

MAINE RURAL WATER ASSOCIATION

2017 WASTEWATER FACILITY WAGE, SALARY AND BENEFITS SURVEY

System Name _____

Contact Person _____

Mailing Address _____

County _____ Phone _____ E-mail _____

I. Annual Revenue \$ _____

II. Total Number of Connections _____

III. Design Flow _____

IV. Average MGD Pumped _____

V. Treatment Plant Classification/Grade _____

VI. Insurance & Retirement for Full Time Employees

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

Does Your Facility Offer: (Please check YES or NO)			<u>Employer</u> Pays What % of	Individual	<u>Employer</u> Pays What % of Family Coverage?
Health Insurance	<u>YES</u>	<u>NO</u>	_____	%	_____
Dental Insurance	<u>YES</u>	<u>NO</u>	_____	%	_____
Long Term Disability	<u>YES</u>	<u>NO</u>	Employer Contribution _____ %		
Short Term Disability	<u>YES</u>	<u>NO</u>	Employer Contribution _____ %		
Retirement Plan	<u>YES</u>	<u>NO</u>	Employer Contribution _____ % of yearly pay		
			or dollar amount \$ _____		
Kind of Retirement Plan (s) Offered (check plans):			401a	401k	457
					Maine State Retirement
			Other: _____		Other: _____
Life Insurance	<u>YES</u>	<u>NO</u>	Employer Contribution _____ % \$ _____ Payout		

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VII. Trustees: This Section is for Districts or Private Companies only:

(Please leave blank if you are a Municipal Department or Division)

Number of Trustees	_____	Elected	_____	check	_____
		Appointed	_____	one	_____
Method of Payment	Per Meeting	\$	_____	Other	\$ _____
	Annual Stipend	\$	_____		
Additional Payment for Special Meeting(s)		<u>YES</u>	<u>NO</u>	If Yes,	\$ _____

VII. On-Call: This Section is for Hourly and Salaried Employees:

Are hourly employees paid for being on-call?	<u>YES</u>	<u>NO</u>	<u>IF YES</u>
If YES, what is the number of hours paid just for being on-call (e.g. hrs./wk.)?			_____
Are hourly employees paid a minimum number of hours per call-in?	<u>YES</u>	<u>NO</u>	_____
If YES, what is the minimum number of hours paid for each call-in?			_____
Are salaried employees paid for being on-call?	<u>YES</u>	<u>NO</u>	_____
If YES, what is the number of hours paid just for being on-call (e.g. hrs./wk.)?			_____
Are salaried employees paid a minimum number of hours per call-in?	<u>YES</u>	<u>NO</u>	_____
If YES, what is the minimum number of hours paid for each call-in?			_____
Are company vehicles provided for travel to home while on-call?	<u>YES</u>	<u>NO</u>	
Is mileage paid for on-call travel in lieu of taking a company vehicle?	<u>YES</u>	<u>NO</u>	
If YES, what is the maximum mileage allowed for on-call travel?			_____

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VIII. Salary Information (Please see FAQ Sheet for answers to questions about this page):

Contract Out Operations?
 If Yes, please check off all positions that are outsourced, along with salaries (if known)

Number of Full Time Employees:

Number of Part Time Employees:

JOB TITLE	Contract Out? If yes, please check Box	Salaried Employee (Check Box)	Hourly Employee (Check Box)	Average Hours per Week *	Current Wage Salary/per hr	% of Last Increase	Level of Certification Required	Years in this Position
GM/Superintendent								
Assistant GM/Superintendent								
Chief Operator								
Operator								
Foreman								
Laborer								
Equipment Operator								
Maintenance Tech								
Lab Manager								
Lab Tech								
Office Manager								
Billing Clerk/Admin Assistant								
Other (Please fill in)								
Other (Please fill in Title)								

* Please fill in the Average Hours per Week Column for both Salaried and Hourly Employees

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IX. ADDITIONAL INFORMATION/COMMENTS

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THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY