

2019 Engineering Executive Compensation Survey Questionnaire

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The Value of People®

Please use this form as a guide to participating with the attached MS Excel file (see attachment panel on left or below)

I Have Completed and Returned the Questionnaire:

- I'd like to be in the survey prize drawing.
- I'd like to order one copy of the complete survey for \$60.00 (discounted from \$475).

Report Format:

- Paper
- Acrobat PDF (email required)

RETURN DEADLINE: FEBRUARY 26, 2019

PARTICIPANT INFORMATION:

In addition to Excel file, please complete this top area

Name _____ Title _____
 Company _____
 Address _____
 City _____ State _____ Zip Code _____
 Tel _____ Email _____

COMPANY INFORMATION

- Firm's Primary Business Focus:
 - Full-Service Engineering
 - Civil and/or Environmental
 - Discipline Specialty (i.e. structural, electrical, etc.)
 - Engineering/Architecture
 - Other: _____
- Firm's Average 2018 Full-Time Employment # _____
- Firm's Business Structure:
 - Sole Proprietorship
 - Partnership (# _____ partners)
 - Professional Corporation (PC)
 - Incorporated
 - Private
 - Public Stock
- Your Personal Ownership Status:
 - % Ownership (i.e. yours)
 - 1-15%
 - 16-30%
 - 31-50%
 - Over 50%
 - One of # 2-# equal partners
 - None
 - Other _____
- Firm's Annual Revenue (in thousands)
Note: These data are critical

Fiscal Year	Gross *	Net
2018	_____	_____
2017	_____	_____

**Client billings including reimbursables/subcontracts, if financially responsible. If a subsidiary, your operations revenue.)*
- 2018 Return on Sales (ROS) _____ %
R.O.S.=Pre-Tax Profit as a percentage of net revenue (billings prior to Bonus/Incentive Pay-out)

POSITION / ORGANIZATIONAL INFORMATION:

- Functional Job Title
(may select two if applicable)
 - Chairperson of Board or President with 50% or more ownership
 - Owner/Sole Proprietor
 - President with less than 50% ownership
 - Executive Vice President
 - Senior Vice President
 - Vice President of Operating Unit
(what unit: _____)
 - Manager/Director of Operating Unit
(what unit: _____)
 - Partner
 - Managing Partner
 - Principal-Private Corporation (if no other title is applicable)
 - Branch Manager
 - Region Manager
 - Business Development Head (Title _____)
 - Chief Financial Executive (Title _____)
 - Chief Administrative Executive (Title _____)
 - Human Resource Director/Executive
- Functional Responsibility

Firm-Wide	Division or Dept.	
1a <input type="checkbox"/>	1b <input type="checkbox"/>	Profit/Performance Levels
2a <input type="checkbox"/>	2b <input type="checkbox"/>	Technical Operations
3a <input type="checkbox"/>	3b <input type="checkbox"/>	Administrative Operations
4a <input type="checkbox"/>	4b <input type="checkbox"/>	Business Development
5a <input type="checkbox"/>	5b <input type="checkbox"/>	Workforce Utilization and Development
6a <input type="checkbox"/>	6b <input type="checkbox"/>	"Major Project" Leadership and Development
7a <input type="checkbox"/>	7b <input type="checkbox"/>	Financial Control and Direction
8a <input type="checkbox"/>	8b <input type="checkbox"/>	Subsidiary Operations
- Corporate Officer Title:
 - Chair of Board
 - President
 - Treasurer
 - Secretary
 - Vice President
- Are you a member of board of directors Yes No
- Annual Revenue Fees for which you are responsible \$ _____
- # Employees Reporting to You _____ / _____
 Directly / Indirectly

COMPENSATION INFORMATION

1. Annual Base Salary
 - Effective – Jan. 1, 2019 \$ _____
 - Effective – Jan. 1, 2018 \$ _____
 2. 2018 Additional Income
 - Cash Bonus/Incentive \$ _____
 - Deferred Compensation (current total annual award) \$ _____
 - Stock Option (value when received) \$ _____
 - Cash Dividend Distribution \$ _____
 - Other Forms of Compensation: (please describe and give \$ amounts)
 - _____
 - _____
- % change in your total compensation from 2017 to 2018 _____%

BENEFITS INFORMATION

1. Have Company Vehicle
 - a. For Personal Use Yes No
 - b. Reimburse Co. for Personal Use Yes No
 - c. Estimated Annual Dollar Value to You \$ _____
 - d. Type of Vehicle Assigned:
 - 1 Luxury 2 Full-Size 3 SUV
 - 4 Truck 5 Midsize 6 Compact
2. Have Basic Life Insurance Coverage Yes No
Principal Amount is \$ _____
3. Have Supplemental/Key Person Coverage Yes No
Principal Amount is \$ _____
Beneficiary is:
 - 1 Personal 2 Business-Related 3 Both
4. Co. Retirement Plan
 - Pension Yes No
 - Profit Sharing Yes No
 - 2018 Co. Contribution For You \$ _____
5. Paid Holidays _____ days
6. Annual Vacation Days _____ days
7. Opportunity for Stock Ownership Yes No
 - 1 ESOP 2 Stock Option 3 ESOP/Stock Option
 - 4 Purchase 5 Other: Type _____
8. Which of the following do you receive?
 - 1 Annual Physical Exams 2 Access to sports/cultural reserved seating 3 Company Plane Use
 - 4 Professional Licenses/Dues 5 Social Club Memberships 6 Vacation Home Use
9. Have Co. Employee Savings Plan Yes No
If yes, What Percent of Salary Eligible for Matching _____%
Company Contributes what Percent of Each Matched Employee Dollar _____%
10. Is a cellular phone provided for you? Yes No
Is it available for personal use? Yes No

PERSONAL INFORMATION

1. Age Category (check below)
 - 29 or under 45-49 65-69
 - 30-34 50-54 70 or over
 - 35-39 55-59
 - 40-44 60-64

2. Experience (please check)

Years	<1	1-2	3-4	5-7	8-10	11-14	15-20	21-25	26-30	>30
Eng Profession										
Current Job Title										
Current Company										

3. Highest Level of Education:

- 1 High School 3 College Degree 5 Doctorate
- 2 Some College 4 Masters

Year Received Undergraduate Degree _____
Major/Discipline: _____

4. How many hours/week does your work require: _____ hrs./wk.
5. Office Location: _____(state)

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