



CONFIDENTIAL MANAGEMENT QUESTIONNAIRE

THE 2010 SURVEY OF WAGES AND BENEFITS for Retail Hardware, Lumber, and Home Center Dealers in the Midwest

Please fill out a separate survey for each location.
Do not combine data from multiple locations.

PARTICIPANTS RECEIVE FREE ACCESS TO THE COMPLETED REPORT.

1. Confidential Information*

Person to Receive Final Report _____

Firm Name _____

Address _____

City/State/ZIP _____

* We will use the above information only for access to the finished report. **Please fill out this questionnaire completely for the most accurate report. The rest of the information on this page helps us to sort survey results. ALL information you provide to us is strictly confidential.**

2. Classification Information

Population of city, town, or village:

under 10,000 10,000 to 30,000 30,001 to 100,000 over 100,000

Square feet of sales area at this location:

under 8,000 8,001 to 12,000 12,001 to 20,000 over 20,000

Annual retail sales at this location:

under \$1,000,000 \$1,000,001 to 2,000,000 \$2,000,001 to 4,000,000 over \$4,000,000

Payroll as a percent of sales:

under 10% 10 to 15% 16 to 20% 21 to 25% over 25%

Number of Locations owned/operated: _____

Number of **full-time** employees at this location (including owners): _____

Number of **part-time** employees at this location (including unpaid family members): _____

Number of W-2's issued at this location in 2009 _____

**PLEASE RETURN YOUR COMPLETED
SURVEY TO THE MHA BY AUGUST 15, 2010.**

THANK YOU FOR YOUR TIME!

3a. Management Salaries/Wages (If multiple owners/managers, list **average** monthly salary.)

Owner(s) Average salary \$ amount per month \$ _____

Store Manager \$ per month \$ _____ Asst. Manager \$ per month \$ _____

3b. General Wage Information (Please indicate Staff wages in **dollars per hour**.)

STORE PERSONNEL

(\$ Per Hour)	Starting	Top
Minor (under 18)	_____	_____
Checkout Clerk	_____	_____
Stock Person	_____	_____
Receiving Clerk	_____	_____
Department Manager	_____	_____
Repairman (general)	_____	_____
Yard Person	_____	_____
Forklift Operator	_____	_____
Truck Driver	_____	_____
Sm. Engine Repair	_____	_____

OFFICE PERSONNEL

(\$ Per Hour)	Starting	Top
Computer Operator	_____	_____
Information Tech (IT)	_____	_____
Bookkeeper	_____	_____
Office Clerk	_____	_____
In House Accountant	_____	_____
Admin/Payroll	_____	_____

SALES PERSONNEL

(\$ Per Hour)	Starting	Top
Inside Sales	_____	_____
Outside Sales	_____	_____

4. Incentives (Please check all incentives you offer in addition to straight wages/salaries.)

- Employee purchase discounts: 10% or less 15% 20% or more
 (Or cost plus) Cost + 0% Cost + 5-10% Cost + 11-20%
- Salary plus commission of: 5% or less 6% or more
- Straight commission of: 5% or less 6% or more
- Monthly draw against commission of: 5% or less 6% or more

Other (do not include bonuses listed in #5) _____

5. Bonuses (Please check all bonuses you offer.)

- Semi-annual Year-end or Holiday Percent of annual profit Productivity
- Other (please describe) _____

6. Wage Adjustments

Do you review your wages and salaries? Yes No

If yes **How Often?** Quarterly Semi-annually Annually Other

On what basis do you make adjustments to wages and salaries? (Check all that apply.)

- Length of Service Cost of Living Merit Store Profits

Other (please describe) _____

Have you or do you foresee adding staff in your store in 2010? Yes No

If yes –How many hours per week did/do you plan to add? _____ Hours per week.

7. Hours Worked

Average hours scheduled per PERSON, per WEEK:

Store Manager	Department Manager	Checkout/Inside Sales/Receiving	Outside Sales	Office Worker	Service/Repair/ Delivery
Full-time ____ hrs per wk	____ hrs per wk	____ hrs per wk	____ hrs per wk	____ hrs per wk	____ hrs per wk
Part-time ____ hrs per wk	____ hrs per wk	____ hrs per wk	____ hrs per wk	____ hrs per wk	____ hrs per wk

GRAND TOTAL of hours worked in a typical week by ALL employees (not average per employee): _____ hrs per wk

*Example: 3 full-timers at 45, 40, and 40 hours, plus 5 part-timers at 25 hours each would total **250 hours**.*

How many hours per week must be worked **to be considered FULL-TIME** at your location?

Fewer than 25 25 to 35 More than 35

8. Holiday/Weekend/Night Shift Pay

Do you provide **paid** time off for holidays? Yes No

If **yes**, how many paid holidays do you offer each year? 1 to 4 5 to 7 8 or more
 How many hours must be worked per week to qualify for paid holidays? under 30 30 or more

On how many holidays is your store open for business? None Some All
 On how many Sundays is your store open for business? None Some All
 What is your **holiday** pay formula? 1x 1½x 2x Other
 What is your **Saturday** pay formula? 1x 1½x 2x Other
 What is your **Sunday** pay formula? 1x 1½x 2x Other

9. Sick Pay

Do you provide **paid** sick leave/personal days? Yes No

If **yes**, can employees accumulate unused days? Yes No
 How many days can be paid per year? 3 or fewer 4 to 8 9 or more
 How many hours per week must be worked to qualify? under 30 30 or more

10. Paid Vacation

Do you provide **paid** vacations? Yes No

If **yes**, when are weeks earned?
 1 week after 1 year 2 years 3 or more years
 2 weeks after 1 year 2 years 3-5 years 6 or more years
 3 weeks after 3 yrs or fewer 4-5 years 6-9 years 10 or more years
 4 weeks after _____ years
 5 weeks after _____ years

In what increment do you allow vacation to be taken? Hourly Half Day Full Day Full Week

11. Vehicles

Do you provide a company car or truck? Yes No

If **yes**, who may use it? Owner(s) Manager(s) Others

Do you pay employees mileage for business use of their personal vehicles? Yes No

If **yes**, what is your company's reimbursement rate? _____¢ per mile
 (Note: 2010, IRS allows 50¢/mile)

12. Insurance

Do you have an insurance program for your employees? Yes No

If yes, indicate **types of coverage available** to your employees (check *all* that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> AD & D | <input type="checkbox"/> Hospital/Surgical |
| <input type="checkbox"/> Major Medical | <input type="checkbox"/> Sick & Accidental Weekly Benefits | <input type="checkbox"/> Optical |
| <input type="checkbox"/> Long-Term Disability | <input type="checkbox"/> Dependent Coverage | <input type="checkbox"/> Dental |

What is the **average monthly premium per employee**, for employees with **single coverage only**?

(For **single coverage** - Include both employer and employee share of premium.)

\$ _____ per month

Who pays the cost of single coverage? Employer Employee Both

If both, how much is paid by employer? 1 to 24% 25 to 49% 50 to 74% 75% or more

What is the **average monthly premium per employee**, for employees **insuring themselves and dependents**?

(Including **dependent coverage**. Include both employer and employee share of premium.)

\$ _____ per month

Who pays the cost of dependent coverage? Employer Employee Both

If both, how much is paid by employer? 1 to 24% 25 to 49% 50 to 74% 75% or more

Amount of health insurance deductible: \$0-250 \$251 to 500 \$501 to \$1,000 Over \$1,000

Do you have a **Section 125** administration plan in effect? Yes No

Do you have a **Section 105** administration plan in effect? Yes No

Do you have an **HSA** (*Health Savings Account*) plan? Yes No

Do you provide a **medical supplement** plan such as AFLAC? Yes No

13. Pension and Profit-Sharing Plans

Please indicate type of pension plan offered:

- Defined **contribution** plan Defined **benefit** plan None

Please indicate all types of profit-sharing plans offered:

- 401(k) SIMPLE IRA SEP
 Other _____

14. Employment Policy Issues

Do you provide paid breaks?

If yes, how often? _____ per 8 hours worked Yes and No How Long? _____ minutes each

Do you have a formal training program? Yes No

If yes—What is your training budget? % of Sales _____ % \$ per Employee \$ _____

Do you have high speed internet access in your store? Yes No

IF yes—do you monitor employee usage? Yes No

Do you have a question for next year's report? Please state _____

*This is the end of the questionnaire. Thank you for your valuable participation.
 Make yourself a copy of this form to compare to the final report, and return the original to:*

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Each member firm returning a COMPLETED QUESTIONNAIRE to the MHA by August 15, 2010, will receive one year free access to the finished report on www.midwesthardware.com. Printed copies available on request. (Non-participating members may purchase a report for \$50.00.) **(Non-member price \$100.00.)**