# 2015 Electronics Assembly Wage Rate & Salary Survey Questionnaire

## Wage Rates

For each of the following non-exempt, hourly positions please report the total number of full-time-equivalent (FTE) employees in each position, the average hourly wage, and the minimum and maximum hourly wages for each job category. Please enter all wage rates in U.S. dollars and cents per hour. Please report all data as of January 1, 2015, and exclude any shift differentials from base salary reporting. Classify employees based on the job descriptions. Click the link to review and print these job descriptions in PDF.

<table>
<thead>
<tr>
<th></th>
<th>Number of Employees</th>
<th>Average Hourly Wage</th>
<th>Minimum Hourly Wage</th>
<th>Maximum Hourly Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAD Operator/Designer</td>
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<tr>
<td>Documentation Clerk</td>
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<tr>
<td>Electronics Technician</td>
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<tr>
<td>Equipment Maintenance</td>
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<tr>
<td>Estimator</td>
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<tr>
<td>Expeditor</td>
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<tr>
<td>Facilities/General Maintenance Worker</td>
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<tr>
<td>Group/Team/Cell Leader</td>
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<tr>
<td>Hand Assembly Production Worker</td>
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<tr>
<td>Machine Operator</td>
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<tr>
<td>Machine Repair Technician</td>
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<tr>
<td>Quality Assurance / Quality Control Inspector</td>
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<tr>
<td>Set-Up Clerk</td>
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<tr>
<td>Shipper/ Receiver</td>
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<tr>
<td>Stockroom/Materials Handler</td>
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<tr>
<td>Test Engineering Technician</td>
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<tr>
<td>Test Equipment Operator</td>
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</tbody>
</table>

## Salaries

For each of the following exempt, salaried positions, please report the total number of full-time-equivalent (FTE) employees in each position, the average annual salary, and the minimum and maximum annual salary for each job category. Please enter all salaries in U.S. dollars and cents per year. Classify employees based on the job descriptions. Click the link to review and print these job descriptions in PDF.

<table>
<thead>
<tr>
<th></th>
<th>Number of Employees</th>
<th>Average Annual Salary</th>
<th>Minimum Annual Salary</th>
<th>Maximum Annual Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buyer</td>
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<tr>
<td>Engineering Manager</td>
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<tr>
<td>Job Planner/Scheduler</td>
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<tr>
<td>Process/Manufacturing/Industrial Engineer</td>
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<tr>
<td>Production/Manufacturing Operations Manager</td>
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<tr>
<td>Program Manager</td>
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<tr>
<td>PCB Design Engineer</td>
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<tr>
<td>Quality Engineer</td>
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<tr>
<td>Shift Supervisor/Team Manager</td>
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<tr>
<td>Test Engineer</td>
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</tbody>
</table>
## Sales Compensation

For each of the following sales positions, please report the total number of full-time-equivalent (FTE) employees in each position, and the average minimum and maximum base salaries, bonuses and commissions for each job category. Please list all compensation rates in U.S. dollars and cents per year. Classify employees based on the job descriptions. Click the link to review and print job descriptions in PDF.

<table>
<thead>
<tr>
<th>Position</th>
<th>Number of Employees</th>
<th>Average</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer Service Coordinator</td>
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<tr>
<td>Base Salary</td>
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<tr>
<td>Bonus</td>
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<tr>
<td>Commission</td>
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<tr>
<td>Direct Sales Person</td>
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<tr>
<td>Base Salary</td>
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<tr>
<td>Bonus</td>
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<tr>
<td>Commission</td>
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<tr>
<td>Sales Manager/Director</td>
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<tr>
<td>Base Salary</td>
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<tr>
<td>Bonus</td>
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<tr>
<td>Commission</td>
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<tr>
<td>Independent Manufacturers’ Representative (Sales Commission Percentage)</td>
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<tr>
<td>Base business</td>
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<tr>
<td>New Business</td>
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<tr>
<td>Quick-Turn Business</td>
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</tbody>
</table>

## Sales Compensation Structure

1. What does total compensation for your sales staff include?
   - Base Salary, Commission, Bonus, Other (please specify)

2. If you pay commission:
   a. Commission payments are based on:
      - Sales dollars on orders, Gross margin dollars, Order profitability, Sales dollars on shipments, Sales volume quotas, New business, Other (please specify)
   b. Commission payments are primarily based on:
      - Sales dollars on orders, Gross margin dollars, Order profitability, Sales dollars on shipments, Sales volume quotas, New business, Other (please specify)

3. If you pay bonus:
   a. Bonus payments are based on:
      - Individual performance, Sales department performance, Overall company performance, Other (please specify)
   b. Bonus payments are primarily based on:
      - Individual performance, Sales department performance, Overall company performance, Other (please specify)

4. Which business expenses are covered for your sales force?
   - Car—company owned, Car—company leased, Mileage reimbursement, Lodging expenses, Entertainment expenses, Mobile phone, Pager, Laptop computer, Remote access to company information system, Home desktop computer, Home fax machine, Home photocopier
Demographics

1. Indicate your total sales revenue for your most recent fiscal year.
   - Less than $10 million, $10 million to $24.9 million, $25 million to $49.9 million, $50 million to $99.9 million, $100 million to $500 million, $500 million or more

2. Total number of employees (full-time employees plus part-time equivalent) as of January 1, 2015.
   - Salaried, Hourly

3. Total number of US and Canadian facilities.

4. Indicate the region in which all or most of your facilities are located.
   - Eastern US (CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI, WV, VT)
   - Midwestern US (IA, IL, IN, KS, KY, MI, MN, MO, ND, NE, OH, SD, TN, WI)
   - Southern US (AR, AL, FL, GA, LA, MS, NC, OK, SC, TN, TX, VA)
   - Western US (AZ, CA, CO, ID, MT, NM, NV, OR, UT, WA, WY)
   - Eastern Canada (NL, NS, PE, NB, QC, ON)
   - Western Canada (MB, SK, AB, BC, NU, NT, TY)

5. Are any of your production and/or maintenance employees unionized?
   - All unionized, Some unionized, None unionized

6. Your average organizational salary budget increase in 2015 (in percent).
   - Salaried positions
   - Management positions
   - Hourly positions

7. Projected average organizational salary budget increase for 2016 (in percent).
   - Salaried positions
   - Management positions
   - Hourly positions

7. Report the dollars paid for benefits in 2014, as a percentage of total wages expended for that same year (including paid holidays, vacation days, sick days, all benefit plans, training and tuition reimbursement).

Personnel & Compensation Policies

Personnel Policies

1. How is overtime handled for salaried employees?
   - No overtime is paid, Overtime is compensated at straight time, Overtime is compensated at time and a half, Comp time is offered for time worked in excess of normal hours.

2. Do you have a flexible hours program?
   - Yes, No

3. If Yes, what kind of flexible hours plans are offered?
   - Longer shifts in exchange for days or partial days off
   - Customized hours to meet individuals’ needs
   - Other (please specify)

4. If your company allows telecommuting, is it:
   - Approved for some employees to meet their personal needs, Required for some employees (other than field based employees, such as sales) to reduce facility Costs, Other (please specify)

5. What is your normal probationary period for new employees?
   - None 30 days, 60 days, 90 days, 180 days, Other (please specify)

6. What is the reason for requiring pre-employment physical examinations?
   - Company policy, Customer requirements, Don’t require pre-employment physicals
7. What is the reason for conducting drug tests?
   Company policy, Customer requirements, Don’t conduct drug testing (skip to Q9)

8. When are drug tests conducted? (Select all that apply.)
   As condition of employment, Randomly, For cause

9. Do you conduct pre-employment security tests or background checks as a result of?
   Company policy, Customer requirements, Don’t conduct pre-employment security tests or background checks

10. Do you formally measure employee satisfaction?
    At least annually, Every 2 to 3 years, Occasionally, but not on a regular timetable, We do not

11. If you formally measure employee satisfaction, what kind of relationship do you see between
    employee satisfaction and changes in the following policies or benefits?
    Direct relationship, Inverse relationship, No relationship, Don’t know
    PTO policy, Flexible hours, Other (please specify)

12. What types of base salary increases are granted to employees? (Select all that apply.)
    Merit, Automatic progression, General, Cost of living, Length of service, Other (please specify)

13. What type of performance appraisal plan do you use?
    Management by objectives (MBO), Forced choice questionnaire, Narrative analysis, Behaviorally
    anchored rating scales (BARS), Other (please specify), No formal plan, Don’t link pay to performance appraisal

14. What is your benchmark date for conducting performance appraisals/salary reviews?
    Anniversary, Fiscal year end, Other fixed date

15. How frequently do you conduct performance appraisals?
    Annually, Semi-annually, Quarterly, Other

16. How frequently are employees eligible for salary increases?
    Annually, Semi-annually, Quarterly, Other

17. Do you offer performance-based incentives to your employees?
    Yes, No

18. Is it a planned incentive?
    Yes, No
    a. If planned incentive, what is the dollar amount? OR
    b. If planned incentive, what is the percent of the base salary?

19. Is the incentive based on a set limit (i.e., maximum)?
    Yes, a set limit, No set limit

**Shifts and Shift Premiums**

20. Indicate below the length of work shifts, in hours per week.
    1st shift, 2nd shift, 3rd shift

21. Indicate below the start and stop time of regular work shifts, in hours and minutes. Please use military
time/24-hour clock to report (e.g., 8:30 a.m. would be 8:30 and 8:30 pm would be 20:30).

<table>
<thead>
<tr>
<th></th>
<th>Start Time</th>
<th>Stop Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st shift</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd shift</td>
<td></td>
<td></td>
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<tr>
<td>3rd shift</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22. Indicate the premium paid to production/maintenance employees for night work, 2nd shift and 3rd shift.

<table>
<thead>
<tr>
<th></th>
<th>A cents-per-hour differential</th>
<th>A percentage differential</th>
<th>A dollars-per-month differential</th>
</tr>
</thead>
</table>
23. Do you pay any employees reported in the hourly job classifications on an incentive or piece rate basis?
   Yes, No

Team Activities

24. Is your workforce team based?
   Yes, No

25. What percentage of your workforce is working on teams?

26. Is there a bonus for working on teams?
   Yes, No

27. Are there cash or other incentives for working on teams?
   Yes, No

Benefits and Other Compensation

Retirement Benefits

1. Indicate which of the listed benefit plans are offered by your company for hourly employees, salaried employees and management.
   - Defined Benefit Plan, Defined Contribution Plan, 401(k) Plan, Simplified Employee Pension (SEP) Plan, Money Purchase Benefit Plan, Profit Sharing Plan, Employee Stock Ownership Plan, Combination of plans, Other plan, No plan provided

2. If you have a Defined Benefit Plan:
   a. What percent of your plan is funded?
   b. What is the basis for calculating retirees’ pension amounts?
      Career average pay, Final average pay (including average of last several years’ pay)
   c. May employees make additional voluntary contributions to the plan?
      Yes, No

3. If you have a Defined Contribution Plan or Profit Sharing Plan:
   a. Contribution is based on:
      - Defined Contribution Plan, Profit Sharing Plan
         Percent of base salary, Match based on employee contribution, Age, Discretionary contributions, Other (please specify)
   b. What is the maximum amount matched as a percent of the employee’s salary and as a percent of the employee’s contribution?
      Defined Contribution Plan
      Profit Sharing Plan
      As a percent of the employee’s salary, As a percent of the employee’s contribution
   c. For sales positions, does the amount matched include base salary only or total compensation? (base salary, commission and/or bonus) (check only one for each plan type)
      Defined Contribution Plan
      Profit Sharing Plan
   d. What is the initial eligibility period for your program? (check only one for each plan type)
      Profit Sharing Plan
      Defined Contribution Plan
      Less than one year, One year, More than one year
   e. What is the initial vesting period for your program? (Check only one for each plan type)
      Defined Contribution Plan
      Profit Sharing Plan
Life Insurance

4. When do your employees become eligible for life insurance coverage?
   We do not offer life insurance, Immediately, After one month, After two months, After three months,
   After probationary period, Other (please specify)

5. What percentage of the premium for life insurance is paid by the organization?
   100%, 90% - 99%, 80% to 89%, 70% to 79%, Less than 70%

6. Which of the following are covered by the life insurance program? (select all that apply)
   Accidental death/dismemberment, Travel/accident, Insurance continuance beyond retirement

7. Do you offer supplemental life insurance?
   Yes, No

Medical Insurance

8. When do your employees become eligible for medical insurance coverage?
   Immediately, After one month, After two months, After three months, After probationary period, Other
   (please specify)

9. Indicate the type of coverage provided for employees and/or dependents and the percent of premium paid
   by the company.

<table>
<thead>
<tr>
<th></th>
<th>Employees</th>
<th>Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic hospitalization/surgical</td>
<td></td>
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<tr>
<td>Major medical</td>
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<tr>
<td>HMO (Health Maintenance</td>
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<tr>
<td>Organization)</td>
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<tr>
<td>PPO (Paid Provider Organization)</td>
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<tr>
<td>Direct medical expense payments</td>
<td></td>
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<tr>
<td>Dental</td>
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<tr>
<td>Optical (routine eye exams,</td>
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<tr>
<td>eyeglasses, etc.)</td>
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<tr>
<td>Short-term disability</td>
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<tr>
<td>Long-term disability</td>
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</tbody>
</table>

10. Indicate the types of pre-tax payment plans offered to employees for healthcare.

<table>
<thead>
<tr>
<th></th>
<th>Employees</th>
<th>Dependents</th>
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</thead>
<tbody>
<tr>
<td>Health Savings Account (HSA)</td>
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<tr>
<td>*Flexible Spending Account (Sec</td>
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<tr>
<td>125 Plan)</td>
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<tr>
<td>**Premium Only Plan (Sec. 125</td>
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<tr>
<td>Plan)</td>
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</tbody>
</table>

*Link from Flexible Spending Account (Sec 125 Plan): Full cafeteria plan that allows employees to pay for
   certain benefits (i.e. child care, unreimbursed medical expenses and insurance premiums)
   with before tax dollars.
**Link from Premium Only Plan (Sec. 125 Plan): A limited flexible plan that allows employees to pay for their
   portion of employer provided insurance plans with before-tax dollars.

Leave Policies

10. Indicate the total number of days your organization will provide in 2015 in each of the following categories:
Paid holidays (excludes floating holidays, personal days, vacation days, sick leave and paid time off [PTO] days)
Floating holidays
Paid personal days (excludes paid holidays, vacation days, sick leave and paid time off [PTO] days)

11. Which of the following does your company offer to employees?
- Personal time off (PTO) plan
- Vacation
- Sick leave
- Maternity/family leave

12. If you have a PTO plan:
   a. For what purposes may employees use PTO time?
      - Vacation
      - Personal days
      - Sick leave
      - Maternity/family leave
   b. Indicate the number of PTO days earned for the years of service listed below for hourly employees, salaried employees and management.

<table>
<thead>
<tr>
<th></th>
<th>Hourly Employees</th>
<th>Salaried Employees</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>After one (1) year</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>After five (5) years</td>
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<tr>
<td>After ten (10) years</td>
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<td></td>
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<tr>
<td>After fifteen (15) years</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

   c. Is PTO time accrued or granted in a block at the beginning of the year?
      - Accrued
      - Block
   d. Unused PTO time is:
      - Canceled
      - Paid for at the end of the year
      - Carried over to the following year
      - Some carried over and the remainder canceled

13. Vacation Leave. If all vacation days are included in PTO days, skip to question 14.
   a. Indicate the number of vacation days earned for the years of service listed below for hourly employees, salaried employees and management.

<table>
<thead>
<tr>
<th></th>
<th>Hourly Employees</th>
<th>Salaried Employees</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>After one (1) year</td>
<td></td>
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<tr>
<td>After five (5) years</td>
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<tr>
<td>After ten (10) years</td>
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</tr>
<tr>
<td>After fifteen (15) years</td>
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</tbody>
</table>

   b. Is vacation accrued or granted in a block at the beginning of the year?
      - Accrued
      - Block
   c. Unused vacation time is:
      - Canceled
      - Paid for at the end of the year
      - Carried over to the following year
      - (Number of days carried over)

14. Sick Leave. If all sick days are included in PTO days, skip to question 15.
   a. Indicate how many paid sick days per year you provide to employees.
      - None
      - Some but fewer than five days
      - Five days
      - Six days
      - Seven days
      - Eight days
      - Nine days
      - Ten days
      - More than ten days
   b. Unused sick leave time is:
      - Canceled
      - Paid for at the end of the year
      - Carried over to the following year
      - (Number of days carried over)

**Tuition Assistance**

15. Tuition Reimbursement
   a. For which continuing education related expenses does your company offer reimbursement?
      - Coursework directly related to the employee’s position and duties
      - Coursework that is not directly related to the employee’s position and duties
      - Classroom expenses only (e.g., books, lab fees)
      - No tuition reimbursement offered
   b. What is the dollar cap on tuition reimbursement for each of the following?
      - Hourly employees
      - Salaried employees
      - Management
   c. When is reimbursement paid?
      - At the start of the course or term
      - At completion of the course or term
      - Half at start and remainder at completion
      - Other (please specify)
d. What grade, if any, is required for reimbursement?
   No minimum grade is required for reimbursement, A, B or better, C or better, Other (please specify)
e. Do you require employees who apply for tuition reimbursement to sign a continuing employment agreement?
   Yes, No
f. If yes, how long is the required term of continued employment?
   Six months, One Year, Eighteen Months, Two Years, Other (please specify)

Comments

Please share any comments, questions or suggestions you have to improve this survey.

– End of Survey –