



2015 HR Budgets & Human Capital Benchmark Survey

PLEASE SUBMIT YOUR DATA ONLINE BY: MONDAY, August 15th, 2014

TOPIC I - TELL US ABOUT YOUR COMPANY

1) Please provide the name and title of the individual to contact regarding this report.

First Name

Last Name

Grid for name input

2) Title _____

3) Phone with area code and extension, if any _____ - _____ - _____ X _____

4) E-mail Address: By providing your e-mail you are allowing us to send you the electronic version of the report in advance.

Grid for email input

5) Name of organization: (Please print or type the name of the organization as you would like it to appear on our records)

Grid for organization name input

6) May we list your company as a participant? (Check One) Yes No

7) Your Employers Group Membership ID Number - Leave blank if unknown _____

8) County (Do not report locations in different counties. Complete one questionnaire per each county.)

Grid for county input

9) Number of Regular Full-Time Employees presently under the jurisdiction of the organizational unit reported (Include employees in all units subordinate to this unit): Approximate figures ok if exact ones are not available: _____

10) Please select (X) the industrial category which best describes the major activity of your organization.

MANUFACTURING - DURABLE GOODS

- 37 () Aircraft & Aircraft Parts
24 () Lumber & Wood Products.
25 () Mfg. - Furniture & Fixtures
32 () Stone, Glass & Clay Products
33 () Primary Metal Industries
34 () Fabricated Metal Products
35 () Machinery
36 () Electrical Machinery & Equipment
38 () Instruments, Photographic & Optical
41 () Mfg. - Transport Equip-Non-Aircraft
42 () Mfg. of High Tech. Equipment
39 () Mfg. Miscellaneous Durable Goods
MFG. - NONDURABLE GOODS
28 () Chemicals & Allied Products
29 () Petroleum Refining & Related Industries
30 () Plastic Products
31 () Leather Products
20 () Food & Kindred Products

- 22 () Textile Mill Products
23 () Apparel & Other finished Products
43 () Mfg. or R&D of Pharmaceutical
26 () Paper & Allied Products
27 () Printing, Publishing & Allied Industries
40 () Miscellaneous Nondurable Goods

FINANCIAL SERVICES

- 08 () Banking
11 () Finance
14 () Insurance
15 () Real Estate

NONMANUFACTURING

- 01 () Agriculture
02 () Mining
03 () Contract Construction -All heavy Construction
04 () Construction - Family Residential
05 () Utilities & Transportation
12 () Services to Individuals.

- 51 () Employment Agencies
17 () Hospitals & Health Providers
06 () Wholesale Trade, Distribution
07 () Retail Trade
10 () Public Sector
18 () Not-for-Profit (Non-charity)
46 () Charity organizations
19 () Education
21 () Hospitality
50 () Law Firms & Legal Services
13 () Entertainment Industry
09 () Services to Businesses
INFORMATION SERVICES & E-COMMERCE
16 () Computer Programs, Data Processing
55 () E-Based Commerce: Retail Products and Services
46 () Software Development, Commercial Products & Services

(Optional) Enter your organization's Standard Industrial Classification (SIC) 2-Digit Major Group # here: _____ To look up your (SIC) 2-Digit Major Group #, please visit http://www.osha.gov/pls/imis/sic_manual.html

TABLE OF TOPICS SURVEYED:

- TOPIC II - Actual Salary/Wage Increases In 2014, page 2
TOPIC III - Projected Budgets, Salary/Wage Increases In 2015, page 2
TOPIC IV - Projected Salary/ Wage Structure Adjustments, page 2
TOPIC V - Employment Levels, page 3
TOPIC VI - General Business Conditions, page 3

- TOPIC VII - Business Levels, page 3
TOPIC VIII - Annual Employee Turnover, page 3
TOPIC IX - Projected Paid Holidays - 2015, page 4
TOPIC X - Company Information, page 5

TOPIC II - ACTUAL SALARY/WAGE INCREASES IN 2014

What is the approximate actual percent increase employees received in 2014?

NOTE: Check appropriate box if no data is available or if no increases were given in 2014.

<i>2014, Actual</i> SALARY/WAGE INCREASES	Merit Increases (A)	General Across – the - Board Increases or COLAS (B)	Increases from other types of plans (C)	Total Average increase (A+B+C)	No Data available	No increases in 2014 (Wage Freezes)
Hourly Production, Maintenance, & Service Employees	%	%	%	%	<input type="checkbox"/>	<input type="checkbox"/>
Nonexempt Office, Clerical/Technical Employees	%	%	%	%	<input type="checkbox"/>	<input type="checkbox"/>
Salaried Exempt Employees	%	%	%	%	<input type="checkbox"/>	<input type="checkbox"/>
Executive Employees	%	%	%	%	<input type="checkbox"/>	<input type="checkbox"/>

TOPIC III - PROJECTED BUDGETS, SALARY/WAGE INCREASES IN 2015

What is the projected payroll budgeted for 2015 or the next 12-month budgeted period?

NOTE: Check appropriate box if no data is available or if no increases are planned.

<i>2015, Planned</i> SALARY/WAGE INCREASES	Merit Increases (A)	General across – the – board increases or COLAS (B)	Increases from other types of plans (C)	Total Average increase (A+B+C)	No Data available	No increases planned for 2015
Hourly Production, Maintenance, & Service Employees	%	%	%	%	<input type="checkbox"/>	<input type="checkbox"/>
Nonexempt Office, Clerical/Technical Employees	%	%	%	%	<input type="checkbox"/>	<input type="checkbox"/>
Salaried Exempt Employees	%	%	%	%	<input type="checkbox"/>	<input type="checkbox"/>
Executive Employees	%	%	%	%	<input type="checkbox"/>	<input type="checkbox"/>

Overall for 2015 your salary budgets will be:

1. Lower than in 2014
2. Equal to 2014
3. Higher than in 2014

TOPIC IV - PROJECTED SALARY/ WAGE STRUCTURE ADJUSTMENTS

	Hourly Production, Maintenance, & Service	Nonexempt Office Clerical / Technical	Salaried Exempt	Executives
1. Do you have a formal salary/wage Structure?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
2. If you have a formal salary/wage structure, did you or will you make a structure adjustment in 2014?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. N/A <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. N/A <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. N/A <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. N/A <input type="checkbox"/>
3. If yes, indicate the overall percentage of upward movement for 2014. Enter "N/A" if no Information is available	%	%	%	%
4. Do you plan to adjust your salary/wage structures in 2015?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. N/A <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. N/A <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. N/A <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. N/A <input type="checkbox"/>
5. If yes, what is the percentage of upward movement planned for 2015? Enter "N/A" if no Information is available	%	%	%	%

TOPIC V - EMPLOYMENT LEVELS

From the list below, select the number of the option that matches your firm's employment outlook for 2015.

Possible Options

(1) Decrease, layoffs are expected **(2)** Remain stable **(3)** Moderately Increase **(4)** Significantly Increase

- | | |
|--|---------|
| 1) For 2015 we expect our production, maintenance, service workforce to: | # _____ |
| 2) For 2015 we expect our office, clerical/technical workforce to: | # _____ |
| 3) For 2015 we expect our salaried exempt workforce to: | # _____ |
| 4) For 2015 we expect our management workforce to: | # _____ |

TOPIC VI - GENERAL BUSINESS CONDITIONS

For the questions below, select (✓) the statement that best reflects your firm's business condition

(I) PRESENT BUSINESS CONDITION	(II) BUSINESS OUTLOOK 2014/2015
<input type="checkbox"/> 1. Weak <input type="checkbox"/> 2. Flat <input type="checkbox"/> 3. Moderately healthy <input type="checkbox"/> 4. Strong	<input type="checkbox"/> 1. Business expected to decline <input type="checkbox"/> 2. Business to remain the same <input type="checkbox"/> 3. Expect moderate business increase <input type="checkbox"/> 4. Strong business activity expected

TOPIC VII - BUSINESS LEVELS

1) During 2015 we anticipate that the National economic activity will change as follows: (✓)	(1) Will stay the same <input type="checkbox"/> If "N/A", check this box <input type="checkbox"/> (2) Will increase between: <input type="checkbox"/> 1.0 - 3.9% <input type="checkbox"/> 4.0 - 5.9% <input type="checkbox"/> 6.0 - 8.9% <input type="checkbox"/> 9.0% + (3) Will decrease between: <input type="checkbox"/> 1.0 - 3.9% <input type="checkbox"/> 4.0 - 5.9% <input type="checkbox"/> 6.0 - 8.9% <input type="checkbox"/> 9.0% +
2) During 2015 we anticipate that the economic activity in our region will: (✓)	(1) Stay the same <input type="checkbox"/> If "N/A", check this box <input type="checkbox"/> (2) Increase between: <input type="checkbox"/> 1.0 - 3.9% <input type="checkbox"/> 4.0 - 5.9% <input type="checkbox"/> 6.0 - 8.9% <input type="checkbox"/> 9.0% + (3) Decrease between: <input type="checkbox"/> 1.0 - 3.9% <input type="checkbox"/> 4.0 - 5.9% <input type="checkbox"/> 6.0 - 8.9% <input type="checkbox"/> 9.0% +
3) During 2015 we expect our industry sales to: (✓)	(1) Stay the same <input type="checkbox"/> If "N/A", check this box <input type="checkbox"/> (2) Increase between: <input type="checkbox"/> 1.0 - 3.9% <input type="checkbox"/> 4.0 - 5.9% <input type="checkbox"/> 6.0 - 8.9% <input type="checkbox"/> 9.0% + (3) Decrease between: <input type="checkbox"/> 1.0 - 3.9% <input type="checkbox"/> 4.0 - 5.9% <input type="checkbox"/> 6.0 - 8.9% <input type="checkbox"/> 9.0% +
4) Compared to 2013, our 2014 sales: (✓)	(1) Stayed the same <input type="checkbox"/> If "N/A", check this box <input type="checkbox"/> (2) Increased between: <input type="checkbox"/> 1.0 - 3.9% <input type="checkbox"/> 4.0 - 5.9% <input type="checkbox"/> 6.0 - 8.9% <input type="checkbox"/> 9.0% + (3) Decreased between: <input type="checkbox"/> 1.0 - 3.9% <input type="checkbox"/> 4.0 - 5.9% <input type="checkbox"/> 6.0 - 8.9% <input type="checkbox"/> 9.0% +
5) During 2015 we expect our firm's sales to: (✓)	(1) Stay the same <input type="checkbox"/> If "N/A", check this box <input type="checkbox"/> (2) Increase between: <input type="checkbox"/> 1.0 - 3.9% <input type="checkbox"/> 4.0 - 5.9% <input type="checkbox"/> 6.0 - 8.9% <input type="checkbox"/> 9.0% + (3) Decrease between: <input type="checkbox"/> 1.0 - 3.9% <input type="checkbox"/> 4.0 - 5.9% <input type="checkbox"/> 6.0 - 8.9% <input type="checkbox"/> 9.0% +

TOPIC VIII - ANNUAL EMPLOYEE TURNOVER

1. Number of separations during the previous 12 months?

	Voluntary ¹	Involuntary ²	Total ³	Avg. Number of employees on payroll during the previous 12 months?
Salaried Exempt Employees				
Nonexempt Employees				
TOTAL: ALL EMPLOYEES				

1. Voluntary separations or quits are employee-initiated and can be unavoidable or avoidable. Unavoidable separations occur for reasons over which the employer has no control—for example, an employee who resigns to retire or to follow a relocating spouse. Avoidable separations result from an employee's dissatisfaction with a job or the work environment.

2. Involuntary separations or discharges are employer-initiated and can occur for reasons ranging from an employee's misconduct or unacceptable performance.

3. Total number of employee separations including voluntary and involuntary. Do exclude figures stemming from job eliminations, reductions-in-force, long-term leaves of absence, layoffs, or departures of temporary staff.

TOPIC IX- PROJECTED PAID HOLIDAYS - 2015

For these questions, "holiday" means a scheduled work day allowed off with pay in celebration of some event.

(1). NUMBER OF PAID HOLIDAYS - How many paid holidays will you grant in 2015 to full-time employees? # _____

(2). WHICH HOLIDAYS WILL YOU GRANT IN 2010? Only check those days when employees are regularly scheduled to work.

- | | |
|--|--|
| <input type="checkbox"/> 1. New Year's Day, Thursday, Jan. 1 (US)(CA)
<input type="checkbox"/> 2. Friday, January 2
<input type="checkbox"/> 3. Martin Luther King, Jr. Birthday, 3rd Mon. in Jan. (Jan.19) (US)(CA)
<input type="checkbox"/> 4. Lincoln's Birthday (Thursday, Feb. 12) (CA)
<input type="checkbox"/> 5. Presidents' Day, 3rd Monday in Feb. (Feb. 16) (US)(CA)
<input type="checkbox"/> 6. Good Friday (April 3)
<input type="checkbox"/> 7. ½ Day Good Friday (April 3)
<input type="checkbox"/> 8. Cesar Chavez Day, Tuesday, March 31 (CA)
<input type="checkbox"/> 9. Friday before Memorial Day (May 22)
<input type="checkbox"/> 10. Memorial Day, last Monday in May, (May 25) (US)(CA)
<input type="checkbox"/> 11. Friday, July 3rd in lieu of Saturday, July 4
<input type="checkbox"/> 12. Monday, July 6th in lieu of Saturday, July 4 (US)(CA)
<input type="checkbox"/> 13. Labor Day, First Monday in Sept., (Sept. 7) (US)(CA)
<input type="checkbox"/> 14. Columbus Day, 2nd Monday in Oct. (Oct. 12) (US)(CA)
<input type="checkbox"/> 15. Veterans Day, Wednesday, Nov. 11 (US)(CA)
<input type="checkbox"/> 16. Thanksgiving, 4th Thursday in Nov. (Nov. 26th) (US)(CA)
<input type="checkbox"/> 17. Day after Thanksgiving (Friday, Nov. 27th) (CA) | <input type="checkbox"/> 18. Wednesday, Dec. 23, ½ Day
<input type="checkbox"/> 19. Wednesday, Dec. 23, Full Day
<input type="checkbox"/> 20. Thursday, Dec. 24, ½ Day
<input type="checkbox"/> 21. Thursday, Dec. 24, Full Day
<input type="checkbox"/> 22. Christmas Day (Friday, Dec. 25th)
<input type="checkbox"/> 23. Thursday, Dec. 31, ½ Day
<input type="checkbox"/> 24. Thursday, Dec. 31, Full Day
<input type="checkbox"/> 25. Employee's Birthday
<input type="checkbox"/> 26. One Floating Holiday
<input type="checkbox"/> 27. Two Floating Holidays
<input type="checkbox"/> 28. Three or more Floating Holidays
<input type="checkbox"/> 29. Employee's choice (1 day chosen by Employee)
<input type="checkbox"/> 30. 1 Personal Day
<input type="checkbox"/> 31. 2 Personal Days
<input type="checkbox"/> 32. 3 or more Personal Days
<input type="checkbox"/> 33. Company shut-down last two weeks of December
<input type="checkbox"/> 34. Other, please indicate _____ |
|--|--|

LEGAL HOLIDAYS IN 2015: (US) Federal; (CA) California

TOPIC X- COMPANY INFORMATION

CONFIDENTIALITY

Your response to the following questions is encouraged but not mandatory. Your firm's name will not be disclosed in any analysis and it will be kept confidential. *Approximate figures are acceptable if exact ones are not available.*

1. Type of ownership: (Check One) Check the option that best describes the organization's ownership. In the case of a division or wholly owned subsidiary, indicate the type of ownership of the parent company.

- | | |
|---|--|
| <input type="checkbox"/> 1. Public Corporation (stock available for purchase by general public)
<input type="checkbox"/> 2. Private Corporation (a non-stock corporation or one where stock is not available to public)
<input type="checkbox"/> 3. Mutual Proprietorship (non-stock corporation)
<input type="checkbox"/> 4. Individual Proprietorship (single owner, not incorporated) | <input type="checkbox"/> 5. Partnership (either general or limited)
<input type="checkbox"/> 6. Public Agency
<input type="checkbox"/> 7. Not-for-Profit |
|---|--|

2. Organization Type: (Check One) Please identify your organization type:

-
1. Headquarters with one or more divisions or subsidiaries (accountable directly to stockholders or owners or their representatives)
-
-
2. Subsidiaries (corporate entity wholly-owned by parent company)
-
-
3. Division (major profit center of divisional unit)
-
-
4. Single organization; no division or subsidiary operations (accountable directly to stockholders or owners or their representatives)
-
-
5. Group organization in divisional

3. SCOPE VOLUME - Based on your last fiscal/calendar year, please indicate your company's approximate annual dollar volume as appropriate to your primary industry: (Select that ONE option that best reflects your firm's industry standard.)

- | | | |
|---------------------------|---|----------|
| 1. Gross Sales | | \$ _____ |
| 2. Total Assets (Approx.) | <i>(Banks, Financial Firms)</i> | \$ _____ |
| 3. Total Premiums | <i>(Insurance)</i> | \$ _____ |
| 4. Operating Budget | <i>(Not-For-Profit & Public Agencies)</i> | \$ _____ |
| 5. Other (Describe) | _____ | \$ _____ |

4. TOTAL OPERATING EXPENSES ⁽¹⁾ - The annual dollar for the last fiscal or calendar year for the organization and its subordinate units:

Annual operating expenses for the organizational unit(s) being reported \$ _____

⁽¹⁾ *Expenses associated with running a business but not considered directly applicable to the current line of goods and services being sold. These include Sales and Marketing, R & D, and General and Administrative costs (including the salaries and benefits of people working in these areas).*

5. **ANNUAL PRE-TAX PROFIT** - Based on your last fiscal/calendar year, please indicate your company's pre-tax profit as appropriate to your primary industry: **SELECT ONE** (Select that ONE option that best reflects your firm's industry standard.)

- 1. All firms \$ _____
- 2. Banks, Financial Firms \$ _____
- 3. Insurance \$ _____
- 4. Not-For-Profit & Public Agencies \$ _____
- 5. Other (Describe) \$ _____

6. **ADMINISTRATIVE COSTS** ⁽²⁾ –Provide the total dollar expense associated with your organization’s administrative division. The amount should reflect costs for the last fiscal or calendar year and for the organization and its subordinate units:

Total Administrative Cost for the organizational unit being reported _____

⁽²⁾ *Administrative expenses are salaries and related benefits of those employees who perform non-technical support activities, and supplies and other expenses used to provide clerical or administrative project support. Examples of administrative expenses are the salaries, wages, and fringe benefits of administrative and clerical staff; office supplies; postage; local telephone costs; and memberships.*

7. **COMPENSATION (Payroll + Commission, bonuses, etc)** - The annual compensation / payroll (be sure to include salary costs as well as monies for bonus & incentive plans) for the last fiscal or calendar year for the organization and its subordinate units:

Annual compensation for the organizational unit being reported _____

8. **EMPLOYEE BENEFIT COSTS** ⁽³⁾ - The annual dollar cost of your company’s benefit program relative to your last fiscal or calendar year for the organization and its subordinate units:

Annual benefit costs for the organizational unit being reported _____

⁽³⁾ *For the purposes of this question, include all dollars stemming from legally required benefits, as well as retirement and savings plans, life and disability insurance, health and dental plans, education benefits, time-off payments, and miscellaneous benefit payments.*

9. **EMPLOYEE TRAINING AND DEVELOPMENT COSTS:** Please provide the total dollar expense associated with your organization’s employee training and development programs. Be sure to include those budgets / expenses incurred outside HR.

Total Employee Training & Development Expenses of the unit(s) being reported _____