

2020 Engineering Executive Compensation Survey Questionnaire

Box 218, Perkasie, PA 18944
 Phone: (800) 654-8258
 Fax: (215) 258-1074
 E-mail: participate@dietrichsurveys.com
 dietrichsurveys.com



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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 \$495).

Report Format:

- Paper
- Acrobat PDF (email required)

RETURN DEADLINE: FEBRUARY 20, 2020

PARTICIPANT INFORMATION:

In addition to Excel file, please complete this top area

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

COMPANY INFORMATION

SPECIAL extension: 4/2

1. Firm's Primary Business Focus:
- 1 Full-Service Engineering
 - 2 Civil and/or Environmental
 - 3 Discipline Specialty (i.e. structural, electrical, etc.)
 - 4 Engineering/Architecture
 - 5 Other: _____

2. Firm's Average 2019 Full-Time Employment # _____

3. Firm's Business Structure:

- 1 Sole Proprietorship
- 2 Partnership (# _____ partners)
- 3 Professional Corporation (PC)
- 4 Incorporated
 - a Private
 - b Public Stock

4. Your Personal Ownership Status:

- 1 % Ownership (i.e. yours)
 - a 1-15%
 - b 16-30%
 - c 31-50%
 - d Over 50%
- 2 One of # 2-# equal partners
- 3 None
- 4 Other _____

5. Firm's Annual Revenue (in thousands)

Note: These data are critical

Fiscal Year	Gross *	Net
2019	_____	_____
2018	_____	_____

*Client billings including reimbursables/subcontracts, if financially responsible. If a subsidiary, your operations revenue.)

6. 2019 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:

1. Functional Job Title

(may select two if applicable)

- 1 Chairperson of Board or President with 50% or more ownership
- 2 Owner/Sole Proprietor
- 3 President with less than 50% ownership
- 4 Executive Vice President
- 5 Senior Vice President
- 6 Vice President of Operating Unit
(what unit: _____)
- 7 Manager/Director of Operating Unit
(what unit: _____)
- 8 Partner
- 9 Managing Partner
- 10 Principal-Private Corporation (if no other title is applicable)
- 11 Branch Manager
- 12 Region Manager
- 13 Business Development Head (Title _____)
- 14 Chief Financial Executive (Title _____)
- 15 Chief Administrative Executive (Title _____)
- 16 Human Resource Director/Executive

2. Functional Responsibility

Firm-Wide Division or Dept.

- 1a 1b Profit/Performance Levels
- 2a 2b Technical Operations
- 3a 3b Administrative Operations
- 4a 4b Business Development
- 5a 5b Workforce Utilization and Development
- 6a 6b "Major Project" Leadership and Development
- 7a 7b Financial Control and Direction
- 8a 8b Subsidiary Operations

3. Corporate Officer Title:

- 1 Chair of Board
- 2 President
- 3 Treasurer
- 4 Secretary
- 5 Vice President

4. Are you a member of board of directors Yes No

5. Annual Revenue Fees for which you are responsible \$ _____

6. # Employees Reporting to You _____ / _____
 Directly / Indirectly

COMPENSATION INFORMATION

- Annual Base Salary
 - Effective – Jan. 1, 2020 \$ _____
 - Effective – Jan. 1, 2019 \$ _____
 - 2019 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 2018 to 2019 _____%

BENEFITS INFORMATION

- 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
- Have Basic Life Insurance Coverage Yes No
 - Principal Amount is \$ _____
- Have Supplemental/Key Person Coverage Yes No
 - Principal Amount is \$ _____
 - Beneficiary is:
 - 1 Personal 2 Business-Related 3 Both
- Co. Retirement Plan
 - Pension Yes No
 - Profit Sharing Yes No
 - 2019 Co. Contribution For You \$ _____
- Paid Holidays _____ days
- Annual Vacation Days _____ days
- Opportunity for Stock Ownership Yes No
 - 1 ESOP 2 Stock Option 3 ESOP/Stock Option
 - 4 Purchase 5 Other: Type _____
- 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
- 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 _____%
- Is a cellular phone provided for you? Yes No
 - Is it available for personal use? Yes No

PERSONAL INFORMATION

- 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

- 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										

- Highest Level of Education:

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

Year Received Undergraduate Degree _____
 Major/Discipline: _____

- How many hours/week does your work require: _____ hrs./wk.

- Office Location: _____(state)

SPECIAL extension: 4/2

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