

# MAINE RURAL WATER ASSOCIATION

## 2017 WATER 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. System Classification** (Water Treatment I-IV & Distribution I-IV)

Water Treatment Classification: \_\_\_\_\_

Water Distribution Classification: \_\_\_\_\_

**IV. Water Source**                      Surface Water                      Groundwater                      Both                      Purchased Water

**V. 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.

	<b>Does Your Facility Offer:</b> Please check YES or NO		<u>Employer</u> Pays What % of Individual Coverage?	<u>Employer</u> Pays What % of Family Coverage?	
Health Insurance	YES	NO	_____ %	_____ %	
Dental Insurance	YES	NO	_____ %	_____ %	
Long Term Disability	YES	NO	Employer Contribution	_____ %	
Short Term Disability	YES	NO	Employer Contribution	_____ %	
Retirement Plan	YES	NO	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	YES	NO	Employer Contribution _____ %		\$ _____ Payout

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**VI. 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	Appointed
Trustee Names	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Method of Payment	Per Meeting	\$ _____	Other	\$ _____
	Annual Stipend	\$ _____		

Additional Payment for Special Meeting(s)	YES	NO	If Yes, \$ _____
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**VII. On-Call: This Section is for Hourly and Salaried Employees:**

			IF YES
Are hourly employees paid for being on-call?	YES	NO	
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?	YES	NO	
If YES, what is the minimum number of hours paid for each call-in?			_____
Are salaried employees paid for being on-call?	YES	NO	
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?	YES	NO	
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?	YES	NO	
Is mileage paid for on-call travel in lieu of taking a company vehicle?	YES	NO	
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								
Meter Reader								
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**