

**Wire Fabricators Association
Information Exchange Program
Annual Labor Review Questionnaire 2007**

Company _____

Prepared by _____ Date _____

DEADLINE: Tuesday, April 1, 2008

A. Labor Organization:

1. Non-union _____ Union _____ Affiliation _____

B. Personnel: (Indicate percentage of total labor force)

NOTE: Office includes accounting, administration, sales, engineering, purchasing, production control, plant engineer, and sales. The total should equal 100%.

Office Employees _____ Direct Labor _____ Indirect Labor _____

Please indicate the percentages of your total labor force. The total should equal 100%.

Salary _____ Non-salary _____

C. Wages: (Production workers)

1. Do you publish labor grades, progressive steps and ranges? _____ Yes _____ No

2. Hourly rate ranges from \$_____/hour to \$_____/hour.

3. Average hourly rate (not including fringes) \$_____/hour.

4. Entry level starting wage rate \$_____

5. Current Hourly Rates (not including fringes) for the following job classifications are:
(Top of grade)

- Production Machine Operator \$_____/hour
(press, [all], resistance welder, bender, no set-up)
- Skilled Machine Operator \$_____/hour
(Straightener/cut operator, 4/slide, resistance welder,
includes set-up)
- Finishing Operator (Racker/non-racker) \$_____/hour
- Assembler (unskilled) \$_____/hour
- Arc Welder \$_____/hour
- Material Handler (Fork truck) \$_____/hour
- Set-Up (full-time) \$_____/hour
- CNC Set-Up \$_____/hour
- Powder Coating Sprayer \$_____/hour
- Powder Coating Supervisor \$_____/hour
- Maintenance/Repair \$_____/hour

- Inspectors \$_____/hour
- Tool & Die Maker \$_____/hour
- Shipping/Receiving \$_____/hour
- Senior Designer \$_____/hour
- Junior Designer \$_____/hour
- Quality Manager \$_____/hour

6. Salary for Overall Plant Supervisor/Manager
(please indicate as many plant supervisors you have)

Plant 1 \$_____/Year # of employees responsible for supervising _____

Plant 2 \$_____/Year # of employees responsible for supervising _____

Plant 3 \$_____/Year # of employees responsible for supervising _____

Plant 4 \$_____/Year # of employees responsible for supervising _____

Plant 5 \$_____/Year # of employees responsible for supervising _____

7. Overtime Differential: (check appropriate)

	Regular Rate	Premium Rate		
		<u>1.5</u>	<u>2</u>	<u>2.5</u>
• Over 8 hours/day	_____	___	___	___
• Over 40 hours/week	_____	___	___	___
• Saturday	_____	___	___	___
• Sunday	_____	___	___	___
• Holiday	_____	___	___	___

8. Normal Overtime Paid:

- Over 8 hours/day Yes _____ No _____
- Over 40 hours/week Yes _____ No _____

9. Incentive Pay Plan: Yes _____ No _____

If yes, please give a brief description: _____

10. Bonus: Yes _____ No _____

If yes, what is it based upon (check all that apply)?

Profits _____ Attendance _____ Efficiency _____
 Supervisor Appraisal _____ Other (please explain): _____

11. Differential Amount for: 2nd Shift _____ 3rd Shift _____
12. Do you provide across the board wage increases? ____ Yes ____ No
 If yes, by percentage or dollar per hour? _____
 What percentage or dollar amount was used last year? _____
13. Do you provide merit increases only? ____ Yes ____ No
 If yes, by percentage or dollar per hour? _____
 What percentage or dollar amount was used last year? _____

D. **Fringe Benefits:** (Average figures for production workers)

1. Holidays: _____ paid annually.
2. Health and accident benefits \$_____/week for _____ weeks.
3. Average costs, to employer, of health and accident insurance per employee, per year \$_____.
4. What percent does your company pay and what percent does the employee pay of the annual health insurance premium?
 _____ % paid by the company _____ % paid by the employee
5. Life Insurance \$_____ policy value.
6. Dental Insurance: Yes ____ No ____
 If yes, _____% paid by the company _____% paid by the employee
7. Vision Insurance: Yes ____ No ____
 If yes, _____% paid by the company _____% paid by the employee
8. 401K Plan: Yes ____ No ____
 If yes, _____% paid by the company _____% paid by the employee
9. Health Insurance:
 Self-insured: Yes ____ No ____
 Fee based plan: Yes ____ No ____
 Deductible per person: \$_____
 Co-insurance after deductible: _____
 (example: 80/20 on next \$5,000)
 Employee contributions: Yes ____ No ____
 If yes: Contribution for individual coverage (per week) \$_____
 Contribution for spouse coverage (per week) \$_____
 Contribution for dependent coverage (per week) \$_____
 Prescription Card: Yes ____ No ____

9.	Vacation:	<u>Length of Service</u>	<u>Number of Vacation Days</u>
		6 months	_____
		1 year	_____
		2 years	_____
		3 years	_____
		5 years	_____
		8 years	_____
		10 years	_____
		12 years	_____
		15 years	_____
		20 years	_____
		25 years	_____

10. Payment arrangements for Jury Duty and Armed Services:

	<u>Jury Duty</u>	<u>Armed Services</u>
• No pay	_____	_____
• Full pay	_____	_____
• Difference between regular	_____	_____

11. Tuition:

Reimbursement for college: Yes _____ No _____

Reimbursement for a trade or skill: Yes _____ No _____

12. Rest periods: _____ minutes daily.

13. Wash up time: _____ minutes daily.

14. Pension/retirement program (please check all that apply):

- Contributory _____
- Non-contributory _____
- None _____

15. Safety shoes provided: Yes _____ No _____

16. Gloves provided: Yes _____ No _____

17. Safety glasses provided: Yes _____ No _____

18. Spread over hourly rated employees (production workers), the average cost of fringe program is \$_____ per hour or _____% of hourly rate.

E. **Other:**

1. Random drug test of existing employees: Yes _____ No _____
2. Pre-employment practices:
Physical Exam: Yes _____ No _____
Substance Abuse Screening: Yes _____ No _____
3. Temporary employees: Yes _____ No _____

Cost per hour of entry level employees: \$ _____

Probationary period until eligible for full time status (days): _____

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RETURN TO:

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