

ATLANTIC STATES RURAL WATER & WASTEWATER ASSOCIATION

2008 WASTEWATER FACILITY WAGE, SALARY AND BENEFITS SURVEY

System Name _____
 Contact Person _____
 Mailing Address _____
 Phone _____ Fax _____ E-mail _____

I. Annual Revenue \$ _____
II. Total Number of Connections _____
III. Design Flow _____
IV. Average MGD Pumped per Day _____
V. Plant Grade _____
VI. Number of Full Time Employees _____
VII. Number of Part Time Employees _____

VII. Vacation Time, Sick Time, Personal Time & Holidays:

Note: If no days are offered, please fill in a zero rather than leave it blank

Vacation Time _____ Days After One Year _____ Days After Five Years _____ Days After Ten Years _____ Days After Fifteen Years _____ Days After Twenty Years	Sick Leave _____ Days per Year Sick Leave Buy Back <u>YES</u> <u>NO</u> Sick Leave Accrual <u>YES</u> <u>NO</u> Maximum Sick Leave Accrual _____ Days
Maximum Vacation _____ Days After _____ Years	Personal Days _____ Days per Year
Vacation Accrual <u>YES</u> <u>NO</u>	
Maximum Accrual _____ Days After _____ Years	Holidays _____ Days per Year

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VIII. On-Call (Circle Answers)

Are employees compensated for On-Call?

Salaried Employees

YES NO

Hourly Employees

YES NO

How are employees paid for call-out?

Straight Time _____ 1.5X _____
 Comp Time _____ Other _____

Straight Time _____ 1.5X _____
 Comp Time _____ Other _____

IX. Insurance & Retirement for Full Time Employees

Please fill in this section only for lines on which you have circled YES. If you have circled NO, please leave blank.

Does Your Facility Offer? (Circle Answer)

Health Insurance YES NO
 Dental Insurance YES NO

Employer Pays What % of Individual Coverage

_____ %
 _____ %

Employer Pays What % of Family Coverage

_____ %
 _____ %

Long Term Disability YES NO
 Short Term Disability YES NO
 Retirement Plan YES NO

Employer Contribution _____ %
 Employer Contribution _____ %

Employer Contribution _____ % of yearly pay or dollar amount \$ _____
 Type _____

Life Insurance YES NO

Employer Contribution _____ % \$ _____ Payout