	.....	.....	.....
Family Life Educator	.....	.....	.....	.....
Food Pantry Coordinator	.....	.....	.....	.....
Home Health Aide	.....	.....	.....	.....
House parent	.....	.....	.....	.....
Immigration Service Worker	.....	.....	.....	.....
Intake Coordinator	.....	.....	.....	.....
Job Training Instructor	.....	.....	.....	.....
Mentor	.....	.....	.....	.....

Neighborhood Center / Program Coordinator	.....	.....	.....	.....
Neighborhood Center / Program Manager	.....	.....	.....	.....
Neighborhood Center / Program Supervisor	.....	.....	.....	.....
Neighborhood Center / Program Director	.....	.....	.....	.....
Parent Mentor	.....	.....	.....	.....
Recreational Program Supervisor	.....	.....	.....	.....
Resettlement Worker	.....	.....	.....	.....
Residential Counselor	.....	.....	.....	.....
Residential Program Supervisor	.....	.....	.....	.....
Residential Youth Worker	.....	.....	.....	.....
Shelter supervisor	.....	.....	.....	.....
Shelter worker	.....	.....	.....	.....
Social work aide	.....	.....	.....	.....
Teacher (Residential Education)	.....	.....	.....	.....
Tutor	.....	.....	.....	.....
Volunteer Coordinator	.....	.....	.....	.....
Youth Worker	.....	.....	.....	.....
Youth Mentor	.....	.....	.....	.....
Other Program / Direct Service Position 1	.....	.....	.....	.....
Other Program / Direct Service Position 2	.....	.....	.....	.....

## Program Staff / Direct Service Providers

Please fill in the answers in the table below (mark appropriate circles and squares and fill in the blank spaces).

Matrix: part 2 of 2

	Average contractor payment
Advocate	.....
After School Worker	.....
Case Manager	.....
Child Care Worker	.....
Child Daycare Assistant Teacher	.....
Child Daycare Lead Teacher	.....
Child Daycare Teacher Aide	.....
Communications Specialist	.....
Community Organizer	.....
Community Outreach / Liaison	.....
Credit Counselor	.....
Crisis Line worker	.....
Driver (Bus / Van / Car)	.....
Educational Program Supervisor	.....
Family Aide	.....
Family Life Educator	.....
Food Pantry Coordinator	.....
Home Health Aide	.....
House parent	.....
Immigration Service Worker	.....
Intake Coordinator	.....
Job Training Instructor	.....
Mentor	.....

Neighborhood Center / Program Coordinator	.....
Neighborhood Center / Program Manager	.....
Neighborhood Center / Program Supervisor	.....
Neighborhood Center / Program Director	.....
Parent Mentor	.....
Recreational Program Supervisor	.....
Resettlement Worker	.....
Residential Counselor	.....
Residential Program Supervisor	.....
Residential Youth Worker	.....
Shelter supervisor	.....
Shelter worker	.....
Social work aide	.....
Teacher (Residential Education)	.....
Tutor	.....
Volunteer Coordinator	.....
Youth Worker	.....
Youth Mentor	.....
Other Program / Direct Service Position 1	.....
Other Program / Direct Service Position 2	.....

**Does the agency have other program or direct service staff positions that do not appear in the list above?  
Please indicate which existing position you used to report the salary/wage information and specify the actual  
position title used by your agency.**

*Please write your answer in the space below.*

.....

.....

.....

.....

# Support Staff Positions

Please fill in the answers in the table below (mark appropriate circles and squares and fill in the blank spaces).

Matrix: part 1 of 2

	Salaried (1) or Hourly (2) or Both (3)	Number of staff	Average base salary	Average hourly rate
Accounting Assistant	.....	.....	.....	.....
Administrative Assistant / Secretary	.....	.....	.....	.....
Admission Administrator	.....	.....	.....	.....
Bookkeeper	.....	.....	.....	.....
Computer Support Specialist	.....	.....	.....	.....
Cook / Chef	.....	.....	.....	.....
Assistant Cook / Assistant Cook	.....	.....	.....	.....
Custodian / Maintenance Worker	.....	.....	.....	.....
Data Entry Processor	.....	.....	.....	.....
Development Associate	.....	.....	.....	.....
Executive Assistant / Executive Secretary	.....	.....	.....	.....
Facilities Coordinator	.....	.....	.....	.....
Grant / Proposal Writer	.....	.....	.....	.....
Groundskeeper	.....	.....	.....	.....
Housekeeper	.....	.....	.....	.....
Human Resources Specialist	.....	.....	.....	.....
Public Policy Advocate	.....	.....	.....	.....
Receptionist	.....	.....	.....	.....
Records Clerk	.....	.....	.....	.....
Other Support Staff Position 1	.....	.....	.....	.....
Other Support Staff Position 2	.....	.....	.....	.....

# Support Staff Positions

Please fill in the answers in the table below (mark appropriate circles and squares and fill in the blank spaces).

Matrix: part 2 of 2

	Average contractor payment
Accounting Assistant	.....
Administrative Assistant / Secretary	.....
Admission Administrator	.....
Bookkeeper	.....
Computer Support Specialist	.....
Cook / Chef	.....
Assistant Cook / Assistant Cook	.....
Custodian / Maintenance Worker	.....
Data Entry Processor	.....
Development Associate	.....
Executive Assistant / Executive Secretary	.....
Facilities Coordinator	.....
Grant / Proposal Writer	.....
Groundskeeper	.....
Housekeeper	.....
Human Resources Specialist	.....
Public Policy Advocate	.....
Receptionist	.....
Records Clerk	.....
Other Support Staff Position 1	.....
Other Support Staff Position 2	.....

Does the agency have other support staff positions that do not appear in the list above? Please indicate which existing position you used to report the salary/wage information and specify the actual position title used by your agency.

*Please write your answer in the space below.*

.....

.....

.....

.....

## BENEFITS

For the following types of benefits, answer by checking Yes or No, clicking on answer categories, entering dollar amounts or percentages rounded to the nearest whole number, and entering text responses in the spaces provided.

### Health (Medical) Insurance Premiums

Does the agency pay for health insurance for full-time employees?

*Please pick one of the answers below.*

- Yes
- No

What is the minimum number of hours per week needed to qualify for health insurance coverage?

*Please use the blank space to write your answers.*

Hours per week

.....

Total

.....

**Does the agency pay the premium in proportion to time worked?**

*Please pick one of the answers below.*

- Yes, in proportion to time worked
- Yes, in proportion to length of employment
- No criteria for agency premium payment

**Please indicate whether your agency pays a fixed percentage or a set dollar amount toward health insurance premiums for full-time employees. Provide details for only your single plan and family plan coverage (i.e., omit other plan types).**

*Please use the blank space to write your answers.*

if Agency pays a fixed percentage, percent paid toward single plan

if Agency pays a fixed percentage, percent paid toward family plan

if Agency pays a set dollar amount, amount paid toward single plan

if Agency pays a set dollar amount, amount paid toward family plan

Total

**If the financial details above do not adequately reflect your benefit premiums please provide comments or details about your health insurance PREMIUMS,**

*Please write your answer in the space below.*

**Other Benefits:**

**Please indicate which of the following benefits the agency offers employees**

Please indicate whether the agency provides, contributes toward, or offers each benefit listed

Please fill in the answers in the table below (mark appropriate circles and squares and fill in the blank spaces).

	Agency provides	Agency offers	Agency contributes a portion
Major medical only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Spending Account - Health Insurance Premiums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Spending Account - Unreimbursed insurance deductibles / medical expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Spending Account - Dependent Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAP - Employee Assistance Program (if yes, see additional questions below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellness Program / On-site fitness facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement - Pension Plans (if yes, see additional questions below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement - Pension Active Defined Contribution Program (if yes, see additional questions below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement - Pension Active Defined Benefit Program (if yes, see additional questions below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Retirement - Deferred Compensation 401(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement - Deferred Compensation 403(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation / Paid Annual Leave (if yes, see additional questions below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PTO - Paid Time Off (if yes, see additional questions below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sick Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statutory holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bereavement Leave for death of immediate family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bereavement Leave for death of extended family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bereavement Leave for other death / losses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other benefit(s) not described above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education benefit (tuition reimbursement, release time, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other benefits (please list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a number or percentage response for the Agency provided benefits selected above. Leave response fields empty if Agency does not offer

**Agency contributions to Retirement Plans**

**What is the maximum percent of salary the agency contributes?**

*Please use the blank space to write your answers.*

Percent of salary contributed to 401(k)

Percent of salary contributed to 403(b)

Total

**Please provide comments or details about your retirement plans if the financial information above does not reflect the Agency's benefit adequately.**

*Please write your answer in the space below.*

**Time Off - Days per year minimums and maximums**

**(For types of paid leave without min/maximums enter response in minimum column)**

*Please fill in the answers in the table below (mark appropriate circles and squares and fill in the blank spaces).*

	Minimum	Maximum
What are the minimum & maximum hours of allocated PTO across all classes of employees [report hours/year]	.....	.....
What are the minimum & maximum days of vacation for full-time EXEMPT employees [report days/year]	.....	.....
What are the minimum & maximum days of vacation for full-time NON-EXEMPT employees [report days/year]	.....	.....
Sick leave [report hours/month]	.....	.....
Statutory holidays [report days/year]	.....	.....
Optional holidays [report days/year]	.....	.....
Personal days [report days/year]	.....	.....
Bereavement leave - immediate family [maximum days/event]	.....	.....
Bereavement leave - extended family [maximum days/event]	.....	.....
Bereavement leave - other deaths [maximum days/event]	.....	.....

Educational / Administrative release time fmaximum days/event] for education related time-off		
Other time off [length]		

**COMPENSATION STUDY PARTICIPATION FEEDBACK**

**We welcome your feedback about any aspect of this year's compensation study of program and professional staff positions and current benefits you AGENCY provides.**

*Please write your answer in the space below.*

.....

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.....

.....

**Please describe your anticipated uses for the 2009 Compensation Study Report (planned release of the Report is late-June 2009). If you have a time specific need for study findings indicate your need and time frame.**

*Please write your answer in the space below.*

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This year, several new questionnaire features may affect your ability to provide your Agency compensation information. The 2009 Compensation Study was launched nearly 3 months later this year than in previous years; the questionnaire is online but through a different online survey website; some familiar questions appear in different formats or sections; you found a number of new answer choices for familiar questions and series of new questions.

Please indicate how these new features of the 2009 Compensation Study affected your participation and planning.

Please fill in the answers in the table below (mark appropriate circles and squares and fill in the blank spaces).

	Feedback
effects of the delayed release,	.....
your ability to collect and answer the questions,	.....
inconvenience from increases in time needed to complete the online questionnaire,	.....
ease or difficulty using the new online survey website,	.....
Any other comments you can share	.....

If the Evaluation and Research Services Department staff have a question about your responses, please identify an agency contact and email information so we can get in touch with you or your designee.

Please use the blank space to write your answers.

Online questionnaire prepared by

Preparer's email address

Contact name for followup questions [if not same as preparer]

Contact email for followup questions [if not same as preparer]

Please estimate the amount of agency resources, i.e. personnel and time, needed to complete this compensation questionnaire. Indicate the number of individuals involved in compiling the data and the number of hours they spent. Also indicate the amount of time, minutes/hours, spent entering the information into the online survey link.

*Please use the blank space to write your answers.*

Number of staff involved

Number of total hours compiling information

Amount of time required to enter data online and submit [report length in minutes]

Total

We appreciate your time and the effort spent completing this online questionnaire. We work each year to improve our compensation survey research and our online instrument. Please share comments or suggestions below that will help us make the compensation study even more useful to your agency or the field. Also include comments about the ease of use of the online questionnaire.

*Please write your answer in the space below.*

We welcome your feedback about any aspect of this year's compensation study of program and professional staff positions and current benefits.

*Please write your answer in the space below.*

