



SURVEY QUESTIONS SAMPLE

Survey must be completed online.

Nevada Benefits & Personnel Practices Survey

Thank you for participating in the 2017-2018 Nevada Benefits & Personnel Practices Survey!

The Nevada Association of Employers (NAE) Benefits & Personnel Practices Survey collects information regarding the benefits and personnel practices of employers throughout the state of Nevada. We believe it provides the most comprehensive, reliable, and current information available.

This survey covers 26 benefits and personnel practice categories, including work schedules, drug & alcohol testing, holidays, paid time off (PTO), health & welfare insurance, flexible benefits, severance, and more. Not all categories will apply to your business. Please provide information to all questions in all categories that apply to your operations.

For questions regarding the Nevada Benefits & Personnel Practices Survey, please contact us at (775) 329-4241 or surveys@nevadaemployers.org.

We treat all information received as strictly confidential. All data received will be compiled and reported in a composite manner whereby the information reported cannot be connected to any specific employer.

All survey data must be submitted by Wednesday, November 1, 2017.

Instructions

1. Complete all company and respondent information. Identifying information is kept confidential and is only used to track participation. Information regarding the location and industry type may be used in the survey report.
 - These fields are required. You will not be able to move forward until you have completed this information.
2. Each benefits and personnel practices category has it's own page. Each page will only have questions for that benefits and personnel practices category. Complete all applicable questions before moving on to the next category.
 - Use the Next and Prev buttons at the bottom of each page to move through the survey.
3. To submit your survey responses, you must select the Done button at the end of the survey.

- Once you have submitted the survey, your responses cannot be changed.
- Incomplete surveys cannot be included in the results.

Survey Results

Survey results will be available in December 2017. Members who participate in the Benefits & Personnel Practices Survey receive a copy of the results for FREE. All others may purchase a copy of the results based on the fee schedule below.

	MEMBER	NON-MEMBER
Participant	FREE	\$250 + tax
Non-Participant	100 + tax	\$400

Survey must be completed online. This document is provided to assist you in completing the survey. For questions, contact surveys@nevadaemployers.org.



Nevada Benefits & Personnel Practices Survey

Work Schedules

Please provide information regarding work schedules at the company.

What is the normal work week schedule for **full-time** employees?

- ☐ Five (5) days; 40 hours or less
- ☐ Five (5) days; more than 40 hours
- ☐ Four (4) ten-hour days ("4-10s")
- ☐ Three (3) twelve-hour days ("3-12s")
- ☐ Two or more of the above

What is the most used starting time for the majority of employees on day (1st) shift?

- ☐ Before 6:00am
- ☐ 6:00am
- ☐ 6:30am
- ☐ 7:00am
- ☐ 7:30am
- ☐ 8:00am
- ☐ 9:00am
- ☐ After 9:00am

Do you offer any of the following alternative work schedule arrangements?(Check all that apply)

- ☐ Telecommuting (i.e. employees work from home)
- ☐ Flex time (employees choose start/quit time within hours set by employer)
- ☐ Compressed work week (any schedule permitting employees to work a full week in four or fewer days)
- ☐ Job sharing (full-time position performed by two part-time employees)
- ☐ Internship
- ☐ Regular part-time schedule
- ☐ None of these

Who has the discretion to determine if employees may or may not participate in an alternative work schedule arrangement?

- ☐ Employee
- ☐ Employee's immediate supervisor
- ☐ Department manager
- ☐ Top management

What percentage of your workforce takes part in alternative work schedule arrangements?

- ☐ 1% - 10%
- ☐ 11% - 20%
- ☐ 21% - 30%
- ☐ 31% - 40%
- ☐ 41% - 50%
- ☐ Over 50%

If you do not currently offer alternative work schedules, are there plans to do so within the next year?

- ☐ Yes
- ☐ No
- ☐ Currently offer alternative work schedules

If YES, which do you plan to offer? *(Check all that apply)*

- ☐ Telecommuting (i.e. employees work from home)
- ☐ Flex time (employees choose start/quit time within hours set by employer)
- ☐ Compressed work week (any schedule permitting employees to work a full week in four or fewer days)
- ☐ Job sharing (full-time position performed by two part-time employees)
- ☐ Internship
- ☐ Regular part-time schedule
- ☐ None of these

Does your company offer alternative or light-duty positions for employees who sustain injuries or illnesses that are not work-related (not covered by workers' compensation insurance)?

- ☐ Yes, always
- ☐ Yes, on a case-by-case basis
- ☐ No

How much premium (in percentages) is paid on the swing (2nd) shift?

- ☐ Less than 2%
- ☐ 2% - 5%
- ☐ 5% - 7%
- ☐ Over 7%
- ☐ None

How much premium (in dollars) is paid on the swing (2nd) shift?

- ☐ Less than \$0.25 per hour
- ☐ \$0.25 - \$0.49 per hour
- ☐ \$0.50 - \$0.75 per hour
- ☐ Over \$0.75 per hour
- ☐ None

How much premium (in percentages) is paid on the graveyard (3rd) shift?

- ☐ Less than 2%
- ☐ 2% - 5%
- ☐ 5% - 7%
- ☐ Over 7%
- ☐ None

How much premium (in dollars) is paid on the graveyard (3rd) shift?

- ☐ Less than \$0.25 per hour
- ☐ \$0.25 - \$0.49 per hour
- ☐ \$0.50 - \$0.75 per hour
- ☐ Over \$0.75 per hour
- ☐ None

After what amount of time worked does the company pay overtime (one and one-half times regular rate of pay)?

- ☐ 40 hours in a workweek
- ☐ 40 hours in a workweek/8 hours in a workday
- ☐ 40 hours in a workweek/outside normally assigned shift
- ☐ Other

Does the company pay employees a premium for working Saturday or Sunday?

- ☐ Yes, time and one-half
- ☐ Yes, double time
- ☐ No

What is the company's pay practice for work performed on a recognized, paid holiday in addition to the holiday pay?

- ☐ Straight time
- ☐ Time and one-half
- ☐ Double time
- ☐ Double time and one-half
- ☐ Triple time
- ☐ None

How does the company calculate pay in a week in which a holiday falls?

- ☐ Holiday pay counts as time worked for purposes of overtime
- ☐ Holiday pay does not count as time worked

If you have a paid sick or personal time program, how do you calculate pay in a week in which a sick day or paid personal time occurs?

- ☐ Sick or personal time counts as time worked for purposes of overtime
- ☐ Sick or personal time does not count as time worked
- ☐ No paid sick or personal time program

How often are your salaried employees paid?

- ☐ Weekly
- ☐ Bi-weekly (26 pay periods per year)
- ☐ Semi-monthly (24 pay periods per year)
- ☐ Other

How often are your hourly employees paid?

- ☐ Weekly
- ☐ Bi-weekly (26 pay periods per year)
- ☐ Semi-monthly (24 pay periods per year)
- ☐ Other



Nevada Benefits & Personnel Practices Survey

Turnover

Please provide information regarding turnover at the company.

Estimate the company's annual turnover rate for the past twelve (12) months.

- ☐ Less than 5%
- ☐ 5% - 10%
- ☐ 11% - 15%
- ☐ 16% - 20%
- ☐ 21% - 25%
- ☐ 26% - 30%
- ☐ More than 30%

Estimate the company's annual **full-time employee** turnover rate for the past twelve (12) months.

- ☐ Less than 5%
- ☐ 5% - 10%
- ☐ 11% - 15%
- ☐ 16% - 20%
- ☐ 21% - 25%
- ☐ 26% - 30%
- ☐ More than 30%

Estimate the company's annual **part-time employee** turnover rate for the past twelve (12) months.

- ☐ Less than 5%
- ☐ 5% - 10%
- ☐ 11% - 15%
- ☐ 16% - 20%
- ☐ 21% - 25%
- ☐ 26% - 30%
- ☐ More than 30%



Nevada Benefits & Personnel Practices Survey

Rest and Meal Periods

Please provide information regarding rest and meal periods at the company.

What is the number and duration of rest periods for a full-time shift (8 hours)?

- ☐ Two (2) ten-minute breaks
- ☐ Two (2) fifteen-minute breaks
- ☐ Varies; depends on department and/or shift
- ☐ Other

What lunchroom facilities are provided? *(Check all that apply)*

- ☐ None
- ☐ Company restaurant or cafeteria
- ☐ Lunchroom with vending machines
- ☐ Lunchroom with kitchen facilities
- ☐ Lunchroom only.

Is the meal period paid or unpaid?

- ☐ Paid, all employees
- ☐ Unpaid, all employees
- ☐ Depends on position and/or classification of employee

What is the length of the scheduled meal period?(*Check all that apply*)

☐ 30 minutes

☐ 45 minutes

☐ 60 minutes

☐ Other



Nevada Benefits & Personnel Practices Survey

Drug and Alcohol Testing

Please provide information regarding policies and procedures for drug and alcohol testing for the company.

Does the company have a written drug and alcohol policy?

- ☐ Yes
- ☐ No, but considering such a policy
- ☐ No

If you have a written policy, do you conduct pre-employment testing?

- ☐ Yes
- ☐ No

If you have a written policy, do you require drug/alcohol tests for current employees?

- ☐ Yes
- ☐ No

If you do require tests for current employees, in what situations do you test? *(Check all that apply.)*

- ☐ At random
- ☐ In the event of a lost time injury
- ☐ When there is probable cause
- ☐ As a regular part of a physical exam
- ☐ DOT-recordable injury
- ☐ Other

What is the company's policy if an employee refuses to take a drug or alcohol test?(Check all that apply.)

- ☐ Discharge
- ☐ Suspension (for reconsideration of refusal)
- ☐ Written counseling
- ☐ Verbal counseling
- ☐ No action taken
- ☐ Other

What is the company's policy if a current employee tests positive?(Check all that apply.)

- ☐ Discharge
- ☐ Suspension
- ☐ Written counseling
- ☐ Verbal counseling
- ☐ Required participation in an approved rehabilitation program
- ☐ Referral to an Employee Assistance Program (EAP)
- ☐ No action taken



Nevada Benefits & Personnel Practices Survey

Hiring, Recruitment and Relocation

Please provide information regarding policies and/or procedures related to hiring, recruitment, and relocation.

Does the company have an internal job posting system?

- ☐ Yes
- ☐ No

If there is an internal job posting system, what jobs are posted?

- ☐ All openings
- ☐ Company chooses
- ☐ Professional openings only
- ☐ Administrative/clerical jobs only
- ☐ Skilled/semi-skilled openings only
- ☐ Unskilled openings only

If there is an internal job posting system, how long are job vacancies posted?

- ☐ 1 - 2 working days
- ☐ 3 - 4 working days
- ☐ 5 - 7 working days
- ☐ Two (2) weeks
- ☐ Three (3) weeks
- ☐ More than three (3) weeks

Which of the following materials and/or procedures are used in the orientation of new employees?(Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Benefit booklets | <input type="checkbox"/> Written job descriptions |
| <input type="checkbox"/> Tour of facility | <input type="checkbox"/> Employee assigned mentors |
| <input type="checkbox"/> Employee handbook | <input type="checkbox"/> Training manuals |
| <input type="checkbox"/> Formal written safety rules | <input type="checkbox"/> Annual report |
| <input type="checkbox"/> Orientation video/slides | <input type="checkbox"/> Other |
| <input type="checkbox"/> Training videos | |

Are new employees required to sign any of the following agreements?(Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Code of business ethics |
| <input type="checkbox"/> Patent/trade secret agreement | <input type="checkbox"/> Proprietary customer list |
| <input type="checkbox"/> Conflict of interest agreement | <input type="checkbox"/> Receipt of employee handbook |
| <input type="checkbox"/> No outside employment agreement | <input type="checkbox"/> Background check consent form |
| <input type="checkbox"/> Non-competition agreement | <input type="checkbox"/> Other |

Does the company consider hiring relatives of current employees?

- ☐ Yes
- ☐ No

If yes, under what conditions does your company hire relatives?(Check all that apply.)

- ☐ No restrictions
- ☐ Spouses not allowed in same department
- ☐ Spouses not allowed in supervisory relationship
- ☐ Relatives not allowed in same department
- ☐ Relatives not allowed in supervisory relationship
- ☐ Other

If yes, what is the value of the bonus or gift?

- ☐ \$0 - \$50
- ☐ \$51 - \$100
- ☐ \$101 - \$150
- ☐ \$151 - \$200
- ☐ \$201 - \$250
- ☐ \$251 - \$300
- ☐ \$301 - \$350
- ☐ \$351 - \$400
- ☐ \$401 - \$450
- ☐ \$451 - \$500
- ☐ More than \$500

Does the new employee have to remain with the company for a certain period of time before the person who referred them receives the referral bonus?

- ☐ Yes, 30 days
- ☐ Yes, 60 days
- ☐ Yes, 90 days
- ☐ Yes, 6 months
- ☐ Yes, 12 months
- ☐ Yes, other
- ☐ No

What is the company's policy on outside employment? *(Check all that apply.)*

- ☐ Do not permit outside employment
- ☐ Permitted, though discourages
- ☐ Permitted with prior company approval
- ☐ Permitted, as long as there is no conflict of interest
- ☐ Permitted, no restrictions
- ☐ No policy

Does the company require applicants to sign an authorization to release prior employment information for background/reference checks?

☐ Yes

☐ No

Does the company require post-offer background or reference checks?

☐ Yes

☐ No

Does the company use an outside firm to conduct the background check?

☐ Yes, exclusively

☐ Yes, in conjunction with company efforts

☐ No, in-house only

What items are checked as part of the background check? *(Check all that apply.)*

☐ Criminal record

☐ Driving record

☐ Credit record

☐ Educational credentials

☐ Employment history

☐ Personal references

☐ Other

Does the company have a probationary/introductory period for new hires?

☐ Yes, one (1) month or less

☐ Yes, 31 - 90 days

☐ Yes, 91 - 180 days

☐ Yes, 181 - 365 days

☐ Yes, one (1) year or more

☐ Varies by job or department

☐ No

What are the company's most effective recruiting sources for **hourly** jobs? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Newspaper - daily | <input type="checkbox"/> High schools |
| <input type="checkbox"/> Newspaper - weekend | <input type="checkbox"/> Colleges/universities |
| <input type="checkbox"/> Newspaper - minority | <input type="checkbox"/> Job fairs |
| <input type="checkbox"/> Private employment agencies | <input type="checkbox"/> Help wanted signs |
| <input type="checkbox"/> Temporary agencies | <input type="checkbox"/> Professional trade publications |
| <input type="checkbox"/> Employment Security Division | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Employee referrals | <input type="checkbox"/> Social medial sites (i.e. LinkedIn, Facebook, etc.) |
| <input type="checkbox"/> Walk-ins | <input type="checkbox"/> Other |
| <input type="checkbox"/> Vocational schools | |

What are the company's most effective recruiting sources for **supervisory/management** jobs? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Newspaper - daily | <input type="checkbox"/> High schools |
| <input type="checkbox"/> Newspaper - weekend | <input type="checkbox"/> Colleges/universities |
| <input type="checkbox"/> Newspaper - minority | <input type="checkbox"/> Job fairs |
| <input type="checkbox"/> Private employment agencies | <input type="checkbox"/> Help wanted signs |
| <input type="checkbox"/> Temporary agencies | <input type="checkbox"/> Professional trade publications |
| <input type="checkbox"/> Employment Security Division | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Employee referrals | <input type="checkbox"/> Social medial sites (i.e. LinkedIn, Facebook, etc.) |
| <input type="checkbox"/> Walk-ins | <input type="checkbox"/> Other |
| <input type="checkbox"/> Vocational schools | |

How much of a private employment agency's fee does your company pay?

- ☐ Do not use private agencies
- ☐ All
- ☐ Half
- ☐ None
- ☐ Negotiated
- ☐ Dependent on job level

Does the company have a formal policy regarding relocation of employees?

- ☐ Yes, all employees
- ☐ Yes, certain types of employees only
- ☐ No

Does the company reimburse transportation costs for the employee and his/her family?

- ☐ Yes, new hires only
- ☐ Yes, transfers only
- ☐ Yes, new hires and transfers
- ☐ Yes, executive level only
- ☐ Yes, department heads and above only
- ☐ No

Does the company reimburse reasonable household moving costs?

- ☐ Yes, new hires only
- ☐ Yes, transfers only
- ☐ Yes, new hires and transfers
- ☐ Yes, executive level only
- ☐ Yes, department heads and above only
- ☐ No

Which of the following household moving expenses are paid/reimbursed by the company?(*Check all that apply.*)

- ☐ Packing
- ☐ Moving
- ☐ Unpacking
- ☐ Storage
- ☐ All out-of-pocket expenses

Does the company provide assistance with the sale of the employee's home?

- ☐ Yes, new hires only
- ☐ Yes, transfers only
- ☐ Yes, new hires and transfers
- ☐ Yes, executive level only
- ☐ Yes, department heads and above only
- ☐ No

Does the company provide temporary housing?

- ☐ Yes, new hires only
- ☐ Yes, transfers only
- ☐ Yes, new hires and transfers
- ☐ Yes, executive level only
- ☐ Yes, department heads and above only
- ☐ Negotiable for new hires
- ☐ No

For what length of time is temporary lodging provided?

- ☐ Up to 30 days
- ☐ Up to 60 days
- ☐ Up to 90 days
- ☐ Over 90 days
- ☐ No set time limit
- ☐ Do not provide temporary lodging

If a new hire or transfer does not remain with the company for a required period of time, is the employee required to repay relocation expenses?

- ☐ Yes
- ☐ No
- ☐ No policy



Nevada Benefits & Personnel Practices Survey

Dress and Appearance Standards at Work

Please provide information regarding policies and/or procedures related to dress and appearance standards at work.

Does the company have a formal written dress and/or appearance policy?

- ☐ Yes, only for employees with customer contact
- ☐ Yes, for all employees regardless of customer contact
- ☐ Other (uniforms, safety clothing, government regulated)
- ☐ No

Does the company have a casual dress policy or practice?(*Check all that apply.*)

- ☐ Yes, one day a week
- ☐ Yes, only during summer months
- ☐ Yes, only on special days or events as approved by the company
- ☐ Yes, everyday with no restrictions
- ☐ No policy or practice



Nevada Benefits & Personnel Practices Survey

Holidays

Please provide information regarding policies and/or procedures related to holidays.

How many paid holidays does the company observe each year for employees?

- ☐ Six (6) or fewer observed holidays
- ☐ Seven (7) observed holidays
- ☐ Eight (8) observed holidays
- ☐ Nine (9) observed holidays
- ☐ Ten (10) observed holidays
- ☐ Eleven (11) or more observed holidays

Check which paid holidays the company observes annually. *(Check all that apply.)*

- | | |
|---|--|
| <input type="checkbox"/> New Year's Day | <input type="checkbox"/> Thanksgiving Day |
| <input type="checkbox"/> Martin Luther King Jr. Day | <input type="checkbox"/> Family Day (day after Thanksgiving) |
| <input type="checkbox"/> President's Day | <input type="checkbox"/> Christmas Eve (half day) |
| <input type="checkbox"/> Good Friday | <input type="checkbox"/> Christmas Eve (full day) |
| <input type="checkbox"/> Memorial Day | <input type="checkbox"/> Christmas Day |
| <input type="checkbox"/> Independence Day | <input type="checkbox"/> New Year's Eve (half day) |
| <input type="checkbox"/> Labor Day | <input type="checkbox"/> New Year's Eve (full day) |
| <input type="checkbox"/> Columbus Day | <input type="checkbox"/> Floating holiday(s) |
| <input type="checkbox"/> Nevada Day | <input type="checkbox"/> Employee's birthday |
| <input type="checkbox"/> Veteran's Day | <input type="checkbox"/> Other |

What is the minimum service requirement before an employee is eligible for paid holidays?

- ☐ No service requirement
- ☐ 30 days or less
- ☐ 31 - 60 days
- ☐ 61 - 90 days
- ☐ 91 - 120 days
- ☐ Over 120 days
- ☐ Six (6) months

Once an employee is eligible for holiday pay, what requirements must be met in order to receive holiday pay?

- ☐ Must work partial scheduled shift before and partial scheduled shift after holiday
- ☐ Must work full scheduled shift before and full scheduled shift after holiday
- ☐ Must work partial scheduled shift before or partial scheduled shift after holiday
- ☐ Must work full scheduled shift before or full scheduled shift after holiday
- ☐ No requirements; receives pay automatically
- ☐ Other

What adjustments are made for a paid holiday falling within an employee's paid vacation period?

- ☐ Extra day off granted
- ☐ Extra day's pay granted
- ☐ Extra day or pay, employee's option
- ☐ Extra day or pay, company's option
- ☐ Holiday is forfeited
- ☐ No formal policy



Nevada Benefits & Personnel Practices Survey

Paid Time Off (PTO)

Please provide information on company policies and/or procedures regarding paid time off.

Does the company grant PTO rather than vacation, sick time and/or personal time?

- ☐ Yes
- ☐ No

What is the minimum service requirement to receive one (1) week PTO?

- ☐ No service requirement
- ☐ Three (3) months
- ☐ Six (6) months
- ☐ One (1) year
- ☐ More than one (1) year
- ☐ Do not grant one (1) week PTO

What is the minimum service requirement to receive two (2) weeks PTO?

- ☐ No service requirement
- ☐ Three (3) months
- ☐ Six (6) months
- ☐ One (1) year
- ☐ Two (2) years
- ☐ Three (3) years
- ☐ Four (4) years
- ☐ Five (5) years
- ☐ More than five (5) years
- ☐ Do not grant two (2) weeks PTO

What is the minimum service requirement to receive three (3) weeks PTO?

- ☐ 0 - 4 years
- ☐ 5 years
- ☐ 6 - 9 years
- ☐ 10 years
- ☐ 11 - 14 years
- ☐ 15 years
- ☐ More than 15 years
- ☐ Do not grant three (3) weeks PTO

What is the minimum service requirement to receive four (4) weeks PTO?

- ☐ 5 years
- ☐ 6 - 9 years
- ☐ 10 years
- ☐ 11 - 14 years
- ☐ 15 years
- ☐ 16 - 19 years
- ☐ 20 years
- ☐ More than 20 years
- ☐ Do not grant four (4) weeks PTO

What is the minimum service requirement to receive five (5) weeks PTO?

- ☐ 10 years
- ☐ 11 - 14 years
- ☐ 15 years
- ☐ 16 - 19 years
- ☐ 20 years
- ☐ 21 - 24 years
- ☐ 25 years
- ☐ More than 25 years
- ☐ Do not grant five (5) weeks PTO

On what basis is PTO pay calculated?

- ☐ Base pay, including shift premium
- ☐ Base pay, excluding shift premium
- ☐ Base pay, company does not pay a shift premium
- ☐ Average of total earnings
- ☐ Other

How often do employees accrue PTO?

- ☐ Every hour worked
- ☐ Every pay period worked
- ☐ Every month worked
- ☐ Every year worked
- ☐ Other

What is the company's policy regarding carry-over of accrued, but unused PTO?

- ☐ May carry-over all accrued, unused PTO
- ☐ May carry-over only a specified amount of PTO
- ☐ Employee loses unused PTO
- ☐ Employee is paid for unused PTO
- ☐ Carry-over or paid for unused PTO, employee's option
- ☐ Other

If employees are allowed to carry-over a specified amount of PTO, how much is allowed?

- ☐ 8 hours (1 day)
- ☐ 40 hours (1 week)
- ☐ 80 hours (2 weeks)
- ☐ 120 hours (3 weeks)
- ☐ 160 hours (4 weeks)
- ☐ More than 160 hours

Does the company set a limit (cap) as to the amount of PTO an employee may accrue?

- ☐ Yes
- ☐ No

If the company sets a cap as to the amount of PTO an employee can accrue, what is the cap?

- ☐ 8 hours (1 day)
- ☐ 40 hours (1 week)
- ☐ 80 hours (2 weeks)
- ☐ 120 hours (3 weeks)
- ☐ 160 hours (4 weeks)
- ☐ 200 hours (5 weeks)
- ☐ 240 hours (6 weeks)
- ☐ More than 240 hours



Nevada Benefits & Personnel Practices Survey

Vacation

Please provide information on company policies and/or procedures regarding vacation.

What is the minimum service requirement to receive one (1) week of paid vacation?

- ☐ No service requirement
- ☐ Three (3) months
- ☐ Six (6) months
- ☐ One (1) year
- ☐ More than one (1) year
- ☐ Do not grant one (1) week of vacation

What is the minimum service requirement to receive two (2) weeks of paid vacation?

- ☐ No service requirement
- ☐ Three (3) months
- ☐ Six (6) months
- ☐ One (1) year
- ☐ Two (2) years
- ☐ Three (3) years
- ☐ Four (4) years
- ☐ Five (5) years
- ☐ More than five (5) years
- ☐ Do not grant two (2) weeks of vacation

What is the minimum service requirement to receive three (3) weeks of paid vacation?

- ☐ 0 - 4 years
- ☐ 5 years
- ☐ 6 - 9 years
- ☐ 10 years
- ☐ 11 - 14 years
- ☐ 15 years
- ☐ More than 15 years
- ☐ Do not grant three (3) weeks of vacation

What is the minimum service requirement to receive four (4) weeks of paid vacation?

- ☐ 5 years
- ☐ 6 - 9 years
- ☐ 10 years
- ☐ 11 - 14 years
- ☐ 15 years
- ☐ 16 - 19 years
- ☐ 20 years
- ☐ More than 20 years
- ☐ Do not grant four (4) weeks of vacation

What is the minimum service requirement to receive five (5) weeks of paid vacation?

- ☐ 10 years
- ☐ 11 - 14 years
- ☐ 15 years
- ☐ 16 - 19 years
- ☐ 20 years
- ☐ 21 - 24 years
- ☐ 25 years
- ☐ More than 25 years
- ☐ Do not grant five (5) weeks of vacation

What is the minimum service requirement to receive six (6) weeks of paid vacation?

- ☐ 15 years
- ☐ 16 - 19 years
- ☐ 20 years
- ☐ 21 - 24 years
- ☐ 25 years
- ☐ 26 - 29 years
- ☐ 30 years
- ☐ More than 30 years
- ☐ Do not grant six (6) weeks of vacation

On what basis is vacation pay calculated?

- ☐ Base pay, including shift premium
- ☐ Base pay, excluding shift premium
- ☐ Base pay, company does not pay a shift premium
- ☐ Average of total earnings
- ☐ Other

How often do employees accrue vacation?

- ☐ Every hour worked
- ☐ Every pay period worked
- ☐ Every month worked
- ☐ Every year worked
- ☐ Other

What is the company's policy regarding carry-over of accrued, but unused vacation?

- ☐ May carry-over all accrued, unused vacation
- ☐ May carry-over only a specified amount of vacation
- ☐ Employee loses unused vacation
- ☐ Employee is paid for unused vacation
- ☐ Carry-over or paid for unused vacation, employee's option
- ☐ Cease accrual until unused vacation time is used
- ☐ Other

If employees are allowed to carry-over a specified amount of vacation, how much is allowed?

- ☐ 8 hours (1 day)
- ☐ 40 hours (1 week)
- ☐ 80 hours (2 weeks)
- ☐ 120 hours (3 weeks)
- ☐ 160 hours (4 weeks)
- ☐ More than 160 hours

Does the company set a limit (cap) as to the amount of vacation an employee may accrue?

- ☐ Yes
- ☐ No

If the company sets a cap as to the amount of vacation an employee can accrue, what is the cap?

- ☐ 8 hours (1 day)
- ☐ 40 hours (1 week)
- ☐ 80 hours (2 weeks)
- ☐ 120 hours (3 weeks)
- ☐ 160 hours (4 weeks)
- ☐ 200 hours (5 weeks)
- ☐ 240 hours (6 weeks)
- ☐ More than 240 hours



Nevada Benefits & Personnel Practices Survey

Sick Time

Please provide information on policies and/or procedures regarding sick time.

Does the company provide time off exclusively for illness/sickness of employees?

- ☐ Yes, formal policy for paid sick time
- ☐ Yes, formal policy for unpaid sick time
- ☐ No formal policy; management discretion, paid or unpaid
- ☐ No

If sick time is paid, how much time is provided each year?

- ☐ 32 hours or less (4 days or less)
- ☐ 40 - 48 hours (5 - 6 days)
- ☐ 56 - 64 hours (7 - 8 days)
- ☐ 72 - 80 hours (9 -10 days)
- ☐ 88 - 96 hours (11 - 12 days)
- ☐ More than 96 hours (more than 12 days)

What is the minimum service requirement before an employee is eligible for paid sick time?

- ☐ No service requirement
- ☐ 2 months or fewer
- ☐ 3 months
- ☐ 4 - 5 months
- ☐ 6 months
- ☐ 7 -11 months
- ☐ 12 months
- ☐ More than 12 months

What is the company's policy regarding the carry-over or reimbursement of unused sick time?

- ☐ May carry-over all unused sick time
- ☐ May carry-over limited amount of sick time
- ☐ Reimbursed for all unused sick time
- ☐ Reimbursed for limited amount of sick time
- ☐ No carry-over or reimbursement permitted
- ☐ May carry-over a limited amount of sick time and are reimbursed for a limited amount of sick time

What is the maximum accrual or amount of sick time an employee is allowed per year?

- ☐ 32 hours or less (4 days or less)
- ☐ 40 - 48 hours (5 - 6 days)
- ☐ 56 - 64 hours (7 - 8 days)
- ☐ 72 - 80 hours (9 - 10 days)
- ☐ 88 - 96 hours (11 - 12 days)
- ☐ More than 96 hours (12 days)
- ☐ No maximum

If sick time is paid, at what rate is it paid?

- ☐ Regular rate, including premium or differential
- ☐ Regular rate, excluding premium or differential
- ☐ Less than regular rate

Please indicate when the payment of sick time begins.

- ☐ First (1st) day of absence
- ☐ Second (2nd) day of absence
- ☐ Third (3rd) day of absence
- ☐ Fourth (4th) day of absence or longer

Does the company require written documentation for use of sick time?

- ☐ No documentation required
- ☐ Physician's statement for any time off
- ☐ Statement for more than 8 hours off
- ☐ Statement for more than 16 hours off
- ☐ Statement for more than 24 hours off

Does the company allow employee to use sick time to care for a sick family member (exclusive of FMLA requirements)?

- ☐ Yes
- ☐ No

Does the company set a limit (cap) as to the amount of sick time an employee may accrue?

- ☐ Yes
- ☐ No

If the company sets a cap as to the amount of sick time an employee may accrue, what is the cap?

- ☐ 40 hours (1 week)
- ☐ 80 hours (2 weeks)
- ☐ 120 hours (3 weeks)
- ☐ 160 hours (4 weeks)
- ☐ 200 hours (5 weeks)
- ☐ 240 hours (6 weeks)
- ☐ More than 240 hours (more than 6 weeks)



Nevada Benefits & Personnel Practices Survey

Personal Time Off

Please provide information on policies and/or procedures related to personal time off.

Does the company provide paid personal time off?

- ☐ Yes, in addition to sick time
- ☐ Yes, but no differentiation is made between sick and personal time
- ☐ No

If the company does provide personal time in addition to sick time, how much paid personal time is provided?

- ☐ 8 - 16 hours (1 - 2 days)
- ☐ 24 -32 hours (3 - 4 days)
- ☐ 40 - 48 hours (5 - 6 days)
- ☐ 56 -64 hours (7 - 8 days)
- ☐ 72 hours or more (9 days or more)

What is the minimum service requirement before an employee is eligible for paid personal time?

- ☐ No service requirement
- ☐ 2 months or less
- ☐ 3 months
- ☐ 4 - 5 months
- ☐ 6 months
- ☐ 7 - 11 months
- ☐ 12 months
- ☐ More than 12 months

What is the company's policy regarding the carry-over or reimbursement of unused paid personal time?

- ☐ May carry-over all unused personal time
- ☐ May carry-over limited amount of unused personal time
- ☐ Reimbursed for all unused personal time
- ☐ Reimbursed for limited amount of unused personal time
- ☐ No carry-over or reimbursement permitted

Does the company set a limit (cap) as to the amount of personal time an employee may accrue?

- ☐ Yes
- ☐ No

If the company sets a cap as to the amount of personal time an employee may accrue, what is the cap?

- ☐ 40 hours (1 week)
- ☐ 80 hours (2 weeks)
- ☐ 120 hours (3 weeks)
- ☐ 160 hours (4 weeks)
- ☐ 200 hours (5 weeks)
- ☐ 240 hours (6 weeks)
- ☐ More than 240 hours (more than 6 weeks)



Nevada Benefits & Personnel Practices Survey

Leaves of Absence

Please provide information about policies and/or procedures related to leaves of absence.

Does the company grant the following leaves of absence?(*Check all that apply.*)

- ☐ Paid military leave
- ☐ Paid jury leave
- ☐ Bereavement / funeral leave
- ☐ Personal leave

How does the company pay employees while on military leave?

- ☐ Pay difference between military pay and regular pay
- ☐ Regular pay
- ☐ Do not pay for military leave

If the company does grant paid military leave, which is the maximum number of workdays paid?

- ☐ 5 days or less
- ☐ 6 - 9 days
- ☐ 10 days
- ☐ 11 - 14 days
- ☐ 15 days
- ☐ More than 15 days, but not paid for entire length of leave
- ☐ No maximum, paid for entire length of leave

How does the company pay employees for jury duty?

- ☐ Pay difference between jury duty pay and regular pay
- ☐ Regular pay in addition to jury duty pay
- ☐ No pay granted
- ☐ Other

If the company pays for jury duty, what is the maximum number of workdays paid?

- ☐ Less than one (1) week
- ☐ One (1) week
- ☐ Two (2) weeks
- ☐ Three (3) weeks
- ☐ Four (4) weeks
- ☐ More than four (4) weeks, but not paid for entire length of jury duty
- ☐ No maximum, paid for entire length of jury duty

If the company provides paid bereavement/funeral leave, who is included in the definition of "immediate" family? *(Check all that apply.)*

- | | |
|--|--|
| <input type="checkbox"/> Employee's parents | <input type="checkbox"/> Spouse's parents |
| <input type="checkbox"/> Employee's siblings | <input type="checkbox"/> Spouse's siblings |
| <input type="checkbox"/> Employee's children | <input type="checkbox"/> Spouse's grandparents |
| <input type="checkbox"/> Employee's spouse | <input type="checkbox"/> Spouse's aunts, uncles, cousins |
| <input type="checkbox"/> Employee's grandparents | <input type="checkbox"/> Step relations (step-parent, step-children, etc.) |
| <input type="checkbox"/> Employee's grandchildren | <input type="checkbox"/> Person legally acting in one of these capacities |
| <input type="checkbox"/> Employee's aunts, uncles, cousins | <input type="checkbox"/> Other relative living in the employee's residence |

What is the maximum number of paid days off for an immediate family member's death?

- ☐ 1 - 2 days
- ☐ 3 - 4 days
- ☐ 5 - 6 days
- ☐ 7 days or more

What is the maximum number of paid days off for a non-immediate family member's death?

- ☐ 1 - 2 days
- ☐ 3 - 4 days
- ☐ 5 - 6 days
- ☐ 7 days or more
- ☐ No paid time off

Does the company grant bereavement/funeral leave for non-family members?

- ☐ Yes, 1 - 2 days
- ☐ Yes, 3 - 4 days
- ☐ Yes, 5 - 6 days
- ☐ No paid leave granted

Does the company require documentation before the employee is paid for bereavement/funeral leave?

- ☐ Yes, always
- ☐ Sometimes, at management's discretion
- ☐ No

Does the company grant personal leave?(*Check all that apply.*)

- ☐ Yes, upon request of the employee
- ☐ Yes, on a case-by-case basis with company approval
- ☐ Yes, up to 30 days
- ☐ Yes, up to 60 days
- ☐ Yes, up to 90 days
- ☐ Yes, more than 90 days
- ☐ No

How does the company pay employees while on personal leave?

- ☐ Full pay for length of leave
- ☐ Full pay for specified period of time
- ☐ Accrued vacation and/or sick pay only
- ☐ Do not pay for personal leave
- ☐ Other



Nevada Benefits & Personnel Practices Survey

Health & Welfare Insurance

Please provide information regarding health and welfare insurance for the company.

How many hours must an employee be regularly scheduled to work to be considered full-time for benefits eligibility purposes?

- ☐ Minimum of 40 hours per week
- ☐ Minimum of 35 hours per week
- ☐ Minimum of 30 hours per week
- ☐ Minimum of 25 hours per week
- ☐ Minimum of 20 hours per week
- ☐ Average of 1,000 hours per year
- ☐ Other

What types of group insurance coverage does company make available to employees?(Check all that apply.)

- ☐ Medical
- ☐ Catastrophic medical
- ☐ Health Maintenance Organization (HMO)
- ☐ Preferred Provider Organization (PPO)
- ☐ Point-of-service plan
- ☐ Dental coverage
- ☐ Vision care
- ☐ Short-term disability
- ☐ Long-term disability
- ☐ Group life
- ☐ Accidental Death & Dismemberment (AD&D)
- ☐ Business travel insurance

Do you offer domestic partner health insurance?

- ☐ Yes
- ☐ No

Is the company self-insured?

- ☐ Yes
- ☐ No

If the company offers some form of medical insurance, what is the minimum service requirement before a full-time employee is eligible for medical insurance?

- ☐ No minimum requirement; eligible on date of hire
- ☐ First of the month following 30 days
- ☐ First of the month following 60 days
- ☐ First of the month following 90 days
- ☐ 30 days
- ☐ 60 days
- ☐ 90 days
- ☐ Other

Approximately what percentage of the premium for "employee + one dependent" medical coverage is paid for by the company?

- ☐ No dependent coverage offered
- ☐ 0%
- ☐ 1% - 25%
- ☐ 26% - 50%
- ☐ 51% - 75%
- ☐ 76% - 99%
- ☐ 100%

Approximately what percentage of the premium for "employee + two dependents" medical coverage is paid for by the company?

- ☐ No dependent coverage offered
- ☐ 0%
- ☐ 1% - 25%
- ☐ 26% - 50%
- ☐ 51% - 75%
- ☐ 76% - 99%
- ☐ 100%

If there is a discount for non-smokers, what is the amount of the premium discount?

- ☐ \$5 - \$10 per month
- ☐ \$11 - \$15 per month
- ☐ \$16 - \$20 per month
- ☐ \$21 - \$25 per month
- ☐ \$26 - \$30 per month
- ☐ More than \$30 per month

Does the company offer prescription drug coverage to full-time employees?

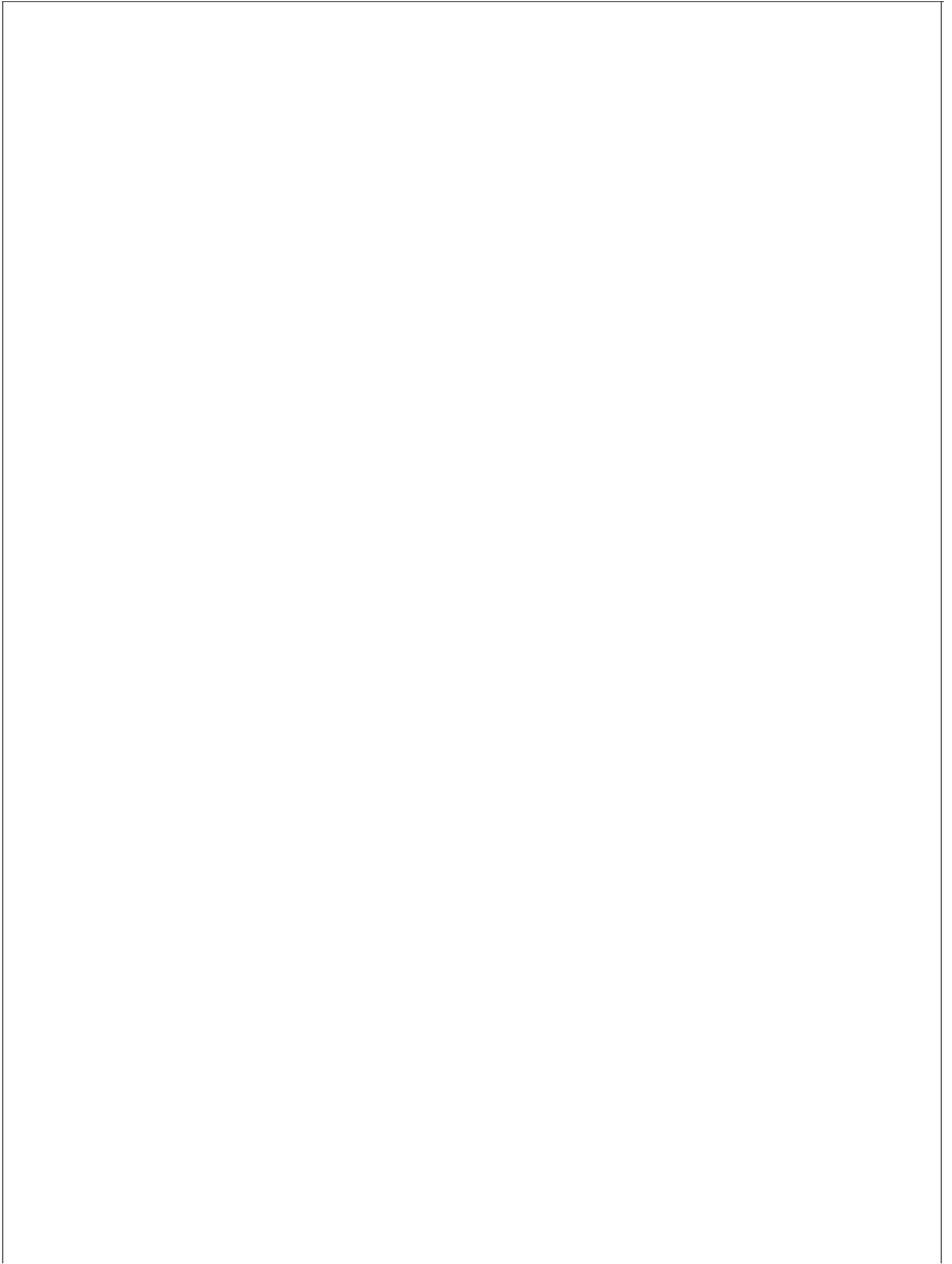
- ☐ Yes, under regular medical insurance plan
- ☐ Yes, as a separate plan with separate provisions for payment
- ☐ Yes, under major medical plan
- ☐ Yes, other
- ☐ No

Which of the following steps have you taken in the past 12 months to reduce or contain health care costs?
(Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Increased employee's co-payment | <input type="checkbox"/> Raised out-of-pocket maximum |
| <input type="checkbox"/> Increased employee's share of premium | <input type="checkbox"/> Changed carrier or level / kind of coverage |
| <input type="checkbox"/> Increased amount of employee's deductible | <input type="checkbox"/> HSA qualified high deductible health plan |
| <input type="checkbox"/> Instituted full managed-care plan | <input type="checkbox"/> Increased co-pay for specialist office visit |
| <input type="checkbox"/> Utilization review | <input type="checkbox"/> Conduct claim or dependent audit |
| <input type="checkbox"/> Claim pre-certification | <input type="checkbox"/> Increased employee benefits education |
| <input type="checkbox"/> Increased prescription co-pay or co-insurance | <input type="checkbox"/> Added wellness program |
| <input type="checkbox"/> Increased use of formularies | <input type="checkbox"/> Mandated mail-order prescription for maintenance drugs |
| <input type="checkbox"/> Multi-tiered prescription co-pay | <input type="checkbox"/> Added smoking cessation program |
| <input type="checkbox"/> Lower co-pay for generic drugs | |

What actions will your company take in the next 12 months to control health care costs?(Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Increased employee's co-payment | <input type="checkbox"/> Raised out-of-pocket maximum |
| <input type="checkbox"/> Increased employee's share of premium | <input type="checkbox"/> Changed carrier or level / kind of coverage |
| <input type="checkbox"/> Increased amount of employee's deductible | <input type="checkbox"/> HSA qualified high deductible health plan |
| <input type="checkbox"/> Instituted full managed-care plan | <input type="checkbox"/> Increased co-pay for specialist office visit |
| <input type="checkbox"/> Utilization review | <input type="checkbox"/> Conduct claim or dependent audit |
| <input type="checkbox"/> Claim pre-certification | <input type="checkbox"/> Increased employee benefits education |
| <input type="checkbox"/> Increased prescription co-pay or co-insurance | <input type="checkbox"/> Added wellness program |
| <input type="checkbox"/> Increased use of formularies | <input type="checkbox"/> Mandated mail-order prescription for maintenance drugs |
| <input type="checkbox"/> Multi-tiered prescription co-pay | <input type="checkbox"/> Added smoking cessation program |
| <input type="checkbox"/> Lower co-pay for generic drugs | |





Nevada Benefits & Personnel Practices Survey

Dental Insurance

Please provide information regarding dental insurance for the company.

Does the company offer group dental coverage?

- ☐ Yes, under a separate basic dental insurance plan
- ☐ Yes, as part of a primary medical plan
- ☐ No

What is the minimum service requirement for a new employee to be eligible for group dental insurance?

- ☐ No service requirement; eligible on date of hire
- ☐ First of the month following 30 days
- ☐ First of the month following 60 days
- ☐ First of the month following 90 days
- ☐ 30 days
- ☐ 60 days
- ☐ 90 days
- ☐ Other

Approximately what percentage of the premium for "employee-only" dental insurance is paid for by the company?

- ☐ 0%
- ☐ 25% or less
- ☐ 26% - 50%
- ☐ 51% - 75%
- ☐ 76% to 99%
- ☐ 100%

Approximately what percentage of the premium for "employee + two or more dependents" dental insurance is paid for by the company?

- ☐ No dependent coverage offered
- ☐ 0%
- ☐ 25% or less
- ☐ 26% - 50%
- ☐ 51% - 75%
- ☐ 76% to 99%
- ☐ 100%



Nevada Benefits & Personnel Practices Survey

Short-Term Disability

Please provide information regarding short-term disability for the company.

Does the company offer short-term disability insurance to full-time employees?

☐ Yes

☐ No

How is the premium for short-term disability paid?

☐ 100% company paid

☐ Cost shared by company and employee

☐ 100% employee paid

What is the minimum service requirement before a full-time employee to be eligible for short-term disability?

☐ No service requirement; eligible on date of hire

☐ First of the month following 30 days

☐ First of the month following 60 days

☐ First of the month following 90 days

☐ 30 days

☐ 60 days

☐ 90 days

☐ More than 90 days

What is the maximum weekly benefit amount?

- ☐ Less than \$149
- ☐ \$150 - \$199
- ☐ \$200 or more
- ☐ Percentage of pay depending on length of service

How is the amount of weekly benefit determined?*(Check all that apply.)*

- ☐ Uniform for all employees
- ☐ Graduated according to pay
- ☐ Graduated according to job
- ☐ Graduated according to service
- ☐ Graduated according to pay and service
- ☐ Other

If weekly benefits are a percentage of pay, what is the percentage?

- ☐ 59% or less
- ☐ 60% - 69%
- ☐ 70% or more

How long do short-term disability benefits continue?

- ☐ Less than 13 weeks
- ☐ 13 - 25 weeks
- ☐ 26 weeks or more
- ☐ Based on length of service
- ☐ Other



Nevada Benefits & Personnel Practices Survey

Long-Term Disability

Please provide information regarding long-term disability for the company.

Does the company offer long-term disability insurance to full-time employees?

- ☐ Yes
- ☐ No

What is the minimum service requirement before a full-time employee to be eligible for long-term disability?

- ☐ No service requirement; eligible on date of hire
- ☐ First of the month following 30 days
- ☐ First of the month following 60 days
- ☐ First of the month following 90 days
- ☐ 30 days
- ☐ 60 days
- ☐ 90 days
- ☐ More than 90 days

How is the premium for long-term disability paid?

- ☐ 100% company paid
- ☐ Cost shared by company and employee
- ☐ 100% employee paid

What is the maximum weekly benefit amount?

- ☐ Less than \$149
- ☐ \$150 - \$199
- ☐ \$200 or more
- ☐ Percentage of pay

How is the amount of weekly benefit determined?*(Check all that apply.)*

- ☐ Uniform for all employees
- ☐ Graduated according to pay
- ☐ Graduated according to job
- ☐ Graduated according to service
- ☐ Graduated according to pay and service
- ☐ Other

If weekly benefits are a percentage of pay, what is the percentage?

- ☐ 59% or less
- ☐ 60% - 69%
- ☐ 70% or more

What is the maximum duration of long-term disability benefits?*(Check all that apply.)*

- ☐ Set number of years
- ☐ Until age 65
- ☐ Until age 70
- ☐ Lifetime payments
- ☐ Based on age at beginning of disability
- ☐ Other



Nevada Benefits & Personnel Practices Survey

Life Insurance

Please provide information regarding life insurance for the company.

Does the company offer group term life insurance to full-time employees?

☐ Yes

☐ No

What is the minimum service requirement before an employee is eligible for life insurance coverage?

☐ No service requirement; eligible on date of hire

☐ First of the month following 30 days

☐ First of the month following 60 days

☐ First of the month following 90 days

☐ 30 days

☐ 60 days

☐ 90 days

☐ More than 90 days

What is the value of basic life insurance?

☐ \$10,000 or less

☐ \$10,001 - \$20,000

☐ \$20,001 - \$30,000

☐ \$30,001 or more

What is the amount of basic life insurance as a percentage of pay?

- ☐ 1 times the employee's annual pay
- ☐ 1.5 times the employee's annual pay
- ☐ 2 times the employee's annual pay
- ☐ More than 2 times the employee's annual pay

How is the premium for basic life insurance paid?

- ☐ 100% company paid
- ☐ Shared by employee and company
- ☐ 100% employee paid

Does the company provide dependent life insurance coverage to full-time employees?

- ☐ Yes
- ☐ No

How is the premium for dependent life insurance paid?

- ☐ 100% company paid
- ☐ Shared by employee and company
- ☐ 100% employee paid

Does the company provide supplemental life insurance coverage to full-time employees?

- ☐ Yes
- ☐ No

How is the premium for supplemental life insurance paid?

- ☐ 100% company paid
- ☐ Shared by company and employee
- ☐ 100% employee paid



Nevada Benefits & Personnel Practices Survey

AD&D Insurance

Please provide information regarding AD&D Insurance for the company.

Does the company provide AD&D insurance coverage to full-time employees?

☐ Yes

☐ No

How is premium for AD&D paid?

☐ 100% company paid

☐ Shared by employee and company

☐ 100% employee paid

What is the minimum service requirement before an employee is eligible for AD&D insurance coverage?

☐ No service requirement; eligible on date of hire

☐ First of the month following 30 days

☐ First of the month following 60 days

☐ First of the month following 90 days

☐ 30 days

☐ 60 days

☐ 90 days

☐ 6 months

☐ More than 6 months

If the amount of coverage is uniform for all employees, what is the coverage amount?

- ☐ \$7,500 or less
- ☐ \$7,501 - \$10,000
- ☐ More than \$10,000

If the amount of coverage is a percentage of pay, what is the percentage?

- ☐ 1 times the employee's annual pay
- ☐ 1.5 times the employee's annual pay
- ☐ 2 times the employee's annual pay
- ☐ More than 2 times the employee's annual pay



Nevada Benefits & Personnel Practices Survey

Flexible Benefits

Please provide information regarding flexible benefits for the company.

Does the company have a flexible benefits plan?

- ☐ Yes, full cafeteria plan
- ☐ Yes, with alternative choices
- ☐ No

Is the company's flexible benefits plan set up to allow for Section 125 deductions?

- ☐ Yes
- ☐ No

What core benefits are provided in the company's flex plan?(*Check all that apply.*)

- ☐ Pension
- ☐ Medical insurance
- ☐ Disability insurance
- ☐ Life insurance
- ☐ Savings / investment plan
- ☐ Vacation
- ☐ Child care
- ☐ Other

Does the company have a thrift / savings or investment plan for employees?(Check all that apply.)

☐ Yes, 401(k)

☐ Yes, other

☐ No

What minimum vesting schedule does the company follow for this plan?

☐ Immediate vesting

☐ 1 - 2 years of service

☐ 3 - 4 years of service

☐ 5 years of service

☐ More than 5 years of service

☐ Other

In this plan, what is the basis of the company's match of employee contributions for an employee who has one year of service?

☐ No matching employer contribution

☐ \$0.25 or less for each employee dollar contributed

☐ \$0.26 - \$0.50 for each employee dollar contributed

☐ \$0.51 - \$0.75 for each employee dollar contributed

☐ \$0.76 or more for each employee dollar contributed

What is the maximum percentage of pay to which the company will match the employee's contribution?

☐ No matching employer contribution

☐ 3% or less

☐ 4%

☐ 5%

☐ 6%

☐ More than 6%

Does the company have an employee stock ownership plan?

☐ Yes

☐ No

Does the company provide a pension retirement plan for the majority of each employee group?

- ☐ Yes, exempt employees only
- ☐ Yes, non-exempt employees only
- ☐ Yes, both exempt and non-exempt employees
- ☐ No

Does the company's pension retirement plan allow for employee contributions?

- ☐ Yes
- ☐ No

What type of pension plan does the company provide?

- ☐ Defined benefit plan; a plan providing benefits based on length of service and pay under a formula
- ☐ Defined contribution plan; a plan that provides certain contributions to be credited to an individual employee's account
- ☐ Combination of both



Nevada Benefits & Personnel Practices Survey

Severance Pay

Please provide information regarding policies and/or procedures related to severance pay for the company.

Does the company ever grant some form of severance pay (other than earned vacation or other time-off benefits) to employees who are terminated (except in cases of poor performance or misconduct)?

☐ Yes

☐ No

If yes, how is the pay amount determined?

☐ Number of weeks per year of service

☐ Management discretion

☐ Other

If based on a certain number of weeks per year of service, what is the formula?

☐ Less than one week's pay

☐ One week's pay

☐ Two week's pay

☐ More than two week's pay

If there is a maximum number of week's pay allowed under the severance plan, what is the maximum?

- ☐ Less than 13 weeks
- ☐ 13 weeks
- ☐ 26 weeks
- ☐ 52 weeks
- ☐ 78 weeks
- ☐ More than 78 weeks

If there is a minimum number of week's pay allowed under the severance plan, what is the minimum?

- ☐ 2 weeks or less
- ☐ 4 weeks
- ☐ 8 weeks
- ☐ 12 weeks
- ☐ Other



Nevada Benefits & Personnel Practices Survey

Safety

Please provide information regarding policies and/or procedures related to safety for the company.

What methods does the company use to promote safe practices?(Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Safety committee | <input type="checkbox"/> First aid training |
| <input type="checkbox"/> Safety Director / Manager | <input type="checkbox"/> CPR training |
| <input type="checkbox"/> Employee classroom instruction | <input type="checkbox"/> Safety-oriented movie / DVD |
| <input type="checkbox"/> Protective equipment | <input type="checkbox"/> Written formal safety program |
| <input type="checkbox"/> Equipment standards program | <input type="checkbox"/> Posters and flyers |
| <input type="checkbox"/> Safety inspection program | <input type="checkbox"/> Safety contest |
| <input type="checkbox"/> fire-fighting training, equipment, and procedures | <input type="checkbox"/> Other |

For which of the following does the company have a formal emergency plan established?(Check all that apply.)

- ☐ Fire
- ☐ Weather emergency
- ☐ Riot
- ☐ Bomb threat
- ☐ Armed robbery
- ☐ In-house toxic spill
- ☐ General evacuation
- ☐ Workplace violence
- ☐ Other

How do you typically handle medical emergencies?

- ☐ In-house medical staff (nurse / doctor)
- ☐ Emergency response team
- ☐ Outside medical service contract
- ☐ Security staff
- ☐ 911

If you require the use of specific safety-related equipment or apparel, which of the following does the company subsidize or provide? *(Check all that apply.)*

- ☐ Non-specialty safety toe protective footwear
- ☐ Non-specialty prescription safety eyewear
- ☐ Ordinary sunglasses
- ☐ Ordinary cold weather or rain gear
- ☐ Back belts

How do you typically subsidize the purchase of safety equipment?

- ☐ Company provides necessary equipment
- ☐ Company and employee share cost
- ☐ Company reimburses full cost

What emergency first aid equipment is on the company premises? *(Check all that apply.)*

- ☐ First aid kits
- ☐ Oxygen / respiratory equipment
- ☐ Eye wash stations or showers
- ☐ Wheelchairs / stretchers
- ☐ Life lines
- ☐ Gas detection meters
- ☐ Burn kits and dressings
- ☐ Defibrillators

Does the company have an established modified-duty return-to-work program for employees?

☐ Yes, only if injury is work-related

☐ Yes, regardless of type of injury

☐ No



Nevada Benefits & Personnel Practices Survey

Internet / Email

Please provide information regarding policies and/or procedures related to internet and email for the company.

Does the company currently have full internet / email capabilities?

- ☐ Yes
- ☐ No

Access to internet / email is provided to: *(Check all that apply.)*

- ☐ All employees
- ☐ As needed by the employee
- ☐ Manager and above
- ☐ Only to selected individuals
- ☐ Those with permission from supervisor
- ☐ Other

Does the company have policies on internet / email use?

- ☐ Yes
- ☐ No

May an employee use the company email for personal use?

- ☐ Yes
- ☐ No
- ☐ Only with specific permission

Does the company monitor email activity?

☐ Yes

☐ No

Does the company allow personal use of the internet?

☐ Yes

☐ No

☐ Only with specific permission

Does the company have its own website?

☐ Yes

☐ No



Nevada Benefits & Personnel Practices Survey

Miscellaneous Benefits & Personnel Practices

Please provide information regarding the following miscellaneous benefits and personnel practices.

Check those items that the company provides. *(Check all that apply.)*

- | | |
|--|--|
| <input type="checkbox"/> Annual employee parties / outings | <input type="checkbox"/> Profit sharing |
| <input type="checkbox"/> Holiday gift (turkey, fruit basket, etc.) | <input type="checkbox"/> Employee handbook |
| <input type="checkbox"/> Credit unions | <input type="checkbox"/> Written statement of safety rules |
| <input type="checkbox"/> Education reimbursement | <input type="checkbox"/> Telecommuting |
| <input type="checkbox"/> Employee Assistance Program (EAP) | <input type="checkbox"/> On-site child care |
| <input type="checkbox"/> Employee discounts or purchasing privileges | <input type="checkbox"/> Child care subsidies |
| <input type="checkbox"/> Employee newsletter | <input type="checkbox"/> Health club membership |
| <input type="checkbox"/> Employee service awards | <input type="checkbox"/> Employee opinion / attitude surveys |
| <input type="checkbox"/> Formal suggestion system awards | <input type="checkbox"/> Mileage reimbursement |

If the company offers mileage reimbursement, how does the company reimburse employees for use of their own cars on company business?

- ☐ A uniform monthly car allowance is reimbursed
- ☐ A certain number of cents per mile is reimbursed
- ☐ Other

If reimbursed by cents per mile, how many cents per mile is reimbursed?

- ☐ \$0.25 or less
- ☐ \$0.26 - \$0.29
- ☐ \$0.30 - \$0.33
- ☐ \$0.34 - \$0.37
- ☐ \$0.38 - \$0.40
- ☐ over \$0.40
- ☐ Whatever the IRS standard mileage rate is



Nevada Benefits & Personnel Practices Survey

Part-Time Employee Benefits

Please provide information regarding policies and/or procedures related to part-time employees for the company.

Does the company employ part-time employees?

- ☐ Yes
- ☐ No

How many hours per week do the part-time employees work in order to be considered part-time?

- ☐ Up to 39 hours
- ☐ Up to 35 hours
- ☐ Up to 30 hours
- ☐ Up to 25 hours
- ☐ Up to 20 hours
- ☐ Other

Indicate which benefits the company offers to part-time employees: *(Check all that apply.)*

- | | |
|--|--|
| <input type="checkbox"/> The company does not provide any benefits for part-time employees | <input type="checkbox"/> Medical insurance |
| <input type="checkbox"/> Paid holidays | <input type="checkbox"/> Dental insurance |
| <input type="checkbox"/> Paid vacation | <input type="checkbox"/> Vision insurance |
| <input type="checkbox"/> Paid sick days | <input type="checkbox"/> Short-term disability |
| <input type="checkbox"/> Paid personal days | <input type="checkbox"/> Long-term disability |
| <input type="checkbox"/> Paid jury duty | <input type="checkbox"/> AD&D insurance |
| <input type="checkbox"/> Paid funeral / bereavement leave | <input type="checkbox"/> Life insurance |

Do part-time employees pay more than full-time employees for the same benefits?

☐ Yes

☐ No

Survey must be completed online. This document is provided to assist you in completing the survey. For questions, contact surveys@nevadaemployers.org.