

# **Compensation Survey Questionnaire**

SOURCE: [hrVillage.com](http://hrVillage.com)

## **Data Submission Form Instructions**

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Thank you for participating in our compensation survey. The enclosed survey is being sponsored by ABC Company. All results will be kept confidential and all participants will receive a summary of the results.

The enclosed survey contains four sections. In the first section we ask for general company information. We do ask that you provide both the name of the person filling out the survey and the name of the person who the survey results should be sent to.

In the second section we ask you to provide some general information about your compensation and benefit practices.

The next section "Job Matching Worksheet" provides a list of the survey jobs. For each survey job and corresponding level please provide your company's matching job. If at least 75% of the content of your company's job matches the survey job, then it is considered a good match. If not, please specify the major differences in the Notes Regarding Match column.

Finally, a separate "Data Submission Form" should be completed for each job and each location where this job exists (when the data is different by location). All annual wage data should be based on 40 hours/week (2080 hours/year). Please make as many copies of the blank form as you need.

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## **Data Submission Form Instructions (cont'd)**

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The completed the survey should be faxed or mailed, no later than January X, 2000 to the following address:

If you have any questions while completing this survey please contact:

Thank you again for your time and effort in completing this survey.

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## Company & Contact Information

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Company Name: \_\_\_\_\_

Location(s) Reported: \_\_\_\_\_

Contact Regarding Data Submittal:

Name and Address for Survey Results:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone \_\_\_\_\_

Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Company Information:

Type of \_\_\_\_\_

Business: \_\_\_\_\_

Annual Sales \_\_\_\_\_

Volume: \_\_\_\_\_

Number of \_\_\_\_\_

Employees: \_\_\_\_\_

Annual \_\_\_\_\_

Revenue: \_\_\_\_\_

Total Asset \_\_\_\_\_

Size: \_\_\_\_\_

Are your employees represented by an Union?  No  Yes

If yes, how many employees are represented by an union? \_\_\_\_\_

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## Compensation Practice and Policy Information

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Please answer the following questions regarding your company's compensation practice and policies.

Does your company utilize a broad band system?  Yes  No If yes, what is the band width? \_\_\_\_\_

Does your company utilize a traditional salary grade system?  Yes  No

If yes, please answer the following questions.

How is progression in the job grade determined?  Time on job  Merit  Established steps

Other \_\_\_\_\_

How often is the salary structure reviewed? \_\_\_\_\_

When was the last time it was adjusted? \_\_\_\_\_

By what percentage? \_\_\_\_\_

Does your company give a general increase?  Yes  No

If yes, what percentage? \_\_\_\_\_

Does your company give a cost of living increase?  Yes  No

If yes, what percentage? \_\_\_\_\_

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## Compensation Practice and Policy Information (cont'd)

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Does your company have a bonus or incentive plan?  Yes  No

If yes, please answer the following questions.

What type of bonus?  Annual/Year End Bonus  Incentive Bonus  Other \_\_\_\_\_

What is was the average bonus paid last year? \_\_\_\_\_

What is this year's projected average bonus? \_\_\_\_\_

Does your company have a formal employee merit review process?  Yes  No

If yes, please answer the following questions.

How often are employees reviewed? \_\_\_\_\_

What was the average merit increase for last year? \_\_\_\_\_

What is this year's projected average increase? \_\_\_\_\_

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## Benefit Information

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Please mark the benefit plans offered to your employees:

<b>Benefit Plan</b>	<b>Exempt</b>	<b>Non-Exempt</b>
401(k)		
401(k) with Company Match		
Pension Plan		
Retirement Profit Sharing		
Medical		
Dental		
Vision		
Short Term Disability		
Long Term Disability		
Life Insurance		
Vacation		
Holidays		
Personal Days		
Sick Time		

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## Job Matching Worksheet

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Review the attached job descriptions and document your matches here. If there are any significant differences in your company's job, please note.

<b>Insert Survey Job Title A</b>	<b>Your Company's Job Title/Level</b>	<b>Notes Regarding Match</b>
Level I		
Level II		
Level III		
Level IV		

<b>Insert Survey Job Title B</b>	<b>Your Company's Job Title/Level</b>	<b>Notes Regarding Match</b>
Level I		
Level II		

<b>Insert Survey Job Title C</b>	<b>Your Company's Job Title/Level</b>	<b>Notes Regarding Match</b>
One Level		

<b>Insert Survey Job Title D</b>	<b>Your Company's Job Title/Level</b>	<b>Notes Regarding Match</b>
One Level		

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## Data Submission Form

Survey Job Title and Level (if applicable) \_\_\_\_\_

Data Effective Date \_\_\_\_\_

Your Company's Position Title and Level	
Exempt or Non-Exempt	
Locations	
This Position Typically Reports to:	
Number of Incumbents	

Base Pay	Minimum	Average	Maximum
Hourly or Annual (circle one)			

Salary Grade Range or Progression	Minimum	Average	Maximum
Hourly or Annual (circle one)			

If progression is tied to time in job, please explain

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Work Schedule	Fixed	Alternating	Flex Time	Other (please explain)
Mark all possibilities				

Shift Differential	No	Yes	If yes, please explain
Mark if eligible			

Incentive Pay	Target	Low	Average	High
Paid to incumbents for last year's performance				

Bonus	Hiring	Retention	Other (please explain)
Mark all possibilities			
If eligible, indicate size as % of base pay			

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