

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 (ECE) 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 ECE program administrators will find this information useful to enhance understanding of the survey process and its role in establishing a fair employee compensation system.

Definition of an Early Childhood Program

An Adventist early childhood education (ECE), 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.

Description of Positions

This tool gives a list of position descriptions that are commonly used in Adventist early childhood education (ECE) programs. Conference offices and local ECE programs may find this list useful when writing or reviewing job descriptions for their programs. Since Adventist ECE 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. [Education Staff](#)
- C. [Support Personnel](#)

Description of Positions – Administrative Staff

Supervisor

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

Administrative Director

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

Site Director (Director)

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

Assistant Director

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

Administrative Assistant/Receptionist

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

Description of Positions – 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 ECE 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.

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 ECE program.

Volunteers

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

Description of Positions – Support Personnel

Cook

The individual responsible for the supervision, management and planning of all meals and snacks including the preparation and service of meals, receiving and storing of food stuffs and supplies, and sanitation related to these activities; may be asked to keep general records and/or inventory; locates, follows, and/or adapts recipes .

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; 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 ECE program by providing maintenance and related upkeep for facilities, vehicles, and/or equipment and maintains maintenance records.

Custodian

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

Grounds Keeper

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

Tips for Conducting a Wage and Benefit Comparability Survey

Adventist ECE 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 ECE programs may find these worksheets useful when preparing for, conducting, and analyzing their survey.

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"> • Yes, go to step 2. • No, go to step 9.
2	The information from my last survey is still valid.	<ul style="list-style-type: none"> • Yes, go to step 3. • No, go to step 9. • I don't know, go to step 9.
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"> • Yes, go to step 4. • No, go to step 8. • I don't know, go to step 4.
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"> • Yes, go to step 5. • No, go to step 8.
5	My salary scales are based on training and experience.	<ul style="list-style-type: none"> • Yes, go to step 6. • No, go to step 9.
6	My compensation is reasonable based on OMB Circular A-122 Revised, Attachment B, 8(C)2.	<ul style="list-style-type: none"> • Yes, go to step 7. • No, go to step 9.
7	My compensation is affordable.	<ul style="list-style-type: none"> • Yes, go to step 8. • No, go to step 9.
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"/> I will conduct my own survey.</p> <p><input type="checkbox"/> I will hire a consultant. List possible consultants:</p> <table border="1" style="width: 100%; margin: 10px 0;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 60%;">Name</th> <th style="width: 40%;">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> </tbody> </table> <p><input type="checkbox"/> I will join with other groups. List possible groups:</p> <table border="1" style="width: 100%; margin: 10px 0;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 60%;">Group Name</th> <th style="width: 40%;">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?	<p>List information to gather:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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><input type="checkbox"/> I will use information from studies others have done.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 30%;">Study Source</th> <th style="width: 15%;">Date Completed</th> <th style="width: 30%;">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> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p style="margin-top: 10px;">I will gather information from:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Government sources <input type="checkbox"/> Community groups <input type="checkbox"/> Trade and professional organizations <input type="checkbox"/> Other (specify) 	1		2		3		4		5		6		7		8		9		10		Study Source	Date Completed	Who Was Surveyed	Contact Information																								
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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	
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	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 3: Benchmark Positions

- | |
|--|
| <ul style="list-style-type: none"> • <i>To save the worksheet, select File → Save as. Name your worksheet and select OK.</i> • <i>To close this window, select the X in the top right corner of your screen.</i> |
|--|

In each level, list at least one benchmark position and write a short summary of the benchmark position. You can refer to the job descriptions you wrote in Worksheet 1.

In your survey, you will collect information only on benchmark positions rather than on every position. Criteria for selecting a benchmark position include:

- Common position, for example if a level includes Secretary and Bookkeeper, Secretary would be the benchmark job because it is the more common position
- Similar duties and responsibilities regardless of employer

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.

Grade	Benchmark Position	Short Job Summary

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,

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) _____

Program Category:	<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>
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 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 #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: <input type="checkbox"/> Community Action Agency <input type="checkbox"/> Head Start or Early Head Start <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Institute of Higher Education <input type="checkbox"/> Public School District <input type="checkbox"/> Social Services Organization <input type="checkbox"/> Faith-based <input type="checkbox"/> Other (specify) _____
Program Category:	Check one: <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) _____

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: <input type="checkbox"/> Community Action Agency <input type="checkbox"/> Head Start or Early Head Start <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Institute of Higher Education <input type="checkbox"/> Public School District <input type="checkbox"/> Social Services Organization <input type="checkbox"/> Faith-based <input type="checkbox"/> Other (specify) _____
Program Category:	Check one: <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

Category	Your Organizational Information
	_____ Other (specify)
Program Demographics:	Check one: _____ Urban (mainly serves clients from town/city with population over 5,000) _____ Urban/Rural (serves equal number of clients from urban and rural areas) _____ Rural (mainly serves clients from rural areas or towns with population under 5,000)
Sources of Funding:	Indicate approximate percentage from each source. Must total 100%. _____ % Federal _____ % State _____ % City/County _____ % Private (includes foundations, corporations, fees, United Way, fundraising, etc.) _____ % 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: <input type="checkbox"/> Community Action Agency <input type="checkbox"/> Head Start or Early Head Start <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Institute of Higher Education <input type="checkbox"/> Public School District <input type="checkbox"/> Social Services Organization <input type="checkbox"/> Faith-based <input type="checkbox"/> Other (specify) _____
Program Category:	Check one: <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) _____

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 #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: <input type="checkbox"/> Community Action Agency <input type="checkbox"/> Head Start or Early Head Start <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Institute of Higher Education <input type="checkbox"/> Public School District <input type="checkbox"/> Social Services Organization <input type="checkbox"/> Faith-based <input type="checkbox"/> Other (specify) _____
Program Category:	Check one: <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) _____

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:	<p>Check one:</p> <ul style="list-style-type: none"><input type="checkbox"/> Community Action Agency<input type="checkbox"/> Head Start or Early Head Start<input type="checkbox"/> Health Care Provider<input type="checkbox"/> Institute of Higher Education<input type="checkbox"/> Public School District<input type="checkbox"/> Social Services Organization<input type="checkbox"/> Faith-based<input type="checkbox"/> Other (specify) _____
Program Category:	<p>Check one:</p> <ul style="list-style-type: none"><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) _____

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: <input type="checkbox"/> Community Action Agency <input type="checkbox"/> Head Start or Early Head Start <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Institute of Higher Education <input type="checkbox"/> Public School District <input type="checkbox"/> Social Services Organization <input type="checkbox"/> Faith-based <input type="checkbox"/> Other (specify) _____
Program Category:	Check one: <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) _____

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:	

Conduct Survey Worksheet 2:

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 collect employee level information.
- Use a separate form for your organization and for each comparable organization.
- If you have more than one employee with the same position title, then list each one separately
- To add more rows, put your cursor at the end of the last row and press the *Tab* key.

Your organization name: _____
Date form completed: _____

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

Name of organization #1: _____

Date form completed: _____

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

Name of organization #2: _____

Date form completed: _____

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

Name of organization #3:

Date form completed:

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

Name of organization #4: _____

Date form completed: _____

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

Name of organization #5: _____

Date form completed: _____

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

Name of organization #6: _____

Date form completed: _____

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

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	\$	\$	\$	\$
Value of all paid leave per year	\$	\$	\$	\$
Employer contributions:				
FICA/Medicaid	%	%	%	%
Workers' compensation	%	%	%	%
Disability insurance	%	%	%	%
Unemployment insurance	%	%	%	%
Retirement/Pension	%	%	%	%
Value of employer contributions per year	\$	\$	\$	\$

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

Name of organization #1: _____

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	\$	\$	\$	\$
Value of all paid leave per year	\$	\$	\$	\$
Employer contributions:				
FICA/Medicaid	%	%	%	%
Workers' compensation	%	%	%	%
Disability insurance	%	%	%	%
Unemployment insurance	%	%	%	%
Retirement/Pension	%	%	%	%
Value of employer contributions per year	\$	\$	\$	\$
Employer insurance contributions:				
Health insurance per year	\$	\$	\$	\$
Dental insurance per year	\$	\$	\$	\$
Life insurance per year	\$	\$	\$	\$
Value of all employer paid insurance per year	\$	\$	\$	\$
Other benefits per year	\$	\$	\$	\$
Value of all fringe benefits (everything in bold above)	\$	\$	\$	\$
Annual salary including all fringe benefits	\$	\$	\$	\$

Name of organization #2: _____

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	\$	\$	\$	\$
Value of all paid leave per year	\$	\$	\$	\$
Employer contributions:				
FICA/Medicaid	%	%	%	%
Workers' compensation	%	%	%	%
Disability insurance	%	%	%	%
Unemployment insurance	%	%	%	%
Retirement/Pension	%	%	%	%
Value of employer contributions per year	\$	\$	\$	\$
Employer insurance contributions:				
Health insurance per year	\$	\$	\$	\$
Dental insurance per year	\$	\$	\$	\$
Life insurance per year	\$	\$	\$	\$
Value of all employer paid insurance per year	\$	\$	\$	\$
Other benefits per year	\$	\$	\$	\$
Value of all fringe benefits (everything in bold above)	\$	\$	\$	\$
Annual salary including all fringe benefits	\$	\$	\$	\$

Name of organization #3: _____

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	\$	\$	\$	\$
Value of all paid leave per year	\$	\$	\$	\$
Employer contributions:				
FICA/Medicaid	%	%	%	%
Workers' compensation	%	%	%	%
Disability insurance	%	%	%	%
Unemployment insurance	%	%	%	%
Retirement/Pension	%	%	%	%
Value of employer contributions per year	\$	\$	\$	\$
Employer insurance contributions:				
Health insurance per year	\$	\$	\$	\$
Dental insurance per year	\$	\$	\$	\$
Life insurance per year	\$	\$	\$	\$
Value of all employer paid insurance per year	\$	\$	\$	\$
Other benefits per year	\$	\$	\$	\$
Value of all fringe benefits (everything in bold above)	\$	\$	\$	\$
Annual salary including all fringe benefits	\$	\$	\$	\$

Name of organization #4: _____

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	\$	\$	\$	\$
Value of all paid leave per year	\$	\$	\$	\$
Employer contributions:				
FICA/Medicaid	%	%	%	%
Workers' compensation	%	%	%	%
Disability insurance	%	%	%	%
Unemployment insurance	%	%	%	%
Retirement/Pension	%	%	%	%
Value of employer contributions per year	\$	\$	\$	\$
Employer insurance contributions:				
Health insurance per year	\$	\$	\$	\$
Dental insurance per year	\$	\$	\$	\$
Life insurance per year	\$	\$	\$	\$
Value of all employer paid insurance per year	\$	\$	\$	\$
Other benefits per year	\$	\$	\$	\$
Value of all fringe benefits (everything in bold above)	\$	\$	\$	\$
Annual salary including all fringe benefits	\$	\$	\$	\$

Name of organization #5: _____

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	\$	\$	\$	\$
Value of all paid leave per year	\$	\$	\$	\$
Employer contributions:				
FICA/Medicaid	%	%	%	%
Workers' compensation	%	%	%	%
Disability insurance	%	%	%	%
Unemployment insurance	%	%	%	%
Retirement/Pension	%	%	%	%
Value of employer contributions per year	\$	\$	\$	\$
Employer insurance contributions:				
Health insurance per year	\$	\$	\$	\$
Dental insurance per year	\$	\$	\$	\$
Life insurance per year	\$	\$	\$	\$
Value of all employer paid insurance per year	\$	\$	\$	\$
Other benefits per year	\$	\$	\$	\$
Value of all fringe benefits (everything in bold above)	\$	\$	\$	\$
Annual salary including all fringe benefits	\$	\$	\$	\$

Name of organization #6: _____

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	\$	\$	\$	\$
Value of all paid leave per year	\$	\$	\$	\$
Employer contributions:				
FICA/Medicaid	%	%	%	%
Workers' compensation	%	%	%	%
Disability insurance	%	%	%	%
Unemployment insurance	%	%	%	%
Retirement/Pension	%	%	%	%
Value of employer contributions per year	\$	\$	\$	\$
Employer insurance contributions:				
Health insurance per year	\$	\$	\$	\$
Dental insurance per year	\$	\$	\$	\$
Life insurance per year	\$	\$	\$	\$
Value of all employer paid insurance per year	\$	\$	\$	\$
Other benefits per year	\$	\$	\$	\$
Value of all fringe benefits (everything in bold 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:

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: 30px;"></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> <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" data-bbox="781 877 1437 982"> <tr> <td data-bbox="781 877 886 911"></td> <td data-bbox="886 877 1437 911">Urban (population over 5,000)</td> </tr> <tr> <td data-bbox="781 911 886 945"></td> <td data-bbox="886 911 1437 945">Urban/Rural (equal number urban and rural)</td> </tr> <tr> <td data-bbox="781 945 886 982"></td> <td data-bbox="886 945 1437 982">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> <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="727 359 1458 800"> <thead> <tr> <th data-bbox="734 367 880 426">What?</th> <th data-bbox="886 367 1237 426">Definition</th> <th data-bbox="1243 367 1451 426">Number for Comparables</th> </tr> </thead> <tbody> <tr> <td data-bbox="734 434 880 564">Average program size</td> <td data-bbox="886 434 1237 564">Total number of clients of all the organizations divided by the number of organizations.</td> <td data-bbox="1243 434 1451 564"></td> </tr> <tr> <td data-bbox="734 573 880 791">Median number of clients</td> <td data-bbox="886 573 1237 791">Point where there is an equal number of values above and below. List the number of clients from smallest to largest and the middle number of clients on the list is the median.</td> <td data-bbox="1243 573 1451 791"></td> </tr> </tbody> </table>	What?	Definition	Number for Comparables	Average program size	Total number of clients of all the organizations divided by the number of organizations.		Median number of clients	Point where there is an equal number of values above and below. List the number of clients from smallest to largest and the middle number of clients on the list is the median.	
What?	Definition	Number for Comparables									
Average program size	Total number of clients of all the organizations divided by the number of organizations.										
Median number of clients	Point where there is an equal number of values above and below. List the number of clients from smallest to largest and the middle number of clients on the list is the median.										
<p>Annual budget</p>		<p>Determine the average and median annual budget for comparable organizations.</p> <table border="1" data-bbox="727 1171 1458 1612"> <thead> <tr> <th data-bbox="734 1180 880 1239">What?</th> <th data-bbox="886 1180 1237 1239">Definition</th> <th data-bbox="1243 1180 1451 1239">Budget for Comparables</th> </tr> </thead> <tbody> <tr> <td data-bbox="734 1247 880 1377">Average annual budget</td> <td data-bbox="886 1247 1237 1377">Total annual budget of all the organizations divided by the number of organizations.</td> <td data-bbox="1243 1247 1451 1377"></td> </tr> <tr> <td data-bbox="734 1386 880 1604">Median annual budget</td> <td data-bbox="886 1386 1237 1604">Point where there is an equal number of values above and below. List the annual budgets from smallest to largest and the middle number on the list is the median.</td> <td data-bbox="1243 1386 1451 1604"></td> </tr> </tbody> </table>	What?	Definition	Budget for Comparables	Average annual budget	Total annual budget of all the organizations divided by the number of organizations.		Median annual budget	Point where there is an equal number of values above and below. List the annual budgets from smallest to largest and the middle number on the list is the median.	
What?	Definition	Budget for Comparables									
Average annual budget	Total annual budget of all the organizations divided by the number of organizations.										
Median annual budget	Point where there is an equal number of values above and below. List the annual budgets from smallest to largest and the middle number on the list is the median.										

Number of employees		<p>Determine the average and median number of employees for comparable organizations.</p> <table border="1" data-bbox="727 323 1419 865"> <thead> <tr> <th data-bbox="734 331 883 457">What?</th> <th data-bbox="889 331 1218 457">Definition</th> <th data-bbox="1224 331 1412 457">Number of Employees for Comparables</th> </tr> </thead> <tbody> <tr> <td data-bbox="734 466 883 630">Average number of employees</td> <td data-bbox="889 466 1218 630">Total number of employees of all the organizations divided by the number of organizations.</td> <td data-bbox="1224 466 1412 630"></td> </tr> <tr> <td data-bbox="734 638 883 856">Median number of employees</td> <td data-bbox="889 638 1218 856">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="1224 638 1412 856"></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.	
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.										

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: _____

Analyze & Implement Worksheet 3: Analyze 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 analyze fringe benefits information.
- Put the position types at the top of the columns. For example:

Wages and Fringe Benefits	Your Position 1: Director	Comparables Position 1: Director	Your Position 2: Teacher	Comparables Position 2: Teacher
---------------------------	------------------------------	-------------------------------------	-----------------------------	------------------------------------

- In column two, put the information for a position in your organization. In column three, put the average of the information for the **same** position for the comparable organizations. For example: In column two, put the information for the director in your organization and in column three, put the average of the information for the directors in the comparable organizations.
- There are two forms to allow you to compare four positions. 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.

Date you completed the form
below: _____

Names of organizations included in the summary
below:

Wages and Fringe Benefits	Your Position 1:	Comparables Position 1:	Your Position 2:	Comparables Position 2:
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	\$	\$	\$	\$
Value of all paid leave per year	\$	\$	\$	\$
Employer contributions: FICA/Medicaid	%	%	%	%
Workers' compensation	%	%	%	%
Disability insurance	%	%	%	%
Unemployment insurance	%	%	%	%
Retirement/Pension	%	%	%	%
Value of employer contributions per year	\$	\$	\$	\$
Employer insurance contributions: Health insurance per year	\$	\$	\$	\$
Dental insurance per year	\$	\$	\$	\$
Life insurance per year	\$	\$	\$	\$
Value of all employer paid insurance per year	\$	\$	\$	\$
Other benefits per year	\$	\$	\$	\$
Value of all fringe benefits (everything in bold above)	\$	\$	\$	\$
Annual salary including all fringe benefits	\$	\$	\$	\$

This is a duplicate of the form above to allow you to compare additional positions.

Wages and Fringe Benefits	Your Position 1:	Comparables Position 1:	Your Position 2:	Comparables Position 2:
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	\$	\$	\$	\$
Value of all paid leave per year	\$	\$	\$	\$
Employer contributions: FICA/Medicaid	%	%	%	%
Workers' compensation	%	%	%	%
Disability insurance	%	%	%	%
Unemployment insurance	%	%	%	%
Retirement/Pension	%	%	%	%
Value of employer contributions per year	\$	\$	\$	\$
Employer insurance contributions: Health insurance per year	\$	\$	\$	\$
Dental insurance per year	\$	\$	\$	\$
Life insurance per year	\$	\$	\$	\$
Value of all employer paid insurance per year	\$	\$	\$	\$
Other benefits per year	\$	\$	\$	\$
Value of all fringe benefits (everything in bold above)	\$	\$	\$	\$
Annual salary including all fringe benefits	\$	\$	\$	\$

Analyze & Implement Worksheet 4: Create or Update 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.*

The position class system is the foundation of a compensation plan. It guides you in how positions should be compensated relevant to each other. Programs should have some table, system, or schedule of employee job classifications which groups together jobs with similar levels of responsibility and qualifications. Do the following:

Update the information you developed in your Internal Activities Worksheet 2, as necessary, by doing the following:

- 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.
- Assign a specific grade to a group of similar jobs. Account for different qualifications within a grade by establishing a compensation formula based on levels of education or by coding the job differently, for example, Teacher Aide, Teacher Assistant, Teacher.

Analyze & Implement Worksheet 5: Create a Profile for Each Benchmarked Position

- 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 create a profile of benchmarked positions. An example is completed for you.
- Include composite information from the comparable organizations.
- To add more rows, put your cursor at the end of the last row and press the *Tab* key.
- Review the information and do the following:
 - Compare the benchmark hourly wages with current hourly wages for each group of positions
 - Establish the entry level hourly wage for each grade in the benchmark position
 - Establish appropriate increases between grades to reflect levels of responsibility, skill, effort, working conditions and requisite qualifications for positions in each grade

Date you completed the form
below: _____

Benchmarked Position	Total #	Average # supervisees	Average years experience	Average education level	Average hourly wage	Average hourly wage: Certification	Average hourly wage: No Certification	Max hourly wage	Min hourly wage	Average hrs/year
EXAMPLE: Ast. Teacher	78	.03	3.62	Associate degree	\$11.56	\$11.80	\$9.13	\$13.85	\$7.86	1673

Analyze & Implement Worksheet 6: Determine Compensation Policies

- 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.

- Consider the questions in the table below and indicate your answer in column 2.
- If the question or your answer prompts any action, then indicate it in column 3.

Date you completed the form below: _____

Consider these questions	Answer	Action
Does your organization: (a) Have position classifications and wages that reflect different levels of pay for different educational qualifications within a position (e.g., do teachers with bachelor's degrees earn more than teachers with CDAs), or (b) Have the belief that all employees in a given job should earn the same, regardless of educational level?	a or b?	
Do classifications and salary increases contribute to the development of clear career progressions for your agency staff?		
Is your agency's goal of attracting and retaining qualified personnel advanced by its compensation policies?		
If an individual's current wage exceeds his or her target wage, based on a salary scale constructed as a result of a wage comparability survey, will that employee's salary be frozen?		
Will he or she receive COLA, but no other types of increases?		
Will he or she be given additional responsibilities?		
How will your agency handle individuals or groups of employees who are grossly underpaid?		

Consider these questions	Answer	Action
Will salary increases be phased in over several years or will a large adjustment be granted in a single year to reach wage targets?		
Will priority for increases be given to a specific group or groups (e.g., teachers rather than social workers) or will staff in all positions be treated consistently?		
Does your organization believe that employees should have maximum flexibility in their compensation and offer the highest salaries possible, while minimizing benefits and allowing employees to purchase them (or not) through agency programs or on the open market?		
<p>Does your organization:</p> <ul style="list-style-type: none"> (a) Decide what benefits employees should have and provide a more generous benefits package and less competitive pay, or (b) Offer a cafeteria plan of benefits, allowing employees to choose those which best reflect their and their families' needs and goals? 	a or b?	
Does your agency offer a flexible leave package that allows employees to take paid time off at their discretion?		
Does your agency have limited personal or annual leave and restrict employees' ability to take time off during the work day?		

Analyze & Implement Worksheet 7: 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.
- Here is a sample:

Class Code	Job Title	Pay Grade	Hourly: Step 1	Hourly: Step 6	Yearly: Step 1	Yearly: Step 6
200	Administrative Staff					
201	Executive Director	S - 30	\$35.09	\$48.07	\$ 73,000	\$100,000
202	Site Director	S - 28	\$33.00	\$82.00	\$ 68,000	\$ 85,000
203	Asst. Director	S - 25	\$23.22	\$31.39	\$ 48,300	\$ 65,300
300	Administrative Support					
301	Administrative Assistant	S - 18	\$20.22	\$23.00	\$ 41,600	\$ 47,000
302	Secretary	S - 14	\$17.00	\$19.00	\$ 35,500	\$ 40,000
303	Receptionist	S - 12	\$12.00	\$15.00	\$ 24,960	\$ 31,000
400	Teaching Staff					
401	Lead Teacher	S - 19	\$22.00	\$30.04	\$ 45,500	\$ 62,500
402	Teacher Assistant	S - 18	\$20.22	\$23.00	\$ 41,600	\$ 47,000
403	Teacher Aide	S - 12	\$12.00	\$15.00	\$ 24,960	\$ 31,000

- 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 8: Apply Your Position Classification System and 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.

- Reclassify each of your employees according to the new position classification system.
- Assign each employee a grade and step and list the hours the employee works each year.
- Record the **current** hourly wage.
- Record the value of the **current** fringe benefits for each employee.
- Based on the revised salary schedule, determine the **new** hourly wage.
- Record the difference between the current hourly wage and the new hourly wage.
- You will use the table below in Worksheet 9 to determine the budget impact.

Date you completed the form below: _____

- Be sure to also calculate the increase in fringe benefits associated with the new hourly wages.

Employee Name	Position	Grade and Step	Hours/Year	Current Hourly Wage	New Hourly Wage
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

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:

-
-
-
-
-
-
-

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 Position and Salary Schedules

The sample position and salary schedules are an example of the useful tools that can be developed after conducting a successful wage and benefit comparability survey. Adventist ECE program administrators and local conferences may find this information helpful when implementing and developing their own position and salary schedule. The samples given here were developed after much research on a national scale. The cost of living and zones within each local conference territory should be taken into account when adapting, analyzing and using the samples provided.

Administrative and Educational Staff Members

The information in the wage scale for **administrative and educational staff members** reflects the following:

- 100% Wage Factor = \$4065. 36% Wage Factor = \$8.44, approximate minimum wage average of states exceeding federal MW requirements.
- Scale does not reach 100% of wage factor as it was deemed an unrealistic expectation for most ECE programs and local conferences at this time.
- The zones within various conferences should be taken into account when using this scale.
- Higher percentages in green represent wage option for certificated personnel.
- CDA: Child Development Associate Credential is not based on earned college credits. It is based on in-service hours, supervised practical experience and portfolio development.
- B.S. and M.A. degrees in ECE are weighted heavier than unrelated/related B.S. and M.A. degrees with ECE units.
- The state minimum wage rate requirements, or lack thereof, are controlled by legislative activities within the individual states.
- Federal minimum wage law supersedes state minimum wage laws where the federal minimum wage is greater than the state minimum wage. In those states where the state minimum wage is greater than the federal minimum wage, the state minimum wage prevails.
- There are 5 states that have a minimum wage set lower than the federal minimum wage. There are 14 states (plus DC) with minimum wage rates set higher than the federal minimum wage. There are 26 of the states that have a minimum wage requirement that is the same as the federal minimum wage requirement. The remaining 5 states do not have an established minimum wage requirement.
- The State of Washington has the highest minimum wage at \$8.55/hour. The states of Georgia and Wyoming have the lowest minimum wage (\$5.15) of the 45 states that have a minimum wage requirement.
- Note: There are 10 states (AZ, CO, FL, MO, MT, NV, OH, OR, VT, and WA) that have minimum wages that are linked to a consumer price index. As a result of this linkage, the minimum wages in these states are normally increased each year, generally around January 1st. This year, on January 1, 2010, these states, with the exception of Colorado, kept their minimum wage requirements the same as those that existed in 2009. Colorado, however, decreased its minimum wage requirement (based upon the index report) from \$7.28 per hour to \$7.24 per hour for 2010.

ECE Teaching & Administrative Staff

Education Level	YEARS OF EXPERIENCE					
ECE Certified	1	2	3	4	5	6+
H.S. Diploma/GED	31-32%	33-34%	35-36%	Training and/or ECE Units Required	Training and/or ECE Units Required	Training and/or ECE Units Required
Required Training	33-34% 35-36%	35-36% 37-38%	37-38% 39-40%	39-40% 41-42%	41-42% 43-44%	43-44% 45-46%
6 SU in ECE	35-36% 37-38%	37-38% 39-40%	39-40% 41-42%	41-42% 43-44%	43-44% 45-46%	45-46% 47-48%
12 SU in ECE or CDA	37-38% 39-40%	39-40% 41-42%	41-42% 43-44%	43-44% 45-46%	45-46% 47-48%	47-48% 49-50%
30 SU in ECE	40-41% 42-43%	42-43% 44-45%	44-45% 46-47%	46-47% 48-49%	48-49% 50-51%	50-51% 52-53%
48 SU in ECE	44-45% 46-47%	46-47% 48-49%	48-49% 50-51%	50-51% 52-53%	52-53% 54-55%	54-55% 56-57%
A.S. in ECE	48-49% 50-51%	50-51% 52-53%	52-53% 54-55%	54-55% 56-57%	56-57% 58-59%	58-59% 60-61%
B.S. in ECE	62-63% 64-65%	64-65% 66-67%	66-67% 68-69%	68-69% 70-71%	70-71% 72-73%	72-73% 74-75%
B.S. with 12 SU in ECE	54-55% 56-57%	56-57% 58-59%	58-59% 60-61%	60-61% 62-63%	62-63% 64-65%	64-65% 66-67%
B.S. with 24 SU in ECE	56-57% 58-59%	58-59% 60-61%	60-61% 62-63%	62-63% 64-65%	64-65% 66-67%	66-67% 68-69%
B.S. with 36 SU in ECE	58-59% 60-61%	60-61% 62-63%	62-63% 64-65%	64-65% 66-67%	66-67% 68-69%	68-69% 70-71%

M.A. in ECE	66-67% 68-69%	68-69% 70-71%	70-71% 72-73%	72-73% 74-75%	74-75% 76-77%	76-77% 78-79%
M.A. with 12 SU in ECE	58-59% 60-61%	60-61% 62-63%	62-63% 64-65%	64-65% 66-67%	66-67% 68-69%	68-69% 70-71%
M.A. with 24 SU in ECE	60-61% 62-63%	62-63% 64-65%	64-65% 66-67%	66-67% 68-69%	68-69% 70-71%	70-71% 72-73%
M.A. with 36 SU in ECE	62-63% 64-65%	64-65% 66-67%	66-67% 68-69%	68-69% 70-71%	70-71% 72-73%	72-73% 74-75%

ECE Support/Auxiliary Staff

The information in the sample wage scale for **support/auxiliary staff members** reflects the following:

- 100% Wage Factor = \$4065. 36% Wage Factor = \$8.44, approximate minimum wage average of states exceeding federal MW requirements.
- Scale does not reach 100% of wage factor as it was deemed an unrealistic expectation for most ECE programs and local conferences at this time.
- Required Training: The employee has completed necessary training as outlined by the local ECE program, including and in addition to First Aid/CPR. Higher percentages in green represent wage option for auxiliary employees who have completed course work relevant to their job assignment(s).
- Job Specific Certifications: The employee has obtained necessary certifications as outlined by the local ECE program, For example, a cook who has obtained a Food Handler's Permit. Higher percentages in green represent wage option for auxiliary employees who have completed course work relevant to their job assignment(s).
- A.S. and/or B.S. Degree: The employee has an earned degree. Higher percentages in green represent wage option for auxiliary employees who have completed course work relevant to their job assignment(s).
- The state minimum wage rate requirements, or lack thereof, are controlled by legislative activities within the individual states.
- Federal minimum wage law supersedes state minimum wage laws where the federal minimum wage is greater than the state minimum wage. In those states where the state minimum wage is greater than the federal minimum wage, the state minimum wage prevails.
- The zones within various conferences should be taken into account when using this scale.
- There are 5 states than have a minimum wage set lower than the federal minimum wage. There are 14 states (plus DC) with minimum wage rates set higher than the federal minimum wage. There are 26 of the states that have a minimum wage requirement that is the same as the federal minimum wage requirement. The remaining 5 states do not have an established minimum wage requirement.
- The State of Washington has the highest minimum wage at \$8.55/hour. The states of Georgia and Wyoming have the lowest minimum wage (\$5.15) of the 45 states that have a minimum wage requirement.
- Note: There are 10 states (AZ, CO, FL, MO, MT, NV, OH, OR, VT, and WA) that have minimum wages that are linked to a consumer price index. As a result of this linkage, the minimum wages in these states are normally increased each year, generally around January 1st. This year, on January 1, 2010, these states, with the exception of Colorado, kept their minimum wage requirements the same as those that existed in 2009. Colorado, however, decreased its minimum wage requirement (based upon the index report) from \$7.28 per hour to \$7.24 per hour for 2010.

ECE Support/Auxiliary Staff

Education Level	YEARS OF EXPERIENCE					
Job Specific Training/Cert.	1	2	3	4	5	6+
H.S. Diploma/GED	31-32%	33-34%	35-36%	Training and/or ECE Units Required	Training and/or ECE Units Required	Training and/or ECE Units Required
Required Training	33-34% 35-36%	35-36% 37-38%	37-38% 39-40%	39-40% 41-42%	41-42% 43-44%	43-44% 45-46%
Job Specific Certifications	35-36% 37-38%	37-38% 39-40%	39-40% 41-42%	41-42% 43-44%	43-44% 45-46%	45-46% 47-48%
Job Specific Certifications	37-38% 39-40%	39-40% 41-42%	41-42% 43-44%	43-44% 45-46%	45-46% 47-48%	47-48% 49-50%
Job Specific Certifications	40-41% 42-43%	42-43% 44-45%	44-45% 46-47%	46-47% 48-49%	48-49% 50-51%	50-51% 52-53%
Job Specific Certifications	44-45% 46-47%	46-47% 48-49%	48-49% 50-51%	50-51% 52-53%	52-53% 54-55%	54-55% 56-57%
A.S. Degree	48-49% 50-51%	50-51% 52-53%	52-53% 54-55%	54-55% 56-57%	56-57% 58-59%	58-59% 60-61%
B.S. Degree	62-63% 64-65%	64-65% 66-67%	66-67% 68-69%	68-69% 70-71%	70-71% 72-73%	72-73% 74-75%

Minimum Wage (MW) Factors in the U.S.

<i>> Federal MW</i>		<i>Equals Federal MW of \$7.25</i>		<i>< Federal MW</i>	<i>No MW Required</i>
AK	7.75	AZ	NH	AR – 6.25	AL
CA	8.00	DE	NJ	CO – 7.24	LA
CT	8.25	FL	NY	GA – 5.15	MS
DC	8.25	HI	NC	MN – 6.15	SC
IL	8.00	IA	ND	WY – 5.15	TN
MA	8.00	ID	OK		
ME	7.50	IN	PA		
MI	7.40	KS	SD		
NV	7.55	KY	TX		
NM	7.50	MD	UT		
OH	7.30	MO	VA		
OR	8.40	MT	WV		
RI	7.40	NE	WI		
VT	8.06				
WA	8.55				
AVE	8.42				
14 States + DC		26 states		5 States	5 States

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

Salary, Wage and Benefit Policy Checklist

YES	NO	Administrative Cost (Salaries & Benefits Only)
		The salaries and benefits of employees engaged in the management functions of accounting, budgeting, coordination, direction, and planning, as well as the management of payroll, personnel, property and purchasing and clerks, and secretaries are included in administrative costs.
YES	NO	Payroll
		Employees are actually paid what is reported.
		Employees receive across the board COLA increases as per policy.
		In cases where employees did not receive the prescribed COLA, an up-to-date, relevant wage comparability survey reveals that providing a cost-of-living increase would result in a salary/wage exceeding comparability.
		Funds specifically allocated and awarded for improvements in salaries and fringe benefits are used exclusively for that purpose unless some deviation from that requirement was requested and approved; documentation exists regarding why the requirement was not addressed.
		Time sheets are signed by employee or by a responsibilities supervisory official who has first-hand knowledge of the activities performed by the employee.
		Time sheets are consistent with actual pay.
YES	NO	Taxes, Premiums, Contributions
		All employees withholding and other taxes are paid on a timely basis.
		All premiums are paid prior to their due dates.
		Employer contributions to pension plans are made on a timely basis.
		Dollars withheld from employees' pay checks are used only to pay the taxes and premiums and make the contributions for which they were intended.
YES	NO	Vacancies
		Vacancies are filled within a reasonable time.
		Funds remaining from unfilled vacancies are not routinely used to fund recurring costs.
YES	NO	Records and Reports
		Salaries and wages are assigned to appropriate projects and supported by personnel activity reports and/or job descriptions.

		Time sheets for the wages of non-exempt employees indicate the total number of hours worked each day maintained in conformance with Department of labor regulations implementing the Fair Labor Standards Act.
YES	NO	Wage Comparability
		An up-to-date wage comparability survey supports the conference's wage and salary structure.
		Final wage decisions include consideration of comparability of salary, benefits and other incentives.
		Salaries and wages paid are consistent with the agency's salary scale.
		Salaries and wages are reasonable, taking into account wage comparability information, the responsibilities of the position, and the qualifications of the employee.
		Each position is classified as exempt or non-exempt as defined by the Fair Labor Standards Act.
		Non-exempt employees receive properly calculated overtime pay.
		Non-exempt employees are paid for overtime, not awarded "comp time."
		All employees receive at least minimum wage.
		Less than twelve month employees whose salaries are spread over a year receive at least minimum wage for each hour worked during each pay period.
		A position classification system groups positions with similar qualifications and levels of responsibility for wage and salary administration purposes.
		Position classifications and the salary scale ensure fair and consistent wage and salary administration.
		Preference in awarding salary increases is granted to classroom teachers and staff who obtain additional training or education related to their responsibilities as employees of an Adventist ECE program.
YES	NO	Benefits Administration
		Fringe benefits are applied consistently to all employees in a particular classification.
		Conference benefits are applied consistently to all employees in a particular classification.
		Organization-furnished vehicles are not available to employees for personal use.
		Use of agency credit cards by staff is tightly controlled.
		Agency credit cards are never used by employees to cover personal expenses.
		Entertainment costs are incurred only as incidental expenses in conjunction with other activities contributing to employee morale, health, and welfare, professional developments, community involvement or service, employee recognition, and other program related functions.

		Policies and procedures clearly define fringe benefits.
		Written policies include position descriptions addressing roles and responsibilities, relevant qualifications, salary range, and employee benefits.