

# **Resource for Determining Wages, Salaries & Benefits**

## **For Seventh-day Adventist Early Childhood Educators**

This resource is intended to assist Seventh-day Adventist local conference offices in developing a new category of employees specifically for Adventist early childhood programs. Within this booklet, there are samples, explanations and detailed worksheets. Many conferences may choose to use the samples provided, adapting them for local use. Others may choose to work through the wage and benefits comparability survey process which will provide a detailed analysis of an employee compensation system in comparison to similar organizations that offer similar services within comparable demographics.

In order to establish and maintain high quality program operations and services, Adventist early childhood education and care (ECEC) programs must attract and retain qualified personnel. An important component of any program's ability to maintain a skilled and motivated work force is employee compensation. Conference and local ECEC program administrators will find this information useful to enhance understanding of the survey process and its role in establishing a fair employee compensation system.

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## **Definition of an Early Childhood Program**

An Adventist early childhood education and care program (ECEC), or early childhood program, is a general term that includes all programs for young children from birth to entrance into a conference-authorized Kindergarten program under the administration of a North American Division (NAD) church or school.

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## Description of Classifications

### Full-Time

Assigned to and working a regular schedule of at least 38 hours per week for a non-specified period.

### Part-Time High Hours

Assigned to and working a regular schedule between 30 and 35 hours per week for a non-specified period.

### Part-Time Low Hours

Assigned to and working a regular schedule between 19 – 25 hours per week for a non-specified period.

### Less Than Half-Time

Assigned to and working a regular schedule of less than 19 hours per week for a non-specified period.

### Part-Time Temporary

Employed on a regularly scheduled basis which is 35 hours or less for a period of not more than 89 days. After the 89-day period, the employee will either be converted to regular part-time status (high hours or low hours) or to less than half-time or cease employment

### Full-Time Temporary

Employed on a regularly scheduled basis of at least 38 hours per workweek for a period of not more than 89 days. After the 89-day period, the employee will either be converted to regular status or cease employment

## Description of Positions

This tool gives a list of position descriptions that are commonly used in Adventist early childhood education and care (ECEC) programs. Conference offices and local ECEC programs may find this list useful when writing or reviewing job descriptions for their programs. Since Adventist ECEC programs do not operate in a franchise fashion, it is likely to have other positions not on this list. The list is organized into three domains: Administrative Staff, Educational Staff and Service Personnel. It also provides a descending level of supervision in terms of the highest supervisory position in a particular domain. For convenience, sample job descriptions for each employee category have been included at the end of this packet.

### Description of Positions

- A. [Administrative Staff](#)
- B. [Educational Staff](#)
- C. [Support Personnel](#)

### Description of Positions

#### Administrative Staff

##### Supervisor

This individual has direct responsibility for the overall operation of more than one ECEC program. The Supervisor is an individual who is **not** counted in the student/child ratio; Supervisors have **no** teaching responsibilities.

##### Administrative Director

This individual has direct responsibility for the overall operation of an ECEC program. The Administrative Director is an individual who is **not** counted in the student/child ratio; Administrative Directors have **no** teaching responsibilities. An Administrative Director must spend 51% or more of his or her working hours performing administrative duties.

##### Site Director

This individual has direct responsibility for the overall operation of an ECEC program and may or may not be counted in the student/child ratio; Site Directors may or may not have teaching responsibilities. A Site Director spends less than 51% of his or her working hours performing administrative duties.

##### Assistant Director

This individual supports the director and assists with responsibility for the overall operation of an ECEC program and becomes directly responsible for the program in the absence of a director.

**Administrative Assistant/Receptionist**

This individual provides support services for the ECEC program, including, but not limited to greeting visitors and clientele, answering phones, paging staff members and maintaining a visitor log. Additional duties may include supporting the administrator, gathering data, record keeping, completing reports, and working on special projects assigned by the administrator.

**Bookkeeper**

This individual provides support services for the ECEC program by maintaining details of financial transactions.

**Educational Staff****Head Teacher/Lead Teacher**

All adults who have direct responsibility for the care, supervision, management and curricular planning for a group of young children.

**Assistant Teacher/Team Teacher**

All adults who have direct responsibility for the care, supervision and management of a group of young children under the supervision of a Head/Lead Teacher. Assistant/Team Teachers must meet established requirements in order to be left alone with a group of children in the absence of the Head/Lead Teacher.

**Substitutes**

All adults who have direct responsibility for the care, supervision and management of a group of young children under the supervision of a Head/Lead Teacher or director. Substitute Teachers must meet established requirements in order to be left alone with a group of children.

**Before & After-School Care Teacher**

All adults who have direct responsibility for the care, supervision and management of a group of young children under the supervision of a Head/Lead Teacher or director.

Before

& After-School Care Teachers must meet established requirements in order to be left alone with a group of children.

**Student Workers**

High school or college students who are employed to work at the ECEC program in various capacities.

**Teacher Aide**

All adults who have responsibility for the care, supervision and management of a group of young children under the direct supervision of a Head/Lead Teacher or Assistant/Team Teachers. Teacher Aides may not be left alone with a group of children.

#### Academic Interns

Individual(s) who are completing college-level Early Childhood Education and/or Child Development courses and laboratory requirements who receive course credit rather than remuneration for hours worked in the ECEC program.

#### Volunteers

Individuals providing assistance and support under the direct supervision of a Head Teacher/Lead Teacher and not receiving remuneration for hours worked.

### **Support Personnel**

#### Cook

The individual responsible for the supervision, management and planning of all meals and snacks including preparing and serving meals; receiving and storing food stuffs and supplies; maintaining sanitation related to these activities; locating, following, and/or adapting recipes; and may be asked to keep general records and/or inventory.

#### Assistant Cook

The individual who works under the supervision of the Cook and assists with the supervision and management of all meals and snacks, including preparation, service and cleanup. Assistant Cooks may perform other related kitchen duties and become responsible for the meal program in the absence of the Cook.

#### Maintenance

Individual(s) who provides support services for the ECEC program by providing maintenance and related upkeep for facilities, vehicles, and/or equipment and maintaining maintenance records.

#### Custodian

Individual(s) who provides support services for the ECEC program and responsible for cleaning, general care and upkeep of a building or area. Custodians may perform routine maintenance, maintain cleaning supplies, etc.

#### Grounds Keeper

Individual(s) who provides support services for the ECEC program by maintaining the grounds of the external facility.

# Tips for Conducting a Wage and Benefit Comparability Survey

Adventist ECEC programs are encouraged to conduct a wage and benefit comparability survey to help them attract qualified personnel and maintain high-quality program operations. This tip sheet may be useful when considering compensating employees.

## Tips for Conducting a Wage and Benefit Comparability Survey

1. Employee compensation should be guided by three

factors:

- comparability,
- equity,
- affordability.

2. The basic element of any human resources system is the job description.

- Develop up-to-date job descriptions (see samples provided)

3. Programs should have a system or schedule of employee job classifications which group together jobs with similar levels of responsibility and qualifications.

- Ensure that the position classification system is accurate and up-to-date

4. Benchmarking is a process to establish a standard or point of reference for use in evaluating the hourly wages of the organization.

- Select benchmark positions

5. Among the most critical and challenging wage and benefits comparability decisions is the selection of external organizations from which compensation data are solicited.

- Identify and invite the participation of comparable organizations:

6. Programs have two survey approaches that they can use: online and stand-alone paper-and-pencil surveys.

- Conduct the survey
7. Once programs have collected the data, analyses must be performed and conclusions are drawn.
    - Analyze comparative wage and benefits data
  8. Programs should prepare a Wage and Fringe Benefits Comparability Report that makes inferences about the findings and apply the information to the local program.
    - Draft a Wage and Fringe Benefits Comparability Report
  9. Use the data from the wage and fringe benefits comparability survey to improve and enhance an organization's wage and salary administration plan, benefits administration, compensation policies and practices.
    - Develop a Wage, Salary and Benefits Administration Plan, Policies and Practices

# Worksheets

These worksheets provide the detailed steps for information and data gathering involved in the wage and benefits comparability survey process. Adventist ECEC programs may find these worksheets useful when preparing for, conducting, and analyzing their survey.

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## Worksheets

### Before Beginning

1. Should I do a wage and fringe benefits comparability survey? (*Worksheet 1*)
2. Initial Planning for your Survey. (*Worksheet 2*)

### Internal Activities

1. Job Descriptions. (*Worksheet 1*)
2. Position Classification System. (*Worksheet 2*)
3. Benchmark Positions. (*Worksheet 3*)
4. Survey Instrument. (*Worksheet 4*)

### Invite Comps

1. Ideas for Identifying Comparable Organizations. (*Worksheet 1*)
2. Identify Possible Comparable Organizations. (*Worksheet 2*)
3. Survey Timeline. (*Worksheet 3*)
4. Identify a Contact Person in Your Organization. (*Worksheet 4*)
5. Final Plan. (*Worksheet 5*), (*Sample Letters*)

### Conduct Survey

1. Organizational Information. (*Worksheet 1*)
2. Employee Level Information. (*Worksheet 2*)
3. Fringe Benefits Information. (*Worksheet 3*)

### Analyze & Implement

1. Analyze the organizational information from your survey. (*Worksheet 1*)
2. Analyze Employee Level Information. (*Worksheet 2*)
3. Analyze Fringe Benefits Information. (*Worksheet 3*)
4. Create or Update Position Classification System. (*Worksheet 4*)
5. Create a Profile for Each Benchmarked Position. (*Worksheet 5*)
6. Determine Compensation Policies. (*Worksheet 6*)
7. Develop a Salary Schedule. (*Worksheet 7*)
8. Apply Your Position Classification System and Salary Schedule. (*Worksheet 8*)
9. Complete a Budget Impact Analysis. (*Worksheet 9*)
10. Develop a plan for implementing your wage and salary administration plan. (*Worksheet 10*)

## Before Beginning Worksheet 1: Should I Do a Survey?

- *To save the worksheet, select File → Save as. Name your worksheet and select OK.*
- *To close this window, select the X in the top right corner of your screen.*

Use the table below to help you determine whether or not you need to do a wage and benefits comparability survey.

Step	Consider this...	If your answer is...
1	I did a survey last year or the year before.	<ul style="list-style-type: none"> <li>• Yes, go to step</li> <li>2. • No, go to</li> </ul>
2	The information from my last survey is still valid.	<ul style="list-style-type: none"> <li>• Yes, go to step</li> <li>3. • No, go to step 9.</li> </ul>
3	Since the last survey, the information has been updated each year to reflect inflation by using the percent increase from the Consumer Price Index.	<ul style="list-style-type: none"> <li>• Yes, go to step</li> <li>4. • No, go to step 8.</li> </ul>
4	I am paying the minimum wage rate, or more, prescribed by the Fair Labor Standards Act of 1938.	<ul style="list-style-type: none"> <li>• Yes, go to step</li> <li>5. • No, go to</li> </ul>
5	My salary scales are based on training and experience.	<ul style="list-style-type: none"> <li>• Yes, go to step</li> <li>6. • No, go to</li> </ul>
6	My compensation is reasonable based on OMB Circular A-122 Revised, Attachment B, 8(C)2.	<ul style="list-style-type: none"> <li>• Yes, go to step</li> <li>7. • No, go to</li> </ul>
7	My compensation is affordable.	<ul style="list-style-type: none"> <li>• Yes, go to step</li> <li>8. • No, go to</li> </ul>
8	You do not need to do a survey this year. Instead, update your information to reflect inflation by using the percent increase from the Consumer Price Index.	
9	Prepare to do a survey this year.	



## Before Beginning Worksheet 2: Initial Planning For Your Survey

- To save the worksheet, select File → Save as. Name your worksheet and select OK.
- To close this window, select the X in the top right corner of your screen.

Use the table below to help you begin planning your survey. Complete the “Your Answers” column.

Question	Your Answers																																
Who will conduct the survey?	<p>Select one or more:</p> <p><input type="checkbox"/> will conduct my own survey.</p> <p><input type="checkbox"/> will hire a consultant. List possible consultants:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 60%;">Name</th> <th>Phone or email</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p><input type="checkbox"/> I will join with other groups. List possible groups:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 60%;">Group Name</th> <th>Contact Information</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Phone or email															Group Name	Contact Information														
Name	Phone or email																																
Group Name	Contact Information																																
When will I do the survey?	<p>Projected start date:</p> <p>Projected end date:</p>																																

What information will I gather?	List information to gather: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 20px; text-align: center;">1</td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td></tr> <tr><td style="text-align: center;">5</td><td></td></tr> <tr><td style="text-align: center;">6</td><td></td></tr> <tr><td style="text-align: center;">7</td><td></td></tr> <tr><td style="text-align: center;">8</td><td></td></tr> <tr><td style="text-align: center;">9</td><td></td></tr> <tr><td style="text-align: center;">10</td><td></td></tr> </table> <p style="margin-top: 20px;"><input type="checkbox"/> I will use information from studies others have done.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 25%;">Study Score</th> <th style="width: 25%;">Date Completed</th> <th style="width: 25%;">Who Was Surveyed</th> <th style="width: 25%;">Contact Information</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p style="margin-top: 20px;">I will gather information from:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Government sources</li> <li><input type="checkbox"/> Community groups</li> <li><input type="checkbox"/> Trade and professional organizations</li> <li><input type="checkbox"/> Other (specify)</li> </ul>	1		2		3		4		5		6		7		8		9		10		Study Score	Date Completed	Who Was Surveyed	Contact Information																				
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Study Score	Date Completed	Who Was Surveyed	Contact Information																																										
Who will do my statistical analysis?	Name: Phone or email: Date contacted: Other information:																																												

What “areas” (locations) will I survey?	List potential “areas” to survey. Include places where you might find potential employees.	
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	



## Internal Activities Worksheet 1: Job Descriptions

- To save the worksheet, select *File* → *Save as*. Name your worksheet and select
- *OK*. To close this window, select the *X* in the top right corner of your screen.

List the jobs in your organization and indicate the level of effort and skill required as well as the qualifications, responsibilities, and key functions. Then, write a short description of the job. For convenience, sample job descriptions for each employee category have been included at the end of this packet.

- **Level of effort** is the type of tasks required for the job. It includes what the person is accountable for and what supervisory responsibilities the person has.
- **Skill** means the abilities and knowledge necessary to do the job. Examples of skills include writing ability, speaking Spanish, use of technology.
- **Qualifications** include educational degrees and licenses, e.g., BA, AA, CDA, none.
- **General tasks** are the responsibilities and activities associated with the job, including tasks done every day, for example, a teacher taking attendance or implementing a daily lesson plan.
- **Essential functions** are the main roles or key tasks for the position.

NOTE: To add more lines to the table, put your cursor in the last cell on the bottom line of the table and use the *Tab* key.

Job	Level of Effort	Skill	Qualifications	General Tasks	Essential Functions	Short Job Description



## Internal Activities Worksheet 2: Position Classification System

- *To save the worksheet, select File → Save as. Name your worksheet and select OK.*
- *To close this window, select the X in the top right corner of your screen.*

Programs should have some table, system, or schedule of employee job classifications which groups together jobs with similar levels of responsibility and qualifications. Your position classification system should reflect the relative worth of individual jobs in your program to each other, not the backgrounds and experiences of the people in the jobs. Do the following:

- Use the table you created in Worksheet 1.
- Analyze your positions based on responsibility and qualifications.
- Compare jobs to determine if they require higher, the same, or lower qualifications and responsibilities than other jobs.
- Group positions logically into levels. Positions in a level will have similar levels of responsibility and qualifications even though their tasks differ. For example, you may group Assistant Teacher and Before-and-After-School Teacher together in one level because both require the supervision of a Head/Lead Teacher and certain qualifications for being left alone with a group of children.
- Look at the combination of responsibilities, qualifications, and the logical progression of job titles. Use job titles to note the level of responsibilities that job has in the program. For example, Head/Lead Teacher has a Bachelor degree and Assistant/Team Teacher has an Associate degree.







## Internal Activities Worksheet 4: Survey Instrument

- *To save the worksheet, select File → Save as. Name your worksheet and select OK.*
- *To close this window, select the X in the top right corner of your screen.*

You can either identify an existing survey instrument or create your own to use for your Wage and Fringe Benefits Comparability Survey. If you decide to create your own survey instrument, include the items listed below.

### Organization Information

- Agency name, address, and phone number
- Program Type (*choose one*)
  - Community Action Agency
  - Head Start or Early Head Start
  - Health Care Provider
  - Higher Education
  - Other
  - School District
  - Social Services Organization
- Program Category (*choose one*)
  - For Profit Organization
  - Government Entity
  - School District
  - Indian Tribe
  - Individual
  - Higher Education
  - Not For Profit Organization
  - Other
  - Special District
- Annual operating budget
- Number of clients served
- Sources of funding:
  - Federal
  - State
  - Local
  - Private
  - Other
- Number of employees. NOTE: To complete the survey, if there is a large number of employees, select the first five employees alphabetically from each position and obtain data on that sample.
- Area served
  - States served
  - Counties served

- Program Demographics (choose all that apply)
  - Urban
  - Rural
  - Suburban

### **Employee Salary information**

- Position (job title)
- Annual salary or hourly wage
- Hours worked per year
- Educational level (highest level attained by this employee) Credentials,
- certifications, or licenses
- Number of years of work experience
- Number of people who report directly to each employee

### **Employee Fringe Benefits Information**

Fringe benefits information for the first employee listed alphabetically for each of four different classification levels (e.g., director, teacher, administrative assistant, and custodian)

- Hourly wage
- Hours worked per year
- Percentage of employee's salary paid by employer for:
  - FICA/Medicare (tax imposed by the federal government on both employees and employers to fund Social Security and Medicare)
  - Worker's Compensation (insurance to cover medical care and compensation for employees who are injured in the course of employment)
  - Disability Insurance (payroll tax-funded, insurance program that provides income to people unable to work because of a disability until their condition improves and guarantees income if their condition does not improve)
  - Unemployment Insurance (funds paid by employers for the payment of unemployment benefits to workers during periods of unemployment which are beyond the worker's control)
  - Retirement/Pension (percentage of an employee's income, contributed by an employee, so the employee can receive income when they retire)
- Dollar amount employer pays for health, dental, and life insurance per month and number of months of the year insurance is paid
- Number of hours per year for annual leave, sick leave, holidays, and other leave
- Other benefits



## Invite Comps Worksheet 1: Ideas for Identifying Comparable Organizations

- *To save the worksheet, select File → Save as. Name your worksheet and select OK. To*
- *close this window, select the X in the top right corner of your screen.*

What will you do to identify comparable organizations? Where will you look? What type of organizations will you consider? What characteristics do you want the organizations to have? Do you already have a relationship with some organizations?

List your ideas here for identifying comparable organizations to participate in your wage and fringe benefits survey:

- 
- 
- 
- 
- 
- 
- 
- 
- 
-



## Invite Comps Worksheet 2: Identify Possible Comparable Organizations

- To save the worksheet, select *File* → *Save as*. Name your worksheet and select *OK*.
- To close this window, select the *X* in the top right corner of your screen.

List a minimum of eight possible comparable organizations. Possible organizations include those that:

- Are in your geographic area
- Have positions comparable to benchmarks you chose
- Provide services similar to yours
- Compete with you for employees

Consider programs such as the following: Head Start, Early Head Start, universal pre-kindergarten programs, public schools; child care centers; hospitals; social services agencies; nursing and assisted living facilities; government agencies; health departments; private children’s organizations; housing authorities; mental health agencies and centers; and educational, social services, and other human service programs offered by the faith community.

List at least eight organizations	For each organization listed in the first column, mark Y (yes) or N (no) in each column below				
	Federal or State Program?	Same geographic area?	Employees do same jobs as yours?	Offer similar service?	Competes with you?



## Invite Comps Worksheet 3: Survey Timeline

- *To save the worksheet, select File → Save as. Name your worksheet and select OK.*
- *To close this window, select the X in the top right corner of your screen.*

Set up a timeline for your survey. Some approximate timeframes are completed for you already.

Task	Total Time (approx.)	Begin Date	End Date
Identify comparables			
Contact comparables	2 weeks		
Allow time for comparables to complete survey	4 weeks		
Collect surveys			
Follow-up to collect any outstanding information	2 weeks		
Other task (specify):			
Other task (specify):			
Other task (specify):			
Other task (specify):			
Other task (specify):			



## Invite Comps Worksheet 4: Identify a Contact Person in Your Organization

- *To save the worksheet, select File → Save as. Name your worksheet and select OK. To*
- *close this window, select the X in the top right corner of your screen.*

Specify the name, phone number, and email of a person in your organization whom comparable organizations can contact for questions or assistance.

Name:

Phone number:

Email:

Website:



## Invite Comps Worksheet 5: Final Plan

- *To save the worksheet, select File → Save as. Name your worksheet and select OK.*
- *To close this window, select the X in the top right corner of your screen.*

Determine your final plan for inviting comparable organizations to participate in your Wage and Fringe Benefits Comparability Survey.

- In Part 1, prepare your final list of comparable organizations to invite to participate and specify your contact method for each organization.
- In Part 2, prepare a draft letter, talking points, brochure/flier, website information and link, etc.

### Part 1: Final List of Organizations

In the table below, list:

- The names of your final choices for the comparable organizations you will invite to participate in your survey and their addresses,
- How you will contact them,
- The date you contact them,
- Their reply, i.e., whether or not they will participate, and
- The name, phone number, and email of a contact person.

NOTE: You must have a minimum of five comparable organizations participate in your survey.

	Organizations to invite and address	Contact method	Date contacted	Participate? Y or N	Contact person, phone & email
1					
2					
3					
4					
5					
6					
7					
8					



## Part 2: Draft of Your Contact Method

In this part, prepare a draft of your contact method. For example, write a draft letter, list draft ideas you will discuss in a phone conversation, etc.

NOTE: You may use more than one method to contact comparable organizations to participate in your survey.

If you will contact comparables by...	Then below this table...
Letter	Write a draft of the letter (see samples)
Phone	List the main points you will discuss in your conversation
Flyer	Design a draft of the flyer
Other method	Specify your contact method and prepare a draft of how you will apply the method
Website information and link	Add a page to your facility's website with information and survey forms

See sample letters below:

**Sample letter # 1**

Dear Colleague:

I am requesting your participation in a wage and fringe benefit comparability survey. The information we are requesting from you will assist us in determining the comparability of wages and benefits for positions in Seventh-day Adventist early childhood programs serving young children and families. We ask for your help in providing data for this study. We hope that you will agree to participate.

Why would you want to participate? You will have access to the survey results of the survey if you participate. Just as we will use this information to evaluate our wages and benefits, this data will be similarly beneficial to your organization to determine how your wages and benefits compare to others in our area.

All individual and program information will be held in the strictest confidence and no information which enables identification of any program or individual will be published or disclosed. Only summary information, with no program or agency identifying information will be available through this survey and all reports will include only summary data. Of course, your own organization's data will be identified to you.

If you are willing to participate with us in providing this important information or would like to discuss your participation, please contact \_\_\_\_\_(name) at \_\_\_\_\_(phone number) by \_\_\_\_\_(date).

In order to include your data in our area study, we ask that you submit your information using our email or mailing address by \_\_\_\_\_(date). If you wish to participate but cannot meet this deadline, please contact our office to discuss the details of your participation.

Thank you in advance for your willingness to provide information for this survey. I sincerely hope that you will take the time to help us determine comparable wages and benefits for employees of Seventh-day Adventist early childhood programs in our area. We appreciate your time and assistance. We are confident that you will find the survey results to be as useful to you as your results will be to us.

Sincerely yours,

## Sample letter # 2

Dear Colleague:

We are conducting a wage and fringe benefits comparability survey of human services organizations in our area. The information we are requesting will help us determine the comparability of wages for positions in Seventh-day Adventist early childhood programs serving young children and families.

We ask for your help in providing data for this survey. All individual and program information will be held in strict confidence and no information which enables identification of any program or individual will be published or disclosed. The only exception to this is that we will provide you and you alone with identifying information regarding your own organization.

We sincerely hope that you will agree to participate. As an added incentive for your participation in the study, we will provide a copy of the completed survey to every participating agency that provides its mailing address at the end of the survey form.

Please complete the attached *Wage and Fringe Benefits Comparability Survey*, basing information on salaries as of \_\_\_\_\_ (date). Include information only for positions currently filled in your organization. If your organization has large groups of employees in the same position (e.g., teachers, nurses, social workers) with the same level of education, experience, and credential (if applicable) who are compensated at the same level, simply note the qualifications for that level of compensation and indicate the number of employees at that level. Your responses will be reported in summary form only with no individual position or program identifying information. You can be assured of complete confidentiality of your data.

In order for your data to be included in our study, please return the *Wage and Fringe Benefits Comparability Survey* forms to the following address as soon as possible, but **no later than**

\_\_\_\_\_ (date).

Name and Title	
Address	
City, State, Zip	
Phone	
Email Address	

If you prefer to complete the forms electronically, please provide me with your email address and I will send you a file containing electronic versions of those forms that are enclosed in this package.

If you wish to participate, but cannot meet our deadline, please contact \_\_\_\_\_ (name) at our office to make individual arrangements \_\_\_\_\_ (phone).

Should you have any questions or need additional information, please call. Thank you in advance for your willingness to provide information for this survey. I sincerely hope that you will take the time to help determine comparable wages for employees of Head Start and human service organizations in our area. We appreciate your time and assistance. We are confident that you will find the survey results to be as useful to you as your results will be to us.

Sincerely yours,

Early Childhood Education and Care  
Establishing Salaries, Wages and Benefits

## Conduct Survey Worksheet 1: Organizational Information

- To save the worksheet, select *File* → *Save as*. Name your worksheet and select
- *OK*. To close this window, select the *X* in the top right corner of your screen.

- Use the form below to help you collect organizational information.
- Use a separate form for your organization and for each comparable organization.

Your organization name: \_\_\_\_\_

Date form completed: \_\_\_\_\_

Category	Your Organizational Information
Agency Name:	
Street Address:	
City:	
State:	
Zip Code:	
State Served (2-letter abbreviation):	
Counties Served:	
Program Type:	Check one: <input type="checkbox"/> Faith-based on private school campus <input type="checkbox"/> Faith-based on church campus <input type="checkbox"/> Other (specify)

<p>Program Category:</p>	<p>Check one:</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Institute of Higher Education</p> <p><input type="checkbox"/> Not for Profit Organization</p> <p><input type="checkbox"/> Special District</p> <p><input type="checkbox"/> Other (specify) _____</p>
<p>Program Demographics:</p>	<p>Check one:</p> <p><input type="checkbox"/> Urban (mainly serves clients from town/city with population over 5,000)</p> <p><input type="checkbox"/> Urban/Rural (serves equal number of clients from urban and rural areas)</p> <p><input type="checkbox"/> Rural (mainly serves clients from rural areas or towns with population under 5,000)</p>
<p>Sources of Funding:</p>	<p>Indicate approximate percentage from each source. Must total 100%.</p> <p><input type="text"/> % Federal</p> <p><input type="text"/> % State</p> <p><input type="text"/> % City/County</p> <p><input type="text"/> % Private (includes foundations, corporations, fees, United Way, fundraising, etc.)</p> <p><input type="text"/> % Other (specify) _____</p>
<p>Total Number of Children/Clients Served Per Year</p>	
<p>Total Annual Program/Agency Budget</p>	<p>\$</p>
<p>Number of Employees</p>	

Name of organization #1: \_\_\_\_\_  
 Date form completed: \_\_\_\_\_

Category	Your Organizational Information
Agency Name:	
Street Address:	
City:	
State:	
Zip Code:	
State Served (2-letter abbreviation):	
Counties Served:	
Program Type:	Check one:  Community Action Agency Head Start or Early Head Start Health Care Provider Institute of Higher Education Public School District Social Services Organization Faith-based Other (specify)
Program Category:	Check one:  For Profit Organization Government Entity School District Indian Tribe Individual Institute of Higher Education Not for Profit Organization Special District Other (specify)

Category	Your Organizational Information
Program Demographics:	<p>Check one:</p> <p>Urban (mainly serves clients from town/city with population over 5,000)</p> <p>Urban/Rural (serves equal number of clients from urban and rural areas)</p> <p>Rural (mainly serves clients from rural areas or towns with population under 5,000)</p>
Sources of Funding:	<p>Indicate approximate percentage from each source. Must total 100%.</p> <p>% Federal</p> <p>% State</p> <p>% City/County</p> <p>% Private (includes foundations, corporations, fees, United Way, fundraising, etc.)</p> <p>% Other (specify)</p>
Total Number of Children/Clients Served Per Year:	
Total Annual Program/Agency Budget:	
Number of Employees:	

Name of organization #2: \_\_\_\_\_  
 Date form completed: \_\_\_\_\_

Category	Your Organizational Information
Agency Name:	
Street Address:	
City:	
State:	
Zip Code:	
State Served (2-letter abbreviation):	
Counties Served:	
Program Type:	Check one:  Community Action Agency Head Start or Early Head Start Health Care Provider Institute of Higher Education Public School District Social Services Organization Faith-based Other (specify)
Program Category:	Check one:  For Profit Organization Government Entity School District Indian Tribe Individual Institute of Higher Education Not for Profit Organization Special District _____ Other (specify)



Category	Your Organizational Information
	<input type="checkbox"/> Check one:
Program Demographics:	<input type="checkbox"/> Urban (mainly serves clients from town/city with population over 5,000) <input type="checkbox"/> Urban/Rural (serves equal number of clients from urban and rural areas) <input type="checkbox"/> Rural (mainly serves clients from rural areas or towns with population under 5,000) <input type="checkbox"/> Indicate approximate percentage from each Source Must total 100%
Sources of Funding:	<input type="checkbox"/> % Federal <input type="checkbox"/> % State <input type="checkbox"/> % City/County <input type="checkbox"/> % Private (includes foundations, corporations, fees, United Way, fundraising, etc.) <input type="checkbox"/> % Other (specify) _____
Total Number of Children/Clients Served Per Year:	
Total Annual Program/Agency Budget:	\$ _____
Number of Employees:	



Name of organization #3: \_\_\_\_\_  
 Date form completed: \_\_\_\_\_

Category	Your Organizational Information
Agency Name:	
Street Address:	
City:	
State:	
Zip Code:	
State Served (2-letter abbreviation):	
Counties Served:	
Program Type:	Check one:  Community Action Agency Head Start or Early Head Start Health Care Provider Institute of Higher Education Public School District Social Services Organization Faith-based Other (specify)
Program Category:	Check one:  For Profit Organization Government Entity School District Indian Tribe Individual Institute of Higher Education Not for Profit Organization Special District Other (specify)



Category	Your Organizational Information
Program Demographics:	<p>Check one:</p> <p><input type="checkbox"/> Urban (mainly serves clients from town/city with population over 5,000)</p> <p><input type="checkbox"/> Urban/Rural (serves equal number of clients from urban and rural areas)</p> <p><input checked="" type="checkbox"/> Rural (mainly serves clients from rural areas or towns with population under 5,000)</p>
Sources of Funding:	<p>Indicate approximate percentage from each source. Must total 100%.</p> <p><input type="checkbox"/> % Federal</p> <p><input type="checkbox"/> % State</p> <p><input type="checkbox"/> % City/County</p> <p><input type="checkbox"/> % Private (includes foundations, corporations, fees, United Way, fundraising, etc.)</p> <p><input type="checkbox"/> % Other (specify) _____</p>

Total Number of Children/Clients Served Per Year:

Total Annual Program/Agency Budget: \$

Number of Employees:

Name of organization #4: \_\_\_\_\_  
 Date form completed: \_\_\_\_\_

Category	Your Organizational Information
Agency Name:	
Street Address:	
City:	
State:	
Zip Code:	
State Served (2-letter abbreviation):	
Counties Served:	
Program Type:	Check one:  Community Action Agency Head Start or Early Head Start Health Care Provider Institute of Higher Education Public School District Social Services Organization Faith-based

	Other (specify)
Program Category:	<p>Check one:</p> <ul style="list-style-type: none"> <li>For Profit Organization</li> <li>Government Entity</li> <li>School District</li> <li>Indian Tribe</li> <li>Individual</li> <li>Institute of Higher Education</li> <li>Not for Profit Organization</li> <li>Special District</li> <li>Other (specify)</li> </ul>

Category	Your Organizational Information
Program Demographics:	<p>Check one:</p> <p>_____ Urban (mainly serves clients from town/city with population over 5,000)</p> <p>_____ Urban/Rural (serves equal number of clients from urban and rural areas)</p> <p>_____ Rural (mainly serves clients from rural areas or towns with population under 5,000)</p>
Sources of Funding:	<p>Indicate approximate percentage from each source. Must total 100%.</p> <p>_____ % Federal</p> <p>_____ % State</p> <p>_____ % City/County</p> <p>_____ % Private (includes foundations, corporations, fees, United Way, fundraising, etc.)</p> <p>_____ % Other (specify)</p>

Total Number of Children/Clients Served Per Year:

Total Annual Program/Agency Budget: \$

Number of Employees:

Name of organization #5: \_\_\_\_\_  
 Date form completed: \_\_\_\_\_

Category	Your Organizational Information
Agency Name:	
Street Address:	
City:	
State:	
Zip Code:	
State Served (2-letter abbreviation):	
Counties Served:	
Program Type:	Check one:  Community Action Agency Head Start or Early Head Start Health Care Provider Institute of Higher Education Public School District Social Services Organization Faith-based

	Other (specify)
Program Category:	Check one:  For Profit Organization Government Entity School District Indian Tribe Individual Institute of Higher Education Not for Profit Organization Special District Other (specify)

Category	Your Organizational Information
Program Demographics:	<p>Check one:</p> <p>_____ Urban (mainly serves clients from town/city with population over 5,000)</p> <p>_____ Urban/Rural (serves equal number of clients from urban and rural areas)</p> <p>_____ Rural (mainly serves clients from rural areas or towns with population under 5,000)</p>
Sources of Funding:	<p>Indicate approximate percentage from each source. Must total 100%.</p> <p>_____ % Federal</p> <p>_____ % State</p> <p>_____ % City/County</p> <p>_____ % Private (includes foundations, corporations, fees, United Way, fundraising, etc.)</p> <p>_____ % Other (specify)</p>
Total Number of Children/Clients Served Per Year:	
Total Annual Program/Agency Budget:	\$
Number of Employees:	

Name of organization #6: \_\_\_\_\_  
 Date form completed: \_\_\_\_\_

Category	Your Organizational Information
Agency Name:	
Street Address:	
City:	
State:	
Zip Code:	
State Served (2-letter abbreviation):	
Counties Served:	
Program Type:	Check one:  Community Action Agency Head Start or Early Head Start Health Care Provider Institute of Higher Education Public School District Social Services Organization Faith-based Other (specify)
Program Category:	Check one:  For Profit Organization Government Entity School District Indian Tribe Individual Institute of Higher Education Not for Profit Organization Special District Other (specify)

Category	Your Organizational Information
Program Demographics:	<p>Check one:</p> <p>_____ Urban (mainly serves clients from town/city with population over 5,000)</p> <p>_____ Urban/Rural (serves equal number of clients from urban and rural areas)</p> <p>_____ Rural (mainly serves clients from rural areas or towns with population under 5,000)</p>
Sources of Funding:	<p>Indicate approximate percentage from each source. Must total 100%.</p> <p>_____ % Federal</p> <p>_____ % State</p> <p>_____ % City/County</p> <p>_____ % Private (includes foundations, corporations, fees, United Way, fundraising, etc.)</p> <p>_____ % Other (specify)</p>
Total Number of Children/Clients Served Per Year:	
Total Annual Program/Agency Budget:	\$
Number of Employees:	







Name of organization #3: \_\_\_\_\_  
Date form completed: \_\_\_\_\_

<b>Position Title</b>	<b>Number of Supervisees</b>	<b>Years of Experience</b>	<b>Education Level</b>	<b>Credentials, Certification, Licensure</b>	<b>Hourly Wage</b>	<b>Hours Worked Per Year</b>

Name of organization #4: \_\_\_\_\_  
Date form completed: \_\_\_\_\_

<b>Position Title</b>	<b>Number of Supervisees</b>	<b>Years of Experience</b>	<b>Education Level</b>	<b>Credentials, Certification, Licensure</b>	<b>Hourly Wage</b>	<b>Hours Worked Per Year</b>





## Conduct Survey Worksheet 3: Fringe Benefits Information

- To save the worksheet, select File → Save as. Name your worksheet and select OK.
- To close this window, select the X in the top right corner of your screen.

- Use the form below to help you collect fringe benefits information.
- Include the position types at the top of columns two, three, four, and five.
- Add columns or make copies of the form to complete fringe benefits for additional positions.
- It is suggested, but not required, to collect information for four position types: director, teacher, administrative assistant, and custodian.

Your organization name: \_\_\_\_\_

Date form completed: \_\_\_\_\_

Wages and Fringe Benefits	Position:	Position:	Position:	Position:
Hourly wage	\$	\$	\$	\$
Hours worked per year				
Annual salary	\$	\$	\$	\$
Hours per year of paid leave:				
Hours per year annual leave				
Hours per year sick leave				
Hours per year holidays				
Hours per year other (specify)				
Value of paid leave (hours X hourly wage):	\$	\$	\$	\$
Value of annual leave per year				
Value of sick leave per year	\$	\$	\$	\$
Value of holidays per year	\$	\$	\$	\$
Value of other leave per year	\$	\$	\$	\$
<b>Value of all paid leave per year</b>	\$	\$	\$	\$
Employer contributions:				
FICA/Medicaid	%	%	%	%
Workers' compensation	%	%	%	%
Disability insurance	%	%	%	%
Unemployment insurance	%	%	%	%
Retirement/Pension	%	%	%	%
<b>Value of employer contributions per year</b>	\$	\$	\$	\$

<b>Wages and Fringe Benefits</b>	<b>Position:</b>	<b>Position:</b>	<b>Position:</b>	<b>Position:</b>
Employer insurance contributions: Health insurance per year	\$	\$	\$	\$
Dental insurance per year	\$	\$	\$	\$
Life insurance per year	\$	\$	\$	\$
<b>Value of all employer paid insurance per year</b>	\$	\$	\$	\$
<b>Other benefits per year</b>	\$	\$	\$	\$
Value of all fringe benefits (everything in <b>bold</b> above)	\$	\$	\$	\$
Annual salary including all fringe benefits	\$	\$	\$	\$

Name of organization #1: \_\_\_\_\_

Early Childhood Education and Care  
Establishing Salaries, Wages and Benefits

Date form completed:

<b>Wages and Fringe Benefits</b>	<b>Position:</b>	<b>Position:</b>	<b>Position:</b>	<b>Position:</b>
Hourly wage	\$	\$	\$	\$
Hours worked per year				
Annual salary	\$	\$	\$	\$
Hours per year of paid leave:				
Hours per year annual leave				
Hours per year sick leave				
Hours per year holidays				
Hours per year other (specify)				
Value of paid leave (hours X hourly wage):	\$	\$	\$	\$
Value of annual leave per year				
Value of sick leave per year	\$	\$	\$	\$
Value of holidays per year	\$	\$	\$	\$
Value of other leave per year	\$	\$	\$	\$
<b>Value of all paid leave per year</b>	\$	\$	\$	\$
Employer contributions:				
FICA/Medicaid	%	%	%	%
Workers' compensation	%	%	%	%
Disability insurance	%	%	%	%
Unemployment insurance	%	%	%	%
Retirement/Pension	%	%	%	%
<b>Value of employer contributions per year</b>	\$	\$	\$	\$
Employer insurance contributions:				
Health insurance per year	\$	\$	\$	\$
Dental insurance per year	\$	\$	\$	\$
Life insurance per year	\$	\$	\$	\$
<b>Value of all employer paid insurance per year</b>	\$	\$	\$	\$
<b>Other benefits per year</b>	\$	\$	\$	\$
Value of all fringe benefits (everything in <b>bold</b> above)	\$	\$	\$	\$
Annual salary including all fringe benefits	\$	\$	\$	\$

Name of organization #2: \_\_\_\_\_

Date form completed: \_\_\_\_\_

<b>Wages and Fringe Benefits</b>	<b>Position:</b>	<b>Position:</b>	<b>Position:</b>	<b>Position:</b>
Hourly wage	\$	\$	\$	\$
Hours worked per year				
Annual salary	\$	\$	\$	\$
Hours per year of paid leave:				
Hours per year annual leave				
Hours per year sick leave				
Hours per year holidays				
Hours per year other (specify)				
Value of paid leave (hours X hourly wage):	\$	\$	\$	\$
Value of annual leave per year				
Value of sick leave per year	\$	\$	\$	\$
Value of holidays per year	\$	\$	\$	\$
Value of other leave per year	\$	\$	\$	\$
<b>Value of all paid leave per year</b>	\$	\$	\$	\$
Employer contributions:				
FICA/Medicaid	%	%	%	%
Workers' compensation	%	%	%	%
Disability insurance	%	%	%	%
Unemployment insurance	%	%	%	%
Retirement/Pension	%	%	%	%
<b>Value of employer contributions per year</b>	\$	\$	\$	\$
Employer insurance contributions:				
Health insurance per year	\$	\$	\$	\$
Dental insurance per year	\$	\$	\$	\$
Life insurance per year	\$	\$	\$	\$
<b>Value of all employer paid insurance per year</b>	\$	\$	\$	\$
<b>Other benefits per year</b>	\$	\$	\$	\$
Value of all fringe benefits (everything in <b>bold</b> above)	\$	\$	\$	\$
Annual salary including all fringe benefits	\$	\$	\$	\$

Name of organization #3: \_\_\_\_\_

Date form completed: \_\_\_\_\_

<b>Wages and Fringe Benefits</b>	<b>Position:</b>	<b>Position:</b>	<b>Position:</b>	<b>Position:</b>
Hourly wage	\$	\$	\$	\$
Hours worked per year				
Annual salary	\$	\$	\$	\$
Hours per year of paid leave:				
Hours per year annual leave				
Hours per year sick leave				
Hours per year holidays				
Hours per year other (specify)				
Value of paid leave (hours X hourly wage):	\$	\$	\$	\$
Value of annual leave per year				
Value of sick leave per year	\$	\$	\$	\$
Value of holidays per year	\$	\$	\$	\$
Value of other leave per year	\$	\$	\$	\$
<b>Value of all paid leave per year</b>	\$	\$	\$	\$
Employer contributions:				
FICA/Medicaid	%	%	%	%
Workers' compensation	%	%	%	%
Disability insurance	%	%	%	%
Unemployment insurance	%	%	%	%
Retirement/Pension	%	%	%	%
<b>Value of employer contributions per year</b>	\$	\$	\$	\$
Employer insurance contributions:				
Health insurance per year	\$	\$	\$	\$
Dental insurance per year	\$	\$	\$	\$
Life insurance per year	\$	\$	\$	\$
<b>Value of all employer paid insurance per year</b>	\$	\$	\$	\$
<b>Other benefits per year</b>	\$	\$	\$	\$
Value of all fringe benefits (everything in <b>bold</b> above)	\$	\$	\$	\$
Annual salary including all fringe benefits	\$	\$	\$	\$

Name of organization #4: \_\_\_\_\_

Early Childhood Education and Care  
Establishing Salaries, Wages and Benefits

Date form completed:

<b>Wages and Fringe Benefits</b>	<b>Position:</b>	<b>Position:</b>	<b>Position:</b>	<b>Position:</b>
Hourly wage	\$	\$	\$	\$
Hours worked per year				
Annual salary	\$	\$	\$	\$
Hours per year of paid leave:				
Hours per year annual leave				
Hours per year sick leave				
Hours per year holidays				
Hours per year other (specify)				
Value of paid leave (hours X hourly wage):	\$	\$	\$	\$
Value of annual leave per year				
Value of sick leave per year	\$	\$	\$	\$
Value of holidays per year	\$	\$	\$	\$
Value of other leave per year	\$	\$	\$	\$
<b>Value of all paid leave per year</b>	\$	\$	\$	\$
Employer contributions:				
FICA/Medicaid	%	%	%	%
Workers' compensation	%	%	%	%
Disability insurance	%	%	%	%
Unemployment insurance	%	%	%	%
Retirement/Pension	%	%	%	%
<b>Value of employer contributions per year</b>	\$	\$	\$	\$
Employer insurance contributions:				
Health insurance per year	\$	\$	\$	\$
Dental insurance per year	\$	\$	\$	\$
Life insurance per year	\$	\$	\$	\$
<b>Value of all employer paid insurance per year</b>	\$	\$	\$	\$
<b>Other benefits per year</b>	\$	\$	\$	\$
Value of all fringe benefits (everything in <b>bold</b> above)	\$	\$	\$	\$
Annual salary including all fringe benefits	\$	\$	\$	\$

Name of organization #5: \_\_\_\_\_

Date form completed: \_\_\_\_\_

Early Childhood Education and Care  
Establishing Salaries, Wages and Benefits

<b>Wages and Fringe Benefits</b>	<b>Position:</b>	<b>Position:</b>	<b>Position:</b>	<b>Position:</b>
Hourly wage	\$	\$	\$	\$
Hours worked per year				
Annual salary	\$	\$	\$	\$
Hours per year of paid leave:				
Hours per year annual leave				
Hours per year sick leave				
Hours per year holidays				
Hours per year other (specify)				
Value of paid leave (hours X hourly wage):	\$	\$	\$	\$
Value of annual leave per year				
Value of sick leave per year	\$	\$	\$	\$
Value of holidays per year	\$	\$	\$	\$
Value of other leave per year	\$	\$	\$	\$
<b>Value of all paid leave per year</b>	\$	\$	\$	\$
Employer contributions:				
FICA/Medicaid	%	%	%	%
Workers' compensation	%	%	%	%
Disability insurance	%	%	%	%
Unemployment insurance	%	%	%	%
Retirement/Pension	%	%	%	%
<b>Value of employer contributions per year</b>	\$	\$	\$	\$
Employer insurance contributions:				
Health insurance per year	\$	\$	\$	\$
Dental insurance per year	\$	\$	\$	\$
Life insurance per year	\$	\$	\$	\$
<b>Value of all employer paid insurance per year</b>	\$	\$	\$	\$
<b>Other benefits per year</b>	\$	\$	\$	\$
Value of all fringe benefits (everything in <b>bold</b> above)	\$	\$	\$	\$
Annual salary including all fringe benefits	\$	\$	\$	\$

Name of organization #6: \_\_\_\_\_

Date form completed: \_\_\_\_\_

<b>Wages and Fringe Benefits</b>	<b>Position:</b>	<b>Position:</b>	<b>Position:</b>	<b>Position:</b>
Hourly wage	\$	\$	\$	\$
Hours worked per year				
Annual salary	\$	\$	\$	\$
Hours per year of paid leave:				
Hours per year annual leave				
Hours per year sick leave				
Hours per year holidays				
Hours per year other (specify)				
Value of paid leave (hours X hourly wage):	\$	\$	\$	\$
Value of annual leave per year				
Value of sick leave per year	\$	\$	\$	\$
Value of holidays per year	\$	\$	\$	\$
Value of other leave per year	\$	\$	\$	\$
<b>Value of all paid leave per year</b>	\$	\$	\$	\$
Employer contributions:				
FICA/Medicaid	%	%	%	%
Workers' compensation	%	%	%	%
Disability insurance	%	%	%	%
Unemployment insurance	%	%	%	%
Retirement/Pension	%	%	%	%
<b>Value of employer contributions per year</b>	\$	\$	\$	\$
Employer insurance contributions:				
Health insurance per year	\$	\$	\$	\$
Dental insurance per year	\$	\$	\$	\$
Life insurance per year	\$	\$	\$	\$
<b>Value of all employer paid insurance per year</b>	\$	\$	\$	\$
<b>Other benefits per year</b>	\$	\$	\$	\$
Value of all fringe benefits (everything in <b>bold</b> above)	\$	\$	\$	\$
Annual salary including all fringe benefits	\$	\$	\$	\$

## Analyze & Implement Worksheet 1: Analyze Organizational Information

- To save the worksheet, select File → Save as. Name your worksheet and select
- OK. To close this window, select the X in the top right corner of your screen.

- Use the form below to summarize the organizational information you
- collected. Put the information about your own organization in the **Your Program** column.

Date you completed the form below: \_\_\_\_\_

Names of organizations included in the summary below:

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Category	Your Program	Summary of Comparable Organizations																
Program type		<p>Indicate how many comparable organizations fit into each program type. For example, if there are two school districts and four HeadStart/Early Head Start programs, then put a 2 next to the School District program type below and a 4 next to Head Start/Early Head Start program type.</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr><td style="width: 40px;"></td><td>Head Start/Early Head Start</td></tr> <tr><td></td><td>Public School District</td></tr> <tr><td></td><td>Social Services Organization</td></tr> <tr><td></td><td>Health Care Provider</td></tr> <tr><td></td><td>Community Action Agency</td></tr> <tr><td></td><td>Institute of Higher Education</td></tr> <tr><td></td><td>Faith-based</td></tr> <tr><td></td><td>Other (specify)</td></tr> </table>		Head Start/Early Head Start		Public School District		Social Services Organization		Health Care Provider		Community Action Agency		Institute of Higher Education		Faith-based		Other (specify)
	Head Start/Early Head Start																	
	Public School District																	
	Social Services Organization																	
	Health Care Provider																	
	Community Action Agency																	
	Institute of Higher Education																	
	Faith-based																	
	Other (specify)																	

<p>Program category</p>		<p>Indicate how many comparable organizations fit into each program category. For example, if there are three government entities, then put a 3 next to the Government Entity program category.</p> <p style="text-align: center;"> <input type="checkbox"/> For Profit Organization  <input type="checkbox"/> Government Entity  <input type="checkbox"/> School District  <input type="checkbox"/> Indian Tribe  <input type="checkbox"/> Individual  <input type="checkbox"/> Institute of Higher Education  <input type="checkbox"/> Not for Profit Organization  <input type="checkbox"/> Special District  <input type="checkbox"/> Other (specify)         </p>						
<p>Program demographics</p>		<p>Indicate how many comparable organizations fit into each program demographic.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 50px; height: 20px;"></td> <td>Urban (population over 5,000)</td> </tr> <tr> <td style="width: 50px; height: 20px;"></td> <td>Urban/Rural (equal number urban and rural)</td> </tr> <tr> <td style="width: 50px; height: 20px;"></td> <td>Rural (population under 5,000)</td> </tr> </table>		Urban (population over 5,000)		Urban/Rural (equal number urban and rural)		Rural (population under 5,000)
	Urban (population over 5,000)							
	Urban/Rural (equal number urban and rural)							
	Rural (population under 5,000)							
<p>Sources of funding</p>		<p>Indicate the primary source of funding for comparable organizations. Private funding includes foundations, corporations, fees, United Way, fundraising, etc. Check one below:</p> <p style="text-align: center;"> <input type="checkbox"/> Federal  <input type="checkbox"/> State  <input type="checkbox"/> City/County  <input type="checkbox"/> Private  <input type="checkbox"/> Other (specify)         </p>						

<p>Number of clients served</p>		<p>Determine the average program size and median number of clients for comparable organizations.</p> <table border="1" data-bbox="727 325 1417 867"> <thead> <tr> <th data-bbox="727 325 881 464">What?</th> <th data-bbox="881 325 1219 464">Definition</th> <th data-bbox="1219 325 1417 464">Number of Employees for Comparables</th> </tr> </thead> <tbody> <tr> <td data-bbox="727 464 881 632">Average number of employees</td> <td data-bbox="881 464 1219 632">Total number of employees of all the organizations divided by the number of organizations.</td> <td data-bbox="1219 464 1417 632"></td> </tr> <tr> <td data-bbox="727 632 881 867">Median number of employees</td> <td data-bbox="881 632 1219 867">Point where there is an equal number of values above and below. List the number of employees from smallest to largest and the middle number on the list is the median.</td> <td data-bbox="1219 632 1417 867"></td> </tr> </tbody> </table>	What?	Definition	Number of Employees for Comparables	Average number of employees	Total number of employees of all the organizations divided by the number of organizations.		Median number of employees	Point where there is an equal number of values above and below. List the number of employees from smallest to largest and the middle number on the list is the median.	
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## Analyze & Implement Worksheet 2: Analyze Employee Level Information

- To save the worksheet, select *File* → *Save as*. Name your worksheet and select *OK*. To
- close this window, select the *X* in the top right corner of your screen.

- Use the form below to help you analyze employee level information.
- Record the compiled information from all the organizations you surveyed. An example is completed for you.
- To add more rows, put your cursor at the end of the last row and press the *Tab* key.
- You also may want to gather additional information, which is not part of the form below, such as the following:
  - Number or percent with no credentials
  - Number or percent with at least one credential
  - Type of credential(s) and the number and percent

Date you completed the form  
below: \_\_\_\_\_

Names of organizations included in the  
summary below: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## Develop a Salary Schedule

- To save the worksheet, select *File* → *Save as*. Name your worksheet and select *OK*.
- To close this window, select the *X* in the top right corner of your screen.

- List the salary cap.
- Use the following to assign pay grades and salary ranges (hourly and yearly) for each pay grade:
  - Your position classification system (Worksheet 4),
  - Information on your benchmarked positions (Worksheet 5), and
  - Your agency policies (Worksheet 6).
- Record your benchmarked positions and then add other positions, based on qualifications and responsibilities, where they belong in the classification system.
- Group the positions. For example, include Fiscal Officer, Accountant, and Bookkeeper under a main group called Fiscal Group.
- Review the information and do the following:
  - Compare the benchmarked hourly wages with current hourly wages for each group of positions,
  - Establish the entry level hourly wage for each grade in the benchmarked position,
  - Establish appropriate increases between grades to reflect levels of responsibility, skill, effort, working conditions and requisite qualifications for positions in each grade, and
  - Add notes to indicate policies that affect wages.
- To add more rows, put your cursor at the end of the last row and press the *Tab* key.

Date you completed the form  
below: \_\_\_\_\_

Salary cap:

Class Code	Title	Pay Grade	Hourly: Step 1	Hourly: Step 6	Yearly: Step 1	Yearly: Step 6	Notes, including compensation policies that affect wages
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
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			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	





## Analyze & Implement Worksheet 9: Complete a Budget Impact Analysis

- *To save the worksheet, select File → Save as. Name your worksheet and select OK.*
- *To close this window, select the X in the top right corner of your screen.*

Date you completed the form below: \_\_\_\_\_

Use this worksheet to determine 1) whether you will adjust your fringe benefits, and 2) the amount of money you will need to cover salaries and fringe benefits to meet your new target wages. Do the following:

- Based on Worksheet 8, calculate the yearly salary change for each employee (multiply the hours per year by the difference between the current hourly wage and the new hourly wage).
- To determine the total additional amount you will need for salaries, add the yearly salary changes for all employees and record it in Step 1 in the table below.
- Based on the fringe benefits information of comparable organizations, determine whether you should adjust your fringe benefits and list any changes below.
- To estimate the additional amount you will need for fringe benefits, multiply the total additional amount needed for salaries by your average fringe benefits rate and record it in Step 2 in the table below.
- To determine the total amount you will need to fund the new salary scale (i.e., the budget impact), add the total salary increase amount to the total dollars required in fringe benefits and record it in Step 3 in the table below.

Step	To...	Do this...	Amount
1	Determine the total additional amount you will need for salaries	Add the yearly salary changes for all employees	\$
2	Estimate the additional amount you will need for fringe benefits	Multiply the amount in Step 1 by your average fringe benefits rate	\$
3	Determine the total amount you will need to fund the new salary scale	Add the amounts in Step 1 and Step 2	\$

List changes to fringe benefits, if any:

- 
- 
- 
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- 
-

## Analyze & Implement Worksheet 10: Plan for Implementing Your Wage and Salary Administration Plan

- *To save the worksheet, select File → Save as. Name your worksheet and select*
- *OK. To close this window, select the X in the top right corner of your screen.*

- List the steps you will take to implement your wage and salary administration plan.
- To add more rows to the table, put your cursor at the end of the last row and press the *Tab* key.

Date you completed the form below: \_\_\_\_\_

Step	Action for Implementing Your Plan
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

### Sample: Percentage Points and Equivalent Dollar Amounts

Percentage	Yearly	Monthly	Hourly
This chart assumes \$48780 per year, 12 months in year, 2080 hours in a work year.			
31%	\$15,121.80	\$1,260.15	\$7.27
32%	\$15,609.60	\$1,300.80	\$7.50
33%	\$16,097.40	\$1,341.45	\$7.74
34%	\$16,585.20	\$1,382.10	\$7.97
35%	\$17,073.00	\$1,422.75	\$8.21
36%	\$17,560.80	\$1,463.40	\$8.44
37%	\$18,048.60	\$1,504.05	\$8.68
38%	\$18,536.40	\$1,544.70	\$8.91
39%	\$19,024.20	\$1,585.35	\$9.15
40%	\$19,512.00	\$1,626.00	\$9.38
41%	\$19,999.80	\$1,666.65	\$9.62
42%	\$20,487.60	\$1,707.30	\$9.85
43%	\$20,975.40	\$1,747.95	\$10.08
44%	\$21,463.20	\$1,788.60	\$10.32
45%	\$21,951.00	\$1,829.25	\$10.55
46%	\$22,438.80	\$1,869.90	\$10.79
47%	\$22,926.60	\$1,910.55	\$11.02
48%	\$23,414.40	\$1,951.20	\$11.26
49%	\$23,902.20	\$1,991.85	\$11.49
50%	\$24,390.00	\$2,032.50	\$11.73
51%	\$24,877.80	\$2,073.15	\$11.96
52%	\$25,365.60	\$2,113.80	\$12.20
53%	\$25,853.40	\$2,154.45	\$12.43
54%	\$26,341.20	\$2,195.10	\$12.66
55%	\$26,829.00	\$2,235.75	\$12.90
56%	\$27,316.80	\$2,276.40	\$13.13
57%	\$27,804.60	\$2,317.05	\$13.37
58%	\$28,292.40	\$2,357.70	\$13.60
59%	\$28,780.20	\$2,398.35	\$13.84
60%	\$29,268.00	\$2,439.00	\$14.07
61%	\$29,755.80	\$2,479.65	\$14.31
62%	\$30,243.60	\$2,520.30	\$14.54
63%	\$30,731.40	\$2,560.95	\$14.77
64%	\$31,219.20	\$2,601.60	\$15.01

65%	\$31,707.00	\$2,642.25	\$15.24
66%	\$32,194.80	\$2,682.90	\$15.48
67%	\$32,682.60	\$2,723.55	\$15.71
68%	\$33,170.40	\$2,764.20	\$15.95
69%	\$33,658.20	\$2,804.85	\$16.18
70%	\$34,146.00	\$2,845.50	\$16.42
71%	\$34,633.80	\$2,886.15	\$16.65
72%	\$35,121.60	\$2,926.80	\$16.89
73%	\$35,609.40	\$2,967.45	\$17.12
74%	\$36,097.20	\$3,008.10	\$17.35
75%	\$36,585.00	\$3,048.75	\$17.59
76%	\$37,072.80	\$3,089.40	\$17.82
77%	\$37,560.60	\$3,130.05	\$18.06
78%	\$38,048.40	\$3,170.70	\$18.29
79%	\$38,536.20	\$3,211.35	\$18.53
80%	\$39,024.00	\$3,252.00	\$18.76
81%	\$39,511.80	\$3,292.65	\$19.00
82%	\$39,999.60	\$3,333.30	\$19.23
83%	\$40,487.40	\$3,373.95	\$19.47
84%	\$40,975.20	\$3,414.60	\$19.70
85%	\$41,463.00	\$3,455.25	\$19.93
86%	\$41,950.80	\$3,495.90	\$20.17
87%	\$42,438.60	\$3,536.55	\$20.40
88%	\$42,926.40	\$3,577.20	\$20.64
89%	\$43,414.20	\$3,617.85	\$20.87
90%	\$43,902.00	\$3,658.50	\$21.11
91%	\$44,389.80	\$3,699.15	\$21.34
92%	\$44,877.60	\$3,739.80	\$21.58
93%	\$45,365.40	\$3,780.45	\$21.81
94%	\$45,853.20	\$3,821.10	\$22.04
95%	\$46,341.00	\$3,861.75	\$22.28
96%	\$46,828.80	\$3,902.40	\$22.51
97%	\$47,316.60	\$3,943.05	\$22.75
98%	\$47,804.40	\$3,983.70	\$22.98
99%	\$48,292.20	\$4,024.35	\$23.22
100%	\$48,780.00	\$4,065.00	\$23.45

