

**JSND Benefit Survey
3-22-2007**

PASSWORD _____

Welcome to the 2007 Job Service Benefit Survey. This information is used to compile benefit data statewide. Your answers are very important to us and we appreciate you taking the time to complete this survey.

1. How many employees in each of the categories below are employed by your company?
Please place a "0" where you have none.

Full-time Male (works more than 35 hour per week) _____
 Full-time Female (works more than 35 hour per week) _____
 Part-time Male (works 35 hour per week or less) _____
 Part-time Female (works 35 hour per week or less) _____

2. To the nearest percentage, what increase in pay was given to your employees in the past 12 months? _____%

3. **Approximately** what percentage of your "total personnel expenditure" does your company spend on each of these items below?

*The total **must** sum to 100%. Please place "0" where appropriate.*

Wages and salaries %
 Health insurance %
 All other insurances (i.e. dental, vision, life, etc.) %
 All retirement plans %
 Social Security, Unemployment Insurance, Worker's Safety Ins. .. %
 Other benefits not listed %

4. Does your company provide your **full-time** employees:

	Yes	No
Any paid time off (Vacation, Sick Leave, Personal Time)	<input type="checkbox"/>	<input type="checkbox"/>
"Paid" Insurance benefits	<input type="checkbox"/>	<input type="checkbox"/>
"Unpaid" Insurance Group Plan Opportunity	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>

5. Does your company provide your **part-time** employees:

	Yes	No
Any paid time off (Vacation, Sick Leave, Personal Time)	<input type="checkbox"/>	<input type="checkbox"/>
"Paid" Insurance benefits	<input type="checkbox"/>	<input type="checkbox"/>
"Unpaid" Insurance Group Plan Opportunity	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>

6. Which paid time off do you provide your **full-time** employees (**Please select all that apply**)

Note: If you give a set number of days off but do not differentiate what they are called choose "only" the last answer.

- Paid vacation days
- Paid sick days
- Other paid time off (Holidays, Jury duty, etc.)
- Set number of days off regardless of purpose - vacation, sick, or other. (exclusive response)

7. Approximately how many **paid vacation days off** do you provide your **full-time employees** for each category based upon their years of service with the company?

	Paid Vacation Days Off				
	None	1-5 Days	6-10 Days	11-15 Days	16 or more Days
1-5 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-10 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-15 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16-20 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 or More Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Approximately how many **paid sick days off** do you provide your **full-time employees** for each category based upon their years of service with the company?

	Paid SICK Days Off				
	None	1-5 Days	6-10 Days	11-15 Days	16 or more Days
1-5 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-10 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-15 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16-20 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 or More Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Approximately how many general paid days off do you provide your **full-time employees** for each category based upon their years of service with the company?

	Number of Paid Days Off Regardless of Purpose				
	None	1-5 Days	6-10 Days	11-15 Days	16 or more Days
1-5 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-10 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-15 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16-20 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 or More Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please tell us which of the following "**paid days**" off you offer your **full-time employees**.

- Paid Holidays
- Paid Family leave
- Paid Funeral leave
- Paid Jury Duty
- Paid Military Leave
- Paid Personal days (i.e. birthday, anniversary)

11. Which paid time off do you provide your **part-time employees**? (please select all that apply.)

Note: If you give a set number of days off with pay but do not differentiate what the employee uses it for please choose "only" the last response.

- Paid vacation days
- Paid sick days
- Other paid time off (Holidays, Jury duty, etc.)
- Set number of days off regardless of purpose - vacation, sick, or other. (exclusive response)

12. Approximately how many **paid vacation days off** do you provide your **part-time** employees for each category based upon their years of service with the company?

	Paid Vacation Days Off				
	None	1-5 Days	6-10 Days	11-15 Days	16 or more Days
1-5 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-10 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-15 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16-20 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 or More Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Approximately how many **paid sick days off** do you provide your **part-time** employees for each category based upon their years of service with the company?

	Paid SICK Days Off				
	None	1-5 Days	6-10 Days	11-15 Days	16 or more Days
1-5 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-10 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-15 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16-20 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 or More Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Approximately how many general paid days off do you provide your **part-time** employees for each category based upon their years of service with your company?

	Number of Paid Days Off Regardless of Purpose				
	None	1-5 Days	6-10 Days	11-15 Days	16 or more Days
1-5 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-10 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-15 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16-20 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 or More Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Please tell us which following "**paid days**" off you offer your **part-time** employees.

- Paid Holidays
- Paid Family leave
- Paid Funeral leave
- Paid Jury Duty
- Paid Military Leave
- Paid Personal days (i.e. birthday, anniversary)

16. In your company, can accumulated paid time off be carried over to the next year? Yes No

17. Which of the following types of **paid insurance plans** do you offer **full-time** employees of your company?

- Single medical _____% Paid by Employer
- Family medical _____% Paid by Employer
- Dental _____% Paid by Employer
- Vision _____% Paid by Employer
- Life _____% Paid by Employer
- Short-term disability _____% Paid by Employer
- Long-term disability _____% Paid by Employer

18. Which of the following types of **paid insurance plans** do you offer **part-time** employees of your company?

- Single medical _____ % Paid by Employer
- Family medical _____ % Paid by Employer
- Dental _____ % Paid by Employer
- Vision _____ % Paid by Employer
- Life _____ % Paid by Employer
- Short-term disability _____ % Paid by Employer
- Long-term disability _____ % Paid by Employer

19. For retirement plans, does your company offer your **full-time** employee:

	Yes	No
A defined contribution retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
A defined benefit pension?	<input type="checkbox"/>	<input type="checkbox"/>

20. For retirement plans, does your company offer your **part-time** employees:

	Yes	No
A defined contribution retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
A defined benefit pension?	<input type="checkbox"/>	<input type="checkbox"/>

21. If in the previous question(s) you indicated that you provided a **defined contribution plan**. On average, what percentage of the total contribution is paid by the employer and the employee? **The total must sum to 100%.**

Employee _____ Employer _____

22. Please tell us which of the following benefits you offer to your employees.

	Yes	No
Flex-time scheduling	<input type="checkbox"/>	<input type="checkbox"/>
Telecommuting	<input type="checkbox"/>	<input type="checkbox"/>
Child care (on site, vouchers, or reimbursements)	<input type="checkbox"/>	<input type="checkbox"/>
Hiring bonus	<input type="checkbox"/>	<input type="checkbox"/>
Employee assistance program	<input type="checkbox"/>	<input type="checkbox"/>
Employer Paid liability insurance	<input type="checkbox"/>	<input type="checkbox"/>
Profit sharing	<input type="checkbox"/>	<input type="checkbox"/>
Employee wellness programs	<input type="checkbox"/>	<input type="checkbox"/>
Employer paid training	<input type="checkbox"/>	<input type="checkbox"/>
Tuition reimbursement	<input type="checkbox"/>	<input type="checkbox"/>
Employer provided stocks	<input type="checkbox"/>	<input type="checkbox"/>
Employee stock purchase plan	<input type="checkbox"/>	<input type="checkbox"/>
Club memberships	<input type="checkbox"/>	<input type="checkbox"/>
Year-end bonuses	<input type="checkbox"/>	<input type="checkbox"/>
Elder care	<input type="checkbox"/>	<input type="checkbox"/>

Others, not listed . . . Please tell us what those benefit(s) is/are.

23. Does your company operate on shifts? Yes No

24. If "YES", does your company offer a shift differential? Yes No

25. Please tell us about any other issues concerning benefits we have not covered in the survey.

