



On behalf of the McKinney Economic Development Corporation, I would ask that you participate in the 2013 McKinney Wage and Benefit Survey for our community. Since information regarding the labor market is important to all of us, we will be happy to send you a copy of this study, once it is completed. We are updating our records to reflect a more accurate view of our area. We trust that your company can see the value in this study and hope that you will participate.

The objective of this survey is to describe the level of pay and employee benefits which exist within the McKinney area. Your company information will be kept in the strictest confidence and all respondents in this manufacturing/processor/distributor sector will be grouped together and likewise for the retail, hospitality, restaurant section. Please complete and return this questionnaire in the stamped envelope by **March 15, 2013**. Again, please only fill out the appropriate portion as it relates to your business. We have separated the retail, hospitality, and restaurant and placed on the back page of the survey.

Thank you for taking the time for this important research, and for insuring that the appropriate person completes the survey. If you have any questions, or I may be of further assistance to you in any way, please feel free to contact me at (972) 562-5430 or email (Valencia@mckinneyedc.com)

Sincerely,

John Valencia
Director of Business Retention and Expansion and Emerging Technology

P.S. Please be sure to place your name and address on the back of the survey to receive a free copy of this report.

Responding Company: _____

Wage & Benefit Survey

Part I - General

1. How many total employees do you have at your company? _____
2. How many applications do you currently have on file? _____
3. How long do you normally keep applications on file? (Please check below):
 Less than 1 month 1-2 months 3-5 months 6 months-1 year Over 1 year
4. Do you usually advertise job openings? No Yes If yes, how many responses per job do you usually receive? _____

Part II – Time-Off and Insurance

5. Please check (✓) the following offered by your company.
 - Paid holidays-----How many paid Holidays per year does your company offer? (Please Circle)
 1 2 3 4 5 6 7 8 9 10 11 12 or more
 - Unpaid holidays----- 1 2 3 4 5 or more
 - Holiday premium pay Floating holidays
 - Vacation ----->Days vacation after working 1 year? ____ 3 years? ____ 5 years? ____ 10 years? ____
 - Pay in lieu of vacation? Yes No
 - Sick leave pay -----> How many paid sick leave days per year? _____
 - Paid jury duty Time-off to vote Time-off as witness
 - Personal time (PTO) Paid time-off
6. INSURANCE (Please check (✓) yes or no if the insurance below is available and then check (✓) whether the company pays, employee pays, or the premium is shared for both employees and dependents).

Employee Coverage

Dependent Coverage

| Please check (✓) | | | Company | Employee | Shared | | | Company | Employee | Shared |
|-------------------------------------|--------------------------|--------------------------|------------------------|----------|--------------------------|--------------------------|--------------------------|---------|----------|--------|
| | | | Pays | Pays | Cost | | | Pays | Pays | Cost |
| | No | Yes | | | | | No | Yes | | |
| <input type="checkbox"/> Health | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| <input type="checkbox"/> Dental | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| <input type="checkbox"/> Vision/Eye | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| <input type="checkbox"/> Life | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | | | _____ | _____ | _____ |
| <input type="checkbox"/> Disability | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | | | _____ | _____ | _____ |
| Worker's Compensation | <input type="checkbox"/> | <input type="checkbox"/> | Or Self-insured | | <input type="checkbox"/> | | | | | |

7. Do you have an employee pension plan? No Yes If yes, which type? (Please check (✓)).
 401K, 403B, etc. Employee stock ownership (ESOP)
 Profit sharing Other _____
8. Do you match employee contributions? No Yes What percent? _____%
9. Which of these do you offer? None Tuition assistance Savings & Thrift Plan Other: _____
10. Do you offer Cafeteria Plans for Medical Y__ N__, Child Care Y__ N__
11. What is your estimate of the average dollar value per employee of your company's benefit package per year?
 Under \$1,000 \$1,000-\$2,999 \$3,000-\$4,999 \$5,000-\$6,999 \$7,000-\$8,999 \$9,000 and over
12. What is your estimate of the value of your benefit package as a % of wages? _____% of wages
13. Does your company hire on a seasonal basis? Sometimes Frequently Almost never
14. What is the average number of years workers have been with your company? _____ years
15. What types of salary increases does your company provide? (Check as many as apply)
 Cost of living Contract stipulation Merit pay Other (specify) _____
16. How often does your company provide salary increases?
 None No set pattern Annual adjustments Other (please specify) _____
17. Which of the following do you offer? Graduated training wage programs for new employees
 Non-production bonus Premium paid shift differential Skill-based incentive
 Premium pay for overtime Cost saving incentives Other _____

Part III – Wages

Manufacturers/Processors/Distributors

17. Please provide the following for the occupations listed below:

| Occupation | Hourly Wage | | | | OR | Weekly Wage | |
|-------------------------------------|-------------------|------------|------------------|-------------------|----|----------------|-------------------|
| | Number of Workers | Entry Wage | Average per hour | High end per hour | | Hours Per Week | Per Week \$\$\$\$ |
| Assembler (electrical) | | | | | | | |
| Assembler (general) | | | | | | | |
| Delivery driver | | | | | | | |
| Fork lift driver | | | | | | | |
| General laborer | | | | | | | |
| Heavy equipment operator | | | | | | | |
| Janitor | | | | | | | |
| Machine Operator | | | | | | | |
| Machinist/journeyman | | | | | | | |
| Maintenance (building & grounds) | | | | | | | |
| Maintenance (electrician) | | | | | | | |
| Maintenance (general) | | | | | | | |
| Mechanic (maintenance) | | | | | | | |
| Shipping clerk | | | | | | | |
| Stationary engineer | | | | | | | |
| Tool & die maker | | | | | | | |
| Truck driver (light) | | | | | | | |
| Truck driver (medium) | | | | | | | |
| Warehouse worker | | | | | | | |
| Welder | | | | | | | |
| Supervisory | | | | | | | |
| Clerical supervisor | | | | | | | |
| Line supervisor | | | | | | | |
| Office manager | | | | | | | |
| Warehouse supervisor | | | | | | | |
| Office/Clerical | | | | | | | |
| Accounting clerk | | | | | | | |
| Administrative assistant | | | | | | | |
| Bookkeeper | | | | | | | |
| Cashier | | | | | | | |
| Clerk (general) | | | | | | | |
| Computer operator | | | | | | | |
| Customer service representative | | | | | | | |
| Data entry operator | | | | | | | |
| Drafter/CAD | | | | | | | |
| Drafter (designer) | | | | | | | |
| File Clerk | | | | | | | |
| Human resources/clerk (generalists) | | | | | | | |
| Human resources assistant | | | | | | | |
| Payroll clerk | | | | | | | |
| Programmer | | | | | | | |
| Receptionist | | | | | | | |
| Secretary (executive) | | | | | | | |
| Secretary (general) | | | | | | | |
| Telemarketing (telephone sales) | | | | | | | |
| Word processor/typist | | | | | | | |

| Occupation | Hourly Wage | | | | OR | Weekly Wage | |
|------------------------|-------------------|------------|------------------|-------------------|----|----------------|-------------------|
| | Number of Workers | Entry Wage | Average per hour | High end per hour | | Hours Per Week | Per Week \$\$\$\$ |
| Retail Sales | | | | | | | |
| Bookkeeper | | | | | | | |
| Department Manager | | | | | | | |
| Sales Clerk | | | | | | | |
| Store Manager | | | | | | | |
| Hospitality | | | | | | | |
| Bell Hop | | | | | | | |
| Desk Manager | | | | | | | |
| Front Desk (Check-In) | | | | | | | |
| Housekeeper | | | | | | | |
| Maintenance | | | | | | | |
| Night Auditor | | | | | | | |
| Security | | | | | | | |
| Restaurant | | | | | | | |
| Assistant Manager | | | | | | | |
| Bartender | | | | | | | |
| Cooks | | | | | | | |
| Hostess | | | | | | | |
| Managers | | | | | | | |
| Server/Waiter/Waitress | | | | | | | |
| MEDICAL | | | | | | | |
| RN | | | | | | | |
| LVN | | | | | | | |
| Rad. Tech | | | | | | | |
| Admissions clerk | | | | | | | |
| Food Service | | | | | | | |
| Maintenance | | | | | | | |
| Janitorial | | | | | | | |
| Secretarial | | | | | | | |

**Please let us know where we should send it.
Approximate date of delivery:**

| |
|--------------------------------------------------------|
| <u>Yes, Send me a copy of the final report!</u> |
| Name: _____ |
| Title: _____ |
| Company: _____ |
| Address: _____ |

Thank you very much for helping us!