## Abbreviated SAMPLE 2016 WAGE and SALARY SURVEY

## Government Name

There are five sections in the Wage \& Salary Survey, plus the Certification section. With the exception of the Certification Section, you may log out after completing any section and return at a later time to complete or modify it or other sections.

The survey should be completed with information current as of January 31, 2016.

Once your survey has been submitted, you can log in at any time to view/print the completed survey; however, we encourage you to keep a printed copy of the completed survey for your files.


Section Saved

## PART I, TOTAL NUMBER OF EMPLOYEES

## Government Name

[ Main Menu \| Part I. Total Numbers of Employees \| Part II. Administrative \& General Positions | Part III. Public Safety Positions | Part IV. Public Works/Solid Waste Positions | Part V. Elected Officials | Part VI. Certification

## Important Guidelines

1. Please enter the amount of compensation for various elected officials, even if zero, in the Elected Officials section (Part V). Please do NOT include Elected Officials in the count of Full-time employees at the bottom of this Part 1 section. Though elected officials are active full-time, they are not considered "employees" for this survey.
2. Your government may not employ individuals in each of the positions. The job descriptions provided furnish general descriptions of the positions' duties and are not intended to be comprehensive. Use your best judgment to match your government's positions with the positions on the survey.
3. Only report each job once. If a person in your government performs the duties of more than one of the survey job titles, then report salary information for the survey job title that accounts for the majority of this employee's time. For example, if an employee spends $60 \%$ of their time as a City Clerk and $40 \%$ of their time as a Cashier, then report the salary under the "City Clerk" position. If you need assistance determining which job description to use, please call (404) 679-4996.
4. In Sections 2,3 and 4, enter position information for full-time positions only. For the purposes of this survey, "full-time" positions are positions that your government considers as full-time and eligible for benefits. Please do not report position information for part-time employees.
5. Enter either the hourly or annual salary depending upon which is most convenient for you. See the sample entries for guidance on how to enter the data onto the form.
6. If a salary range for a position is entered, and a Zero is entered in the Number of Employees column for that position, it means that the position exists at the range indicated but the position is vacant at the time of this survey, and is likely to remain open for 60 days or more.
7. If your government does not have established salary ranges, enter the current incumbent's salary as the minimum and maximum wage. If there are multiple incumbents for a given job title, enter the lowest incumbent's salary as the minimum wage and the highest incumbent's salary as the maximum wage.
8. If your government uses number designations to indicate increasing levels of proficiency/responsibility in certain positions, enter the lowest salary of the lowest grade as the minimum salary and the highest salary of the highest grade as the maximum salary. For example, a government employing persons in a Mechanic 1, Mechanic 2, Mechanic 3, and Mechanic 4 positions, would report the lowest salary for Auto Mechanic 1 as the minimum salary and the highest salary for Auto Mechanic 4 as the maximum salary.

Part I. Total Number of Employees

|  | Part-time | Full-time | Non-paid |
| :---: | :---: | :---: | :---: |
| Please enter the total number | 0 | 0 | 0 |
| of employees employed by the government on January 31, 2016. | (Employees your government considers as part-time workers) | (Employees your government considers as full-time workers and eligible for benefits) | (Volunteer or non-paid workers serving as employees) |

## Abbreviated SAMPLE - PARTS II, III, and IV Survey Pages

## All of the Survey Pages on these sections will generally look like the following:

## Part II. Administrative \& General Positions

Great Feature: You can populate this form with the data you submitted last year as a starting point for completing this year's form, or simply begin with a blank form.


Begin Survey Section

Note: Enter information ONLY for Full-time positions; Do NOT count or enter information for Part-time employees.

| Job Title (click on any title to see a definition of that job) | Job Number | Minimum <br> Entry Level | Maximum Pay | Pay Basis | Number of full-time employees | Number of scheduled hours per week |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Accountant | 101 |  |  | - | $\square$ |  |
| $\begin{array}{\|l} \text { Accounting } \\ \hline \text { Clerk } \end{array}$ | 102 |  |  | $\checkmark$ | $\square$ |  |
|  |  |  |  |  |  |  |
| Accounting Technician | 103 |  |  | $\stackrel{\rightharpoonup}{*}$ | $\square$ | $\square$ |
|  |  |  |  |  |  |  |

JOB TITLE: Click on the Job Title link to view a general job description for the position.
MINIMUM ENTRY LEVEL: Enter the lowest entry level pay for the position in dollars and cents.
(See instructions under Part 1)
MAXIMUM PAY: Enter the highest pay for the position in dollars and cents.
PAY BASIS: Select the Pay Basis from the dropdown list applicable to each position:
"Hourly" means that persons in the position are paid hourly wages for each hour they work;
"Salaried" means that persons in the position are paid an annual salary;
"Per Occurrence" means that persons in the position are paid for each performance of duty (i.e., per case handled, per meeting attended, etc.)
NUMBER OF FULL-TIME EMPLOYEES: Enter the number of full-time employees, whether hourly or salaried, that are employed in the position;
NUMBER OF SCHEDULED HOURS PER WEEK: Enter the number of normally scheduled hours per week that persons in the position are on the job.

Positions not applicable to your government will be grayed out and unavailable for data entry.

## Abbreviated SAMPLE - PART V Survey Page

## Part V. Elected Officials

Great Feature: You can populate this form with the data you submitted last year as a starting point for completing this year's form, or simply begin with a blank form.

> Add Last Year's Data
> Start with a Blank Form

Begin Survey Section

Please enter the annual compensation amounts for elected officials in the proper boxes. If your elected official is paid by the meeting, hour, week, or month, click the (\$) for a calculator to assist you in determining the annual salary.

| Job Title (click on any title to see a definition of that job) |  | Job Number | Amount of Annual Compensation | Pay Basis | Amount of Annual Supplement |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Coroner | (\$) |  |  | $\checkmark$ |  |
| Councilmember, City Council |  | $402$ |  |  |  |
| County Commission Chairperson (Full-time) | (1) | $403$ |  | $\checkmark$ |  |
| County Commission Chairperson (Part-time) | (1) | $404$ |  | $\checkmark$ |  |
| County Commissioner | (\$) | $405$ |  | * |  |

JOB TITLE: Click on the Job Title link to view a general job description for the position.
ANNUAL COMPENSATION: Enter the highest pay for the position in dollars and cents.
PAY BASIS: Select the Pay Basis from the dropdown list applicable to each position:
"Hourly" means that persons in the position are paid hourly wages for each hour they work;
"Salaried" means that persons in the position are paid an annual salary;
"Per Occurrence" means that persons in the position are paid for each performance of duty (i.e., per case handled, per meeting attended, etc.)
ANNUAL SUPPLEMENT: Enter the amount of any bulk annual payment or bonus paid to the holders of the position.

## Completion of each of the Survey sections shown above will return you to the main menu.

## SAMPLE - PART VI Survey Page

## Part VI: Certification

Please Note: All information marked with * is required in order to submit this survey online.

DO NOT TYPE IN ALL CAPS.

| * Name of person completing survey: | Please enter your name |
| :---: | :---: |
| * Title: | Please enter your title |
| Office Hours: |  |
| * Telephone: | Please enter your telephone number |
| E-mail: |  |

Note: A confirmation email will be sent to this address. Please allow up to 30 seconds for this to process after clicking SUBMIT SURVEY. Please click SUBMIT SURVEY only once.
$\ulcorner$
I do not have an email address or choose not to provide it.

## You must Complete Part VI, Certification, in order to submit your survey.

If you have any questions, please contact DCA Research@dca.ga.gov.

