

COMPANY NAME:

# #A05

## HYDRAULIC INSTITUTE REPORT 2015 HOURLY WAGE AND FRINGE BENEFIT SURVEY COVERING FACTORY AND FOUNDRY EMPLOYEES

THIS SURVEY COVERS SELECTED 'BENCHMARK' JOBS, DESIGNED TO REPRESENT A WIDE RANGE OF SKILLS. REPORT ONLY THOSE WORKERS THAT FIT THE ENCLOSED JOB DESCRIPTION. REPORT FRINGE BENEFITS AND PERSONNEL POLICIES FOR YOUR HOURLY WORKERS ONLY. IF YOU HAVE SEVERAL FACILITIES, USE A SEPARATE FORM FOR EACH FACILITY IF THERE ARE SIGNIFICANT DIFFERENCES BETWEEN THEM. PLEASE COMPLETE THE SURVEY AND RETURN IT BY APRIL **15, 2015** TO:

**STACEY HARRISON**  
NEMA/BUSINESS INFORMATION SERVICES  
**HARRISONS@NEMA.ORG**  
or FAX to **(703) 841-3370**

### SECTION I: DEMOGRAPHICS

**1. What was your dollar volume in 2014?**

- Under \$10 million
- \$10 million - \$19.9 million
- \$20 million - \$49.9 million
- \$50 million - \$99.9 million
- \$100 million - \$249.9 million
- \$250 million - \$499.9 million
- \$500 million and over

**2. List location of your facilities, reporting the primary facility first:**

LOCATION (CITY/STATE)	EMPLOY- MENT MARKET SIZE*	# OF FULL-TIME SALARIED WORKERS	# OF FULL- TIME HOURLY WORKERS	FACILITY INCLUDED IN THIS REPORT?	
				YES	NO
a)					
b)					
c)					
d)					
e)					

**\* Employment Market Sizes:**

- 1) Large city (population more than 500,000)
- 2) Moderate size city (population 50,000 to 500,000)
- 3) Small city (population 10,000 to 50,000)
- 4) Town/Rural (population less than 10,000)

## SECTION II: REPORT FOR KEY BENCHMARK JOBS

	JOB CODE	# OF EMPLOYEES	ESTABLISHED HOURLY PAY RANGE			AVERAGE HOURLY WAGE INCLUDING INCENTIVE Effective 1/1/15
			Minimum	Mid Point	Maximum	
<b>PART A – MAINTENANCE</b>						
Electrician	105					
Machine Repair	110					
CNC Equipment Repair	115					
Gen. Maintenance (Multi-skilled)	120					
<b>PART B – PRODUCTION</b>						
Assembler or Erector	136					
Boring Mill Operator	144					
Chipper and Grinder	150					
Lathe Operator	171					
Machinist (all-around)	181					
CNC Operator	184					
Production Machinist	187					
Combination Welder	190					
Inspector	192					
Painter	195					
<b>PART C – FOUNDRY</b>						
Chipper and Grinder	203					
Coremaker (bench)	206					
Melter (electric furnace)	216					
Molder (machine)	221					
Molder (chemically bonded)	226					
<b>PART D - SERVICE/OTHER</b>						
Laborer	109					
Warehouse Team	121					
Crater	125					
Tool, Die, or Gauge Maker	127					
Fork Lift Operator	134					
Pattern Maker	199					

\* IF YOU HAVE INCENTIVE EMPLOYEES, PLEASE INDICATE THE HOURLY RATE WITH THE INCENTIVE FACTORED IN.

**HOURLY WAGE AND FRINGE BENEFIT SURVEY  
COVERING FACTORY AND FOUNDRY EMPLOYEES**

**JOB DESCRIPTIONS**

<b>OCCUPATION</b>	<b>HI CODE NO.</b>	<b>DESCRIPTION</b>
<b>PART A - Maintenance Occupations</b>		
ELECTRICIAN (Maintenance)	105	Lay, install and maintain a wide variety of complex electrical equipment such as involved automatic controls, generating equipment, large switchboards. Establish secondary distribution centers, balance loads, wire circuits having a large number of units and connections. Diagnose and remedy any electrical trouble. Work from wiring diagrams and schematic drawings.
MACHINE REPAIR	110	Install and maintain complicated machine tools. Lay out and perform difficult machining operations on replacement parts. Diagnose and remedy trouble, tear down and re-assemble intricate mechanisms. Highly skilled fitting of bearings, spindles, scraping of ways.
CNC EQUIPMENT REPAIR	115	Works directly with Maintenance Supervisor to assure production equipment is in good operating condition. Designs and builds new electrical controls and maintains existing equipment as required. Able to make sound business decisions as to the most economical repairs that restores equipment to safe operating condition. Sets priorities working with Area Superintendent and Maintenance Supervisor.
GENERAL MAINTENANCE (Multi-skilled)	120	Performs maintenance service and repair to plant or production facilities, machinery and equipment, using a variety of power and hand tools, as directed. Skill areas include carpentry, plumbing, painting, electrical repair, HVAC system repair and vehicle. Performs work in accordance with established safety procedures. Estimates repair time and material costs. Requisitions/purchases needed materials. Works with contracted maintenance personnel as needed.

## PART B - Productive Occupations

ASSEMBLER OR ERECTOR	136	Difficult and diversified assembly or adjusting, such as complete assembly of units. Considerable fitting, adjusting. Close tolerances, precision fits.
BORING MILL OPERATOR (Horizontal Boring Bar and Vertical Mills)	144	Highly diversified. Bore, mill, drill, turn and face wide variety of large and expensive parts. Close tolerances or inter-related locations. Difficult set-ups requiring extensive blocking and aligning of parts of irregular shape. Determine feeds, speeds, tooling, operation sequence for considerable range of unusual and difficult operations.
CHIPPER AND GRINDER (Machine Shop and Assembly)	150	Type of work repetitive. Some diversification in material. Chip and file water passages smooth. Finish base contours outside and inside of castings. Match joints, trim, smooth and grind contours and edges, etc. Remove burrs.
LATHE OPERATOR (Engine)	171	Wide variety of parts. Very close tolerances. Difficult set-ups and aligning of work. Select speeds, feeds, tooling, operation sequence for a considerable range of unusual and difficult operations. (Usually lathes under 30".)
MACHINIST (All-around)	181	Sets up and operates various types of machines such as lathes, milling machines, boring mills, grinders, etc., and performs progressive machining operations for complicated apparatus or equipment with very close tolerances or unusual requirements. Fits and assembles where necessary. Highly diversified.
CNC OPERATOR	184	Sets up and operates moderately complex Numerically Controlled Machining Center to bore, drill, mill, etc. a variety of generally smaller sized industrial pump volutes, bearing housings, and related parts.
PRODUCTION MACHINIST	187	Sets up and operates 2 or more families of machines, e.g. turret lathes, engine lathes, boring mills, milling machines, grinders (including conventional or NC but excluding drills), to exacting tolerances for complex and irregularly shaped parts for products including prototypes.

COMBINATION WELDER (Arc or Gas)	190	Ordinary arc or acetylene hand welding on a variety of items such as frames, racks, trucks, high and low pressure tanks. Also welds structures subject to heavy loads and pressures.
INSPECTOR	192	Final inspection of parts and assemblies. Somewhat diversified bench, first piece, or work-in-progress inspection. Close tolerances. Inspection procedure, allowable variations prescribed. Responsibility for decisions as to quality and finish. Devise gauging and measuring set-ups. Use a variety of precision instruments.
PAINTER	195	Performs sandblast and paint application tasks in accordance with SBPI standard procedure processes as well as specific customer requirements.

### **PART C - Foundry Occupations**

CHIPPER-GRINDER	203	Clean out sand, rods, etc.; chip or grind fins, gates, and risers from various sizes and shapes of castings. Must use some judgment in recognizing gates and risers to be removed.
COREMAKER (Floor or Bench)	206	Irregular, complicated and diversified cores. Requires considerable skill in ramming, reinforcing and venting.
MELTER (Electric Furnace)	216	Charge, operate and maintain furnace. Make up heats from specifications.
MOLDER (Machines)	221	Diversified work. Difficult venting or reinforcing. Some skill in ramming, cutting gates and risers.
MOLDER (Chemically bonded)	226	Diversified work. Small complicated castings involving difficult core setting and reinforcing. May require fine finish. Considerable skill in venting, patching, facing. Works with adhesives to achieve molding process.

## PART D - Service and Other Occupations

LABORER	109	Except as otherwise classified, performs work requiring little skill or previous training, in connection with rough, heavy labor which may involve exposure to weather; move, lift, and pile material, load and unload cars, etc. Use wheelbarrows, hand trucks, and simple hand tools, if necessary.
WAREHOUSE TEAM	121	Performs stock-keeping duties. Includes receiving, stocking, selecting, computing and delivering. Moves material around the warehouse and storeroom areas. Dimensions for shipping clerk
CRATER	125	Have a working knowledge of all phases and processes for the containerization of all pumps. Designs and makes cut lists, cuts all types of lumber and plywood, performs layout of shipping containers, assembles containers, loads pumps, seals containers, rigs pumps for proper balance and weight distribution, weighs pumps and takes
TOOL, DIE OR GAUGE MAKER	127	Plan and construct highly intricate tools, dies, fixtures, gauges to extremely close tolerances. Involves considerable development work, highly skilled fitting, timing, and adjusting. Construct tools where no design is available, select allowances, devise mechanism details; e.g., multi-station progressive and deep drawing dies, complex indexing fixtures, sub-press dies for parts of delicate outline, optical gauges.
FORK LIFT OPERATOR	134	Operates gas or electric drive truck, moving material within plant.
PATTERN MAKER (Wood)	199	Plan and perform all bench and machine operations to construct, alter, or repair large and complicated patterns. High degree of ingenuity in planning large multi-piece patterns, visualizing molding procedure, calculating allowances. Work from drawings.

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**SECTION III: FRINGE BENEFIT SURVEY FOR HOURLY EMPLOYEES**

3. Major bargaining unit (if union): \_\_\_\_\_  
(ENTER DATA FOR YOUR MAJOR UNION IF MORE THAN ONE UNION.)
4. a) Contract term (month/year) (if union): from \_\_\_\_\_ to \_\_\_\_\_  
b) If non-union, date of last general increase or merit review (month/year): \_\_\_\_\_
5. Number of hourly full-time employees: \_\_\_\_\_
6. a) Incentive coverage: (DO NOT INCLUDE PROFIT-SHARING.) 1.  Yes      2.  No  
b) If yes, what is the plant wide average percent of base earned? \_\_\_\_\_ %
7. a) Do you have a cost-of-living adjustment? 1.  Yes      2.  No  
b) If yes, how much per hour? \$ \_\_\_\_\_ hour
8. Average labor cost per hour: (STRAIGHT-TIME AVERAGE HOURLY EARNED RATE, INCLUDING INCENTIVE BUT EXCLUDING SHIFT PREMIUM AND OVERTIME) \$ \_\_\_\_\_ /hour
9. Average labor cost increases in cents/hour: 2011 \_\_\_\_\_ ¢  
(Increases in straight-time average hourly earned rate; 2012 \_\_\_\_\_ ¢  
includes COLA but not incentive) 2013 \_\_\_\_\_ ¢  
2014 \_\_\_\_\_ ¢  
2015 \_\_\_\_\_ ¢
10. Average total fringe benefit cost per hour: \$ \_\_\_\_\_ /hour
11. Increases in straight-time average hourly fringe benefits: 2011 \_\_\_\_\_ ¢  
(Fringe benefits exclude overtime premiums, but include 2012 \_\_\_\_\_ ¢  
pensions, group life and medical plans, time off with pay, 2013 \_\_\_\_\_ ¢  
including holidays and vacations, as well as mandatory 2014 \_\_\_\_\_ ¢  
payments such as FICA, etc.) 2015 \_\_\_\_\_ ¢
12. Do you make other payments?
- |                            | Yes                      | No                       |
|----------------------------|--------------------------|--------------------------|
| a. Profit-sharing .....    | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Gain-sharing .....      | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Signing bonus .....     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Other (SPECIFY) _____.. | <input type="checkbox"/> | <input type="checkbox"/> |
-

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**13. Shift premium for:**

- a. Second shift \_\_\_\_\_ ¢ per hour                      b. Third shift \_\_\_\_\_ ¢ per hour

**14. Overtime:**

**a. Time and one half paid for:**

- |                                  | Yes                      | No                       |
|----------------------------------|--------------------------|--------------------------|
| a. Excess of 40 hours only ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Excess of 8 hours daily ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Saturday if sixth day .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Saturday as such .....        | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Sunday if sixth day .....     | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other (SPECIFY) _____.        | <input type="checkbox"/> | <input type="checkbox"/> |

**b. Double time paid for:**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Excess of 48 hours only .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Sunday as such .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. After how many hours in a day (SPECIFY).....                 |                          | _____ hours in one day   |
| d. Hours required if paid for Saturday overtime (SPECIFY) _____ |                          | _____ hours in one week  |
| f. Other (SPECIFY) _____.                                       | <input type="checkbox"/> | <input type="checkbox"/> |

**15. Severance or separation pay:**

- a. Maximum number of weeks paid: \_\_\_\_\_ weeks  
b. Number of weeks earned per year of service: \_\_\_\_\_ weeks

**16. Insurance and benefit plans:**

	OFFERED		PAID BY COMPANY		PERCENT PAID BY COMPANY
	Em- ployee	Depen- -dent	Em- Ployee	Depen- -dent	
a. Group Life					
b. HMO					
c. PPO					
d. POS					
e. Indemnity					
f. Retiree Medical					
g. Vision Care					
h. Pension					
i. Dental					
j. Long Term Care					
k. Flexible Spending Plan					
l. Cafeteria Plan					
m. Child Care					
n. Maternity/Paternity benefits					
o. Paid vacation					



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**17. Group life insurance benefits:**

- a. Amount for natural death      \$ \_\_\_\_\_      or \_\_\_\_\_ times salary
- b. Amount for accidental death      \$ \_\_\_\_\_      or \_\_\_\_\_ times salary

**18. Short-term disability benefits:**

- a. Maximum amount per week      \$ \_\_\_\_\_/week
- b. Number of weeks paid      \_\_\_\_\_ weeks
- c. Employee contribution      \$ \_\_\_\_\_/month

**19. Long-term disability benefits:**

- a. Maximum amount per week      \$ \_\_\_\_\_/week
- b. Number of weeks paid      \_\_\_\_\_ weeks
- c. Employee contribution      \$ \_\_\_\_\_/month
- d. Lifetime disability benefit      1.  Yes      2.  No
- e. Waiting period      \_\_\_\_\_ weeks

**20. Group health insurance:**

	HMO	PPO	POS	Indemnity
a. Amount of deductible	\$ _____	\$ _____	\$ _____	\$ _____
b. Total out-of-pocket (stop loss)	\$ _____	\$ _____	\$ _____	\$ _____
c. Coinsurance (percentage)	% _____	% _____	% _____	% _____
d. Maximum lifetime benefit	\$ _____	\$ _____	\$ _____	\$ _____
e. Copay for office visit	\$ _____	\$ _____	\$ _____	\$ _____
f. Copay emergency room visit	\$ _____	\$ _____	\$ _____	\$ _____

**21. Is group health pre-certification required?**

	HMO	PPO	POS	Indemnity
a. Inpatient Hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outpatient Hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Inpatient Mental/Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Outpatient Mental/Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Does the group health include a prescription drug plan? 1.  Yes 2.  No

23. How much is the copay for prescription drugs?

	FORMULARY	NON-FORMULARY	GENERIC
Copay amount	\$ _____	\$ _____	\$ _____

24. Does the group health include a mail order prescription drug plan? 1.  Yes 2.  No

25. How much is the copay for mail order prescription drugs? \$ \_\_\_\_\_

26. Dental insurance:

a. Maximum coverage \$ \_\_\_\_\_

b. Deductible \$ \_\_\_\_\_

c. Coinsurance or copay amount:

	COINSURANCE PAID BY EMPLOYER	FLAT AMOUNT PAID BY EMPLOYER
1. Diagnostic/Preventative	_____ %	\$ _____
2. Minor restorative	_____ %	\$ _____
3. Major restorative	_____ %	\$ _____
4. Orthodontics	_____ %	\$ _____

## BENEFITS

27. For group life coverage, how much are your current monthly premiums per employee and how are the premiums paid?

<b>GROUP LIFE</b>	<b>SINGLE</b>		<b>TWO-PARTY</b>		<b>ONE PARENT &amp; CHILDREN</b>		<b>FAMILY</b>	
	Dollars	Percent	Dollars	Percent	Dollars	Percent	Dollars	Percent
<i>Monthly payment per employee</i>								
Paid by <b>Employee</b>	\$	%	\$	%	\$	%	\$	%
Paid by <b>Employer</b>	\$	%	\$	%	\$	%	\$	%
Total paid per month	\$	100%	\$	100%	\$	100%	\$	100%

## RETIREE LIFE INSURANCE

28. Do you have group life for retirees? 1.  Yes      2.  No

29. For retired employees, what percent of group life is paid by the company? \_\_\_\_\_%

30. For retired employees, what is the amount of life insurance coverage? \$\_\_\_\_\_

31. How many years of service are required for life insurance for retirees? \_\_\_\_\_ years

32. How many years of service are required for health insurance for retirees? \_\_\_\_\_ years

**33. For group health coverage, how much are your current monthly premiums per employee and how are the premiums paid?**

<b>GROUP HEALTH</b> <i>Monthly payment per employee</i>	<b>SINGLE</b>		<b>TWO-PARTY</b>		<b>ONE PARENT &amp; CHILDREN</b>		<b>FAMILY</b>	
	Dollars	Percent	Dollars	Percent	Dollars	Percent	Dollars	Percent
<b>INDEMNITY</b>								
Paid by <b>Employee</b> <i>(per month)</i>	\$	%	\$	%	\$	%	\$	%
Paid by <b>Employer</b> <i>(per month)</i>	\$	%	\$	%	\$	%	\$	%
Total paid per month	\$	100%	\$	100%	\$	100%	\$	100%
<b>HMO</b>								
Paid by <b>Employee</b> <i>(per month)</i>	\$	%	\$	%	\$	%	\$	%
Paid by <b>Employer</b> <i>(per month)</i>	\$	%	\$	%	\$	%	\$	%
Total paid per month	\$	100%	\$	100%	\$	100%	\$	100%
<b>PPO</b>								
Paid by <b>Employee</b> <i>(per month)</i>	\$	%	\$	%	\$	%	\$	%
Paid by <b>Employer</b> <i>(per month)</i>	\$	%	\$	%	\$	%	\$	%
Total paid per month	\$	100%	\$	100%	\$	100%	\$	100%
<b>POS</b>								
Paid by <b>Employee</b> <i>(per month)</i>	\$	%	\$	%	\$	%	\$	%
Paid by <b>Employer</b> <i>(per month)</i>	\$	%	\$	%	\$	%	\$	%
Total paid per month	\$	100%	\$	100%	\$	100%	\$	100%

**34. For group health coverage, what is the average annual cost per employee?** \$ \_\_\_\_\_

**35. For group health retiree coverage, how much are your current monthly premiums per eligible retired employee and how are the premiums paid?**

<b>GROUP HEALTH FOR RETIREES</b> <i>Monthly payment per employee</i>	<b>INDEMNITY</b>				<b>HMO</b>			
	<b>SINGLE</b>		<b>FAMILY</b>		<b>SINGLE</b>		<b>FAMILY</b>	
	Dollars	Percent	Dollars	Percent	Dollars	Percent	Dollars	Percent
Paid by <b>Employee</b>	\$	%	\$	%	\$	%	\$	%
Paid by <b>Employer</b>	\$	%	\$	%	\$	%	\$	%
Total paid per month	\$	100%	\$	100%	\$	100%	\$	100%

<b>GROUP HEALTH FOR RETIREES</b> <i>Monthly payment per employee</i>	<b>PPO</b>				<b>POS</b>			
	<b>SINGLE</b>		<b>FAMILY</b>		<b>SINGLE</b>		<b>FAMILY</b>	
	Dollars	Percent	Dollars	Percent	Dollars	Percent	Dollars	Percent
Paid by <b>Employee</b>	\$	%	\$	%	\$	%	\$	%
Paid by <b>Employer</b>	\$	%	\$	%	\$	%	\$	%
Total paid per month	\$	100%	\$	100%	\$	100%	\$	100%

**36. For dental coverage, how much are your current monthly premiums per employee and how are the premiums paid?**

<b>DENTAL</b>	<b>INDEMNITY</b>				<b>DMO</b>			
	<b>SINGLE</b>		<b>FAMILY</b>		<b>SINGLE</b>		<b>FAMILY</b>	
<i>Monthly payment per employee</i>								
	Dollars	Percent	Dollars	Percent	Dollars	Percent	Dollars	Percent
Paid by <b>Employee</b>	\$	%	\$	%	\$	%	\$	%
Paid by <b>Employer</b>	\$	%	\$	%	\$	%	\$	%
Total paid per month	\$	100%	\$	100%	\$	100%	\$	100%

**37. For vision coverage, how much are your current monthly premiums per employee and how are the premiums paid?**

<b>VISION</b>	<b>SINGLE</b>		<b>FAMILY</b>	
	Dollars	Percent	Dollars	Percent
<i>Monthly payment per employee</i>				
Paid by <b>Employee</b>	\$	%	\$	%
Paid by <b>Employer</b>	\$	%	\$	%
Total paid per month	\$	100%	\$	100%

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**COVERING FACTORY AND FOUNDRY EMPLOYEES**

**DEFINED BENEFIT PLANS**

38. Does your company have a defined benefit plan? 1.  Yes      2.  No
39. Maximum dollars per month per year of service: \$ \_\_\_\_\_
40. What is the minimum service required for eligibility? \_\_\_\_\_ years
41. Do you have Social Security offset? 1.  Yes    2.  No
42. Do you have provision for early retirement? 1.  Yes      2.  No
43. What percent per year is the benefit reduced for early retirement? \_\_\_\_\_ % per year
44. What is the normal retirement age? \_\_\_\_\_ years

**DEFINED CONTRIBUTION PLANS**

45. Does your company have a defined contribution plan? 1.  Yes 2.  No
46. What percent of the contribution is paid by the employer: \_\_\_\_\_%
47. What is the minimum service required for eligibility? \_\_\_\_\_ years
48. Do you have an ESOP?    1.  Yes      2.  No
49. Do you have a 401k Savings Plan? 1.  Yes    2.  No
- a. If yes, company match? 1.  Yes      2.  No
- b. If yes, maximum company %: \_\_\_\_\_%

**HOLIDAY PAY**

50. Number of paid holidays: \_\_\_\_\_ days
51. If the employee is allowed holiday pay and is requested to work on the holiday, how is he compensated? (CHECK APPROPRIATE BOX.)
- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Straight Time | <input type="checkbox"/> 2 Time     |
| <input type="checkbox"/> 1-1/2 Time    | <input type="checkbox"/> 2-1/2 Time |

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**VACATION BENEFITS**

**52. Number of years of service required to earn each level of vacation:**

- a. Years for one week ..... \_\_\_\_\_
- b. Years for two weeks ..... \_\_\_\_\_
- c. Years for three weeks ..... \_\_\_\_\_
- d. Years for four weeks ..... \_\_\_\_\_
- e. Years for five weeks ..... \_\_\_\_\_

**PAID TIME OFF**

**53. Do you offer Paid Time Off (PTO)?** 1.  Yes    2.  No

**54. Maximum number of hours:** \_\_\_\_\_ hours **OR** number of days: \_\_\_\_\_ days

**SICK LEAVE**

**55. Maximum days of sick leave per year:** \_\_\_\_\_ days

**56. Maximum accumulation of sick leave:** \_\_\_\_\_ days

**57. Method of sick leave pay:** 1.  Straight time            2.  Other

**DEATH IN FAMILY POLICY**

**58. Maximum number of days of paid leave in case of death in the immediate family:**  
\_\_\_\_\_ days

**59. What does immediate family include beyond parents, children, spouse?**

- |                           | Yes                      | No                       |
|---------------------------|--------------------------|--------------------------|
| a. Grandparents .....     | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Parents in-law .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Foster parents .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Other (SPECIFY) _____. | <input type="checkbox"/> | <input type="checkbox"/> |

**JURY DUTY**

**60. Do you compensate an employee when he is called to jury duty?** 1.  Yes            2.  No

Maximum days per year \_\_\_\_\_ days



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**Hourly Wage and Fringe Benefit Survey**  
**Covering Factory and Foundry Employees**

**REST PERIODS**

61. Do you have a recognized rest period for your employees? 1.  Yes      2.  No

62. a) How many periods per day? \_\_\_\_\_

b) Total duration of all daily periods: \_\_\_\_\_ minutes

**WASH-UP PERIODS**

63. a) Do you have a specified wash-up period? 1.  Yes      2.  No

b) Time allowed before lunch hour: \_\_\_\_\_ minutes

c) Time allowed at end of shift: \_\_\_\_\_ minutes

**LUNCH PERIOD**

64. Do you have a paid lunch period for any of these shifts?

	Yes	No
a. First shift.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Second shift.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Third shift .....	<input type="checkbox"/>	<input type="checkbox"/>

Time allowed for lunch period: \_\_\_\_\_ minutes

**OTHER BENEFITS**

65. Please indicate which benefits your company offers:

**Profit-sharing/Gain-sharing:** 1.  Yes      2.  No

If yes, minimum % payout      \_\_\_\_\_ %

Target % payout      \_\_\_\_\_ %

Maximum % payout      \_\_\_\_\_ %

**Stock Purchase:** 1.  Yes      2.  No

If yes, discount for stock?      1.  Yes      2.  No

If yes, is there a match?      1.  Yes      2.  No

If yes, % paid      \_\_\_\_\_ %

If yes, fixed \$ amount paid      \$ \_\_\_\_\_

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**HOURLY WAGE AND FRINGE BENEFIT SURVEY**  
**COVERING FACTORY AND FOUNDRY EMPLOYEES**

**66. Do you use a pay-for skills plan?** (I.E. AS AN EMPLOYEE GAINS SKILLS, DOES PAY INCREASE?)  
1.  Yes      2.  No

**67. Do you use group incentive?** 1.  Yes      2.  No

**LOST WORK TIME & TURNOVER**

**68. Total OSHA recordable incident rate:** \_\_\_\_\_

DEFINITION:

$$\frac{\text{NO. OF TOTAL OSHA RECORDABLE CASES X 200,000}}{\text{NUMBER OF MAN-HOURS INCLUDING OVERTIME}}$$

**69. Lost time incident rate:** \_\_\_\_\_

DEFINITION:

$$\frac{\text{NO. OF LOST TIME INCIDENTS X 200,000}}{\text{NUMBER OF MAN-HOURS INCLUDING OVERTIME}}$$

**70. Absenteeism ratio per 100 employees per year:** \_\_\_\_\_

DEFINITION:

$$\frac{\text{ABSENTEEISM RATIO}}{\text{PER 100 EMPLOYEES PER YEAR}} \quad \frac{\text{NO. OF WORKDAYS LOST THROUGH JOB ABSENCE}}{\text{AVERAGE NO. EMPLOYEES* X NO. OF WORKDAYS}}$$

*\*MONTHLY AVERAGE DURING CALENDAR YEAR*

**71. Job turnover rate per 100 employees per year:** \_\_\_\_\_

DEFINITION:

$$\frac{\text{JOB TURNOVER RATIO}}{\text{PER 100 EMPLOYEES PER YEAR}} = \frac{\text{TOTAL NO. OF SEPARATIONS DURING YEAR}}{\text{AVERAGE NO. OF EMPLOYEES ON PAYROLL*}} \times 100$$

*\*MONTHLY AVERAGE DURING CALENDAR YEAR*

**72. Number of cases with days away from work (Lost time accidents):** \_\_\_\_\_

**73. Number of cases with restricted duty:** \_\_\_\_\_

**74. Number of cases of recordable non-lost days:** \_\_\_\_\_