

**Wire Fabricators Association
Information Exchange Program
Annual Labor Review Questionnaire 2009**

Company _____

Prepared by _____ Date _____

DEADLINE: Friday, April 3, 2009

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): _____

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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. Number of holidays paid annually: _____
2. Do you offer Short Term Disability Insurance? ____ Yes ____ No
 If yes:
 2.1 Amount of benefit _____% of base pay or \$ _____/week.
 2.2 Maximum number weeks benefit will last _____.
 2.3 Average annual cost per employee for short term disability Insurance. \$ _____.
3. Do you offer Long Term Disability Insurance? ____ Yes ____ No
 If yes:
 3.1 Amount of benefit _____% of base pay or \$ _____/week.
 3.2 Benefits start after _____ weeks of disability.
 3.3 Duration of benefit _____ years
 3.3 Average annual cost per employee for long term disability Insurance. \$ _____
4. Do you offer Life Insurance benefits? ____ Yes ____ No
 If yes:
 4.1 Standard Policy Value \$ _____
5. Do you offer Health Insurance? ____ Yes ____ No
 If yes:
 5.1 Do you have a self-insured plan? ____ Yes ____ No
 5.2 Do you have a Fee based plan? ____ Yes ____ No
 5.3 Do employees contribute toward the cost of health insurance? ____ Yes ____ No
 If yes:
 5.3.1 What percent of the monthly health insurance premium does the company pay?
 (Assume employee pays the balance)
 Employee Only _____% Employee +1 _____% Employee Family _____%
 What is the gross monthly cost(before employee contribution) for
 Employee only \$ _____
 Employee + 1 \$ _____
 Employee family \$ _____
- If your plan offers different benefits for In Network, and out of Network providers/facilities, show answers for In Network only.
 Prescription coverage: ____ Yes ____ No
 If yes show co-pays _____ example 10/30/50/50%

\$10 generic/\$30 named brand/\$50 non-formulary/50% High end/experimental drugs

Office visit co-pay _____ example 15/30; \$15 regular/\$30 specialist

Annual Deductible per person _____ example 500/1000

Co-insurance after deductible _____ example 80/20 on next 5000

Emergency Room co-pay _____ example \$100

Urgent Care center co-pay _____ example \$30

Maximum Annual out of pocket _____ example \$1500/\$3000 \$1500 per person, \$3000 per family

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. 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>
a. No pay	_____	_____
b. Full pay	_____	_____
c. 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. Retirement/Pension Plans
Do you offer a defined benefit plan (pension): _____ Yes _____ No
Do you offer a defined contribution plan (401K): _____ Yes _____ No

15. Safety shoes provided: Yes _____ No _____
16. Gloves provided: Yes _____ No _____
17. Safety glasses provided: Yes _____ No _____
18. Considering only hourly paid employees (production workers), the average cost of your fringe benefits program is \$ _____ per hour or _____ % of your average hourly rate.

Where fringe benefits include Vacation pay, Holiday Pay, Net health insurance cost, disability insurance cost, company paid life insurance cost, dental insurance cost, vision insurance cost, retirement plan cost, jury duty costs, and tuition reimbursement cost.

E. **Other:**

1. Which if any of the following drug tests do you perform?
____ Pre-employment
____ Post accident
____ Cause/Behavior
____ Random
____ None of the above
2. Pre-employment practices:
Physical Exam: Yes _____ No _____
Substance Abuse Screening: Yes _____ No _____
3. Temporary employees: Yes _____ No _____
4. Cost per hour of entry level employees: \$ _____
Probationary period until eligible for full time status (days): _____

DEADLINE: Friday, April 3, 2009

RETURN TO:

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