

## Employer Benefits & Policies Questionnaire

The Employer Questionnaire will be administered online. Please note that the text boxes that ask for a description of a benefit or policy will hold approximately 450 characters of text on the online survey.

1. Organization Name (as you would like for it to appear on reports and in print if you make the list):

### Survey Administrator Information

2. Survey Administrator Name:

3. Survey Administrator email address:

4. Survey Administrator phone number:

5. Survey Administrator business mailing address:

5a. Is the Survey Administrator an employee of the organization?

Yes  No

6. U.S. Employer Headquarters Address, if applicable:

7. Employer Web site address:

8. Industry:

[dropdown menu]

9. Should your organization be named to the list, we would like to notify your top four vendors or suppliers. Please provide the names and contact information for your top four business vendors:

10. Please provide a brief overview of your organization's products/services:

2250 character limit

11. If we were to ask your employees, "What three things does your employer do for you that you love?" – what would they say? Examples include chair massages, holiday party, 4-day work week, etc. Be specific, don't just reply, "We are like a family." (no character limit)

11a. Other than the three items listed in Q11, are there any other unique or creative employee programs offered by your organization? Examples are: a "Biggest Loser" weight loss challenge, a ping-pong table, paid time off to provide on-site relief to disaster victims, ice cream Fridays, etc. (no character limit)

### Organization and Contact Information

12. Name of Highest Ranking Official/CEO:

12a. Please confirm the title of the Highest Ranking Official/CEO:

12b. Please indicate the office location of the Highest Ranking Official/CEO:

12c. Please provide the email address of the Highest Ranking Official/CEO.  
(This email address will only be used to contact this individual to arrange  
a possible media interview and will not be shared publicly.)

12d. How many years has your Highest Ranking Official/CEO been in this  
position within the organization?

 years

## Workforce Information

13: At registration, your organization submitted the number below as the total number of full-time, permanent staff employed in the United States. Please verify that this number is current and accurate, and make changes as necessary. (This number should include partners, founders and other salaried executives. Do not include part-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.)

13a: At registration, your organization submitted the number below as the total number of part-time, permanent staff employed in the United States. Please verify that this number is current and accurate, and make changes as necessary. (This number should not include full-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.)

14: At registration, your organization submitted the number below as the total number of full-time, permanent staff employed in [program area]. Please verify that this number is current and accurate, and make changes as necessary. (This number should include partners, founders and other salaried executives. Do not include part-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.)

14a: At registration, your organization submitted the number below as the total number of part-time, permanent staff employed in [program area]. Please verify that this number is current and accurate, and make changes as necessary. (This number should not include full-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.)

14b. Please provide the total current number of full-time, permanent staff employed outside of the United States. (This number should include partners, founders and other salaried executives. Do not include part-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.)

14c. Please provide the total current number of part-time, permanent staff employed outside of the United States. (This number should not include full-time, temporary, seasonal or per diem employees, nor consultants and independent contractors.)

14d. Our organization only employs individuals within the program area, and not anywhere else inside or outside the United States. *(This question will not appear for national programs)*

Yes  No

15. How many full-time Human Resources staff persons do you employ within your organization?

16. What professional Human Resources certifications are currently held by your organization's HR staff? (select all that apply)

- Professional in Human Resources (PHR)
- Senior Professional in Human Resources (SPHR)
- Global Professional in Human Resources (GPHR)
- Certified Compensation Professional (CCP)
- Certified Benefits Professional (CBP)
- Global Remuneration Professional (GRP)
- Work Life Certified Professional (WLCP)
- Other \_\_\_\_\_

17. What percentage of your employees are male?  %

18. What percentage of your employees are female?  %

19. What percentage of your executive team are male?  %

20. What percentage of your executive team are female?  %

21. In the most recently completed fiscal year, what was the average annual salary for exempt employees in your organization? (including partners if salaried)

22. In the last fiscal year, what was the average annual salary for non-exempt employees in your organization? \$

23. How many new, full-time hourly or salaried permanent positions were created in the last fiscal year?

24. How many open, full-time hourly or salaried permanent positions were filled in the last fiscal year?

25. Of all open, full-time permanent salaried positions filled in the last fiscal year, what percentage of those positions were filled by internal staff?  %

26. What was your organization's percentage of voluntary turnover in the last fiscal year?  %

27. What was the 2010 average percentage of voluntary turnover within your organization's industry? If you do not know this figure, please click on the ? icon to the left for more information.  %

Information Not Available

28. In the last fiscal year, what percentage of your full-time permanent, hourly or salaried employee population was involuntarily separated from employment due to a layoff or reduction in force?  %

## Hiring and Employment Practices

29. Beyond simply stating that your organization is an Equal Opportunity Employer, please briefly describe any programs/practices you employ to actively recruit/retain employees of varying ethnic and cultural backgrounds.

750 character limit

Our organization does not employ any programs/practices to actively recruit/retain employees of varying ethnic and cultural backgrounds.

30. Beyond simply stating that your organization is an Equal Opportunity Employer, please briefly describe any programs/practices you employ to actively recruit/retain members of the disabled community.

750 character limit

Our organization does not employ any programs/practices to actively recruit/retain members of the disabled community.

31. Beyond simply stating that your organization is an Equal Opportunity Employer, please briefly describe any programs/practices you employ to actively recruit/retain an aging workforce.

750 character limit

Our organization does not employ any programs/practices to actively recruit/retain members of the aging workforce.

32. Does your organization provide any formalized resources or support to employees who feel they have been treated unfairly?

Yes  No

33. Does your organization conduct pre-employment or regularly scheduled or random drug screening?

Yes  No

34. Does your organization have a formal policy regarding employee blogging, online social networking, or use of employer equipment for personal email access, etc.?

Yes  No

35. Does your organization have a formal policy to protect intellectual property, trade secrets or other proprietary information?

Yes  No

36. Please briefly describe your top three employee bonus or incentive programs, including who is eligible, typical rewards and any unique aspects.

250 character limit each

Our organization does not offer any bonus or incentive programs.

37. Do you offer bonuses to employees who refer new hires?

Yes  No

38. Do you offer a Profit Sharing Program?

Yes  No

39. Do you offer an Employee Stock Option Program?

Yes  No

40. Do you offer a 401(k) or 403(b) retirement savings program?

Yes  No

40a. If yes, when is an employee eligible to begin contributing to their 401(k) or 403(b) account?

30 days after hire  90 days after hire  6 months after hire  1 year after hire  Other (please describe)

40b. If yes, do you match employee contributions to their 401(k) or 403(b) account?

Yes  No

# Best Companies Group▶▶▶

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41. For each of the following benefits, indicate whether the cost of the benefit (premium) is paid for by the company, the employee, or both. Assume individual employee only (no dependents) choosing your most basic plan for each. If your organization does not offer this benefit, please select "This benefit not offered."

- Medical coverage (employee)
- Medical coverage (dependents)
- Prescription coverage (employee)
- Prescription coverage (dependents)
- Dental coverage (employee)
- Dental coverage (dependents)
- Vision coverage (employee)
- Vision coverage (dependents)
- Long-term care insurance (employee)
- Long-term care insurance (dependents)
- Life insurance (employee)
- Life insurance (dependents)
- Short-term disability benefits
- Long-term disability benefits

Select one response for each benefit:

- Employer pays 100% of premium
- Employer pays 75% - 99% of premium
- Employer pays 50% - 74% of premium
- Employer pays 25% - 49% of premium
- Employer pays less than 25% of premium
- This benefit not offered

42. If necessary, please use this space to briefly describe any unique aspects of your healthcare benefits (health, dental, vision, long-term care, disability, supplemental health insurance, pet insurance, etc).

750 character limit

43. When is a new employee eligible to enroll in the organization's healthcare plan?

- First day of hire
- First day of the next month after hire
- 30 days after hire
- 60 days after hire
- 90 days after hire
- More than 90 days after hire
- Other, please describe

44. Our organization offers the option to enroll in health benefits to:

- Full-time employees only
- Full-time, part-time and seasonal employees
- Full- and part-time employees
- Our organization does not offer employee health benefits

45. Does your organization offer an HMO plan?

Yes  No

46. Does your organization offer a High Deductible Health Plan (HDHP) or Consumer-Driven Health Plan (CDHP)?

Yes  No

47. If yes, does your organization make any contribution towards an employee's Health Savings Account?

Yes  No

48. Does your organization offer Flexible Spending Accounts (FSA)?

Yes  No

49. Does your organization offer domestic partner benefits?

Yes  No

50. What is the number of paid holidays your organization offers per year?

51. Do you provide time off as PTO (one bank of time) or as vacation, sick, personal (separate banks):

PTO → Enable Q51a  
Vacation Sick Personal → Enable Q51b – Q51e

- 51a. What is the number of PTO days available after one year of employment? (do not include company holidays)
- 51b . What is the number of vacation days available after one year of employment?
- 51c. What is the number of sick days available after one year of employment?
- 51d. Can an employee use sick days to care for an ill dependent?  Yes  No
- 51e. What is the number of personal days available after one year of employment?
52. Can employees trade accrued days for pay once the maximum accrual has been reached?  Yes  No
53. Can employees “donate” accrued PTO/sick days to any fellow employee in need?  Yes  No

## Work/Life Balance and Wellness Initiatives

54. Does your organization allow employees additional paid time off for community service activities/volunteer work?
55. Please briefly describe the top three community service initiatives your organization actively supports through financial means or volunteer time.   
250 character limit each
- Our organization does not sponsor nor actively support any community service initiatives.

**Please tell us about any of the following benefits and/or programs you may provide. The phrase “As a standard practice” implies that the program/benefit is widely accepted within your organization and not an exception to the normal routine.**

56. As a standard practice, does your organization offer telecommuting options to your employees?
57. As a standard practice, does your organization offer job sharing options?
58. As a standard year-round practice, does your organization offer employees the option to work a compressed work week?
59. What dress code applies to the majority of your employees?  
 Business  Business Casual  Casual  Uniforms
60. Please describe any facilities provided at your workplace which promote exercise and fitness (limit three).   
250 character limit each
- Our organization does not provide any workplace facilities to promote exercise and fitness.
61. Please describe any successful fitness and/or wellness programs available to your employees in your workplace (limit three).   
250 character limit each
- Our organization does not provide any fitness and/or wellness programs or practices within the workplace.
62. Does your organization pay all or part of employees' costs for health club memberships or fitness or wellness programs?  Yes  No

63. Do you provide cafeteria or meal subsidies, free daily snacks or beverages?

Yes  No

64. Please briefly describe any sustainable or “green” practices your organization promotes to encourage conservation of the environment and its natural resources (limit three).

250 character limit each

Our organization does not promote any sustainable or “green” practices.

## Training & Career Development

65. How often does your organization conduct Employee Performance Appraisals for all staff?

- As needed       Once per year       Twice per year       More than twice a year       Our organization does not conduct Performance Appraisals for all staff

66. Does your organization conduct 360-degree Performance Appraisals?

- Yes, all staff       Yes, only supervisors and above       Our organization does not conduct 360-degree Performance Appraisals

67. What is the average number of hours a new employee spends in orientation? (Do not include departmental orientation or probation.)

hours

68. What is the average number of annual training and development hours received per employee?

hours

69. Do you offer tuition reimbursement?

Yes  No

70. If applicable, please briefly describe any formal employee career development/job advancement programs/practices. Please list your top three programs/practices.

250 character limit each

Our organization does not offer any formal employee career development/job advancement programs or practices.

71. Does your organization have any formalized programs/practices for succession planning?

Yes  No

72. Does your organization offer any programs and/or practices focused on employee leadership training/development? Select all that apply.

- Mentoring  
 Job shadowing/cross training  
 Attendance at leadership workshops or other formal leadership education  
 Support of leadership roles within volunteer organizations outside of your organization  
 Our organization does not offer any programs or practices focused on employee leadership training and development  
 Other (please describe)

## Corporate Culture & Communications

73. Please describe any unique tools and/or practices your organization utilizes to communicate with and encourage two-way dialogue between your upper management and employees (limit three).

250 character limit each

- Our organization does not offer any unique internal communication tools and practices.

74. Please list your organization's top three employee recognition/appreciation programs.

250 character limit each

- Our organization does not offer formal employee recognition/appreciation programs.

75. Please describe any family-friendly benefits or practices your organization provides to its employees. Select all that apply.

- Paternity leave (either paid or unpaid) for the birth or adoption of a child
- Adoption assistance, such as reimbursement of agency fees, travel fees, legal assistance, paid time off before or after adoption, etc.
- Lactation facilities for breastfeeding mothers
- All or part of an employees' full- or part-time childcare paid, either on a regular basis or only during busy seasons
- Flexible hours to accommodate school events, taking a family member to the doctor, etc.
- Employer-sponsored Eldercare Assistance for employees with aging family members, such as transportation to medical appointments or meal delivery; securing of proper care and/or assistance facilities; information about financial resources and counseling support for caregiver stress
- Immediate families invited to corporate events
- Free or discounted tickets to local family entertainment or sporting events
- Our organization does not offer any family-friendly benefits or practices
- Other (please describe)

76. Please describe any programs or practices your organization provides to promote a healthy work/life balance. Select all that apply.

- No overtime, or overtime kept at a minimum
- Meetings and staff-only events limited to during work hours only
- Monetary incentives or extra paid time off when overnight travel is required
- An employer-sponsored Employee Assistance Program (EAP) which may provide counseling for marital, parental or financial problems and/or assistance for specific conditions such as substance abuse, smoking and gambling
- Productivity or time management workshops, seminars or classes
- On-site personal development and/or stress management workshops, seminars or classes
- Paid sabbaticals
- Financial Education workshops, seminars or classes

- Our organization does not offer any work/life balance programs nor practices
- Other (please describe)

77. What unique activities does your organization initiate to relieve workday stress and promote fun? Please list your top three activities.

250 character limit each

- Our organization does not initiate any activities to relieve stress and promote fun.

78. Please list any other awards your organization has been given for best practices in the workplace including the name of the award, by whom it was presented, rank (if applicable) and the year awarded.

750 character limit

**You have reached the end of the questionnaire. Please select the current status of your questionnaire and then select the “Save and Continue” button to save your responses. If you are ready to submit your questionnaire, please select the first option followed by the “Save and Continue” button. Should you choose to re-access the survey and make changes, the most recent version of your saved questionnaire will be used during the analysis process.**

79. Please indicate the current status of your company’s Employer Questionnaire:

- The questionnaire is complete and ready to be submitted
- The questionnaire needs minor changes or to be reviewed before submitting
- The questionnaire is halfway complete
- The questionnaire still needs a great deal of work

80. How long (in hours) did it take to complete this survey?

 hours

81. Please check “Yes” below to verify that you are finished and ready to submit your survey. Once you click “Submit Survey” your responses will be submitted and you will be able to print/email your final results.