

Preparing and Submitting Your Non-Management Compensation & Employee Benefits Data

Please note: All information provided will be kept confidential and used solely for the purpose to produce the Non-Management Compensation & Employee Benefits Reports and customized reports.

USING THE DATA SUBMISSION KIT

In order to receive the entire version of 2010 Non-Management Compensation and Employee Benefits report you will need to submit **two** Excel workbooks with your survey data:

1. 2010NonMgtComp_CASH_1_of_2_DSK

AND

2. 2010NonMgtComp_BENEFITS_2_of_2_DSK

Download the **BOTH** workbooks from our website by logging in at HealthcareHRsource.org and selecting Data Submission Kits. These are your **Data Submission Kits**, or **DSK**. They consist of a series of Excel worksheets, referred to here as "tabs." All of your data will be entered into the various tabs of the DSK. Instructions for each tab are below.

Be sure to save the DSKs to your local drive or local area network drive after downloading it.

If you are reporting data for more than one facility, you may submit your cash data on "HRIS download tab" OR use the system version of the Data Submission Kit: 2010NonMgtComp_CASH_1_of_2_DSK.*SYSTEM*

All data submitted through the DSK should be accurate as of **June 1, 2010**.

The **deadline for data submission is July 1, 2010**.

In filling out the DSK, please do not leave any questions blank. If you need help, you can call us weekdays between 8:30 am and 4:00 pm at **213-538-0726**.

■ Contact Info

Please complete your organization's contact information within the Contact Info Tab. To find out your organization's **HID Code**, log in to our website at HealthcareHRsource.org, click on My Surveys > Non-Management Compensation '10 > My Survey Facilities. You will find the HID code listed next to each facility name.

■ **Job Matching for Jobs in a Hierarchy**

In the Allied for Health Surveys we specify education or career experience when appropriate to differentiate between levels of jobs. In addition, we ask questions on Career Ladders and the level of compensation differences between levels for the following jobs: RN, Physical Therapist, Radiology Technician, Respiratory Therapist, and Medical Transcriptionist. If no specific hierarchy is specified, we are looking for all incumbents in the job that match the general characteristics, representative activities, and education and experience cited in the job description - whether or not you consider them a “junior or senior” or a “I, II, III etc. We seek to explain the central tendency (median, weighted average, etc.) for the position as well as the percentiles - which may be indicative of less or more seasoned or experienced employees in the position. The interpretation of the data is left to each participant in accordance with their unique job definition, compensation philosophy and compensation structures.

You will need a current copy of our **Non-Management Job Codes and Descriptions** (available on the website). It includes a list of model Non-Management positions. For each position, it provides a **Job Title**, a **Job Code**, a brief **Job Description** and a list of **Examples of Duties** that are typically associated with that position.

The cash compensation data collection process for the 2010 Allied for Health Non-Management Compensation Survey has been slightly modified. New this year, survey participants now have **two options** for submitting their cash compensation data:

1. Generating an electronic download of your data from their HRIS.

OR

2. Using the cash compensation template on the DSK (just like in previous years).

It is important to remember that you still need to complete the other parts of the DSK!

1. ELECTRONIC DOWNLOAD OPTION

You may submit your electronic download of cash compensation data in the form of spreadsheets. Please note that your electronic download has to be copied and saved in the DSK. Be sure to include all the relevant data in your electronic cash compensation submission, as shown in the picture below.

Your Organization		Allied for Health Job Code	Your Job			Contract Type - Union (U) or Non-Union (N)	Salary Structure		Actual Salary (Hourly \$) Avg	Incentive Compensation
HID	Organization Name		Your Internal Job Code	Your Job Title	# of Ees		Min Hrly	Max Hrly		Actual (whole \$)
101	SAMPLE Rancho Paradiso Community Hospital	4545	2345	Unit Clerk	1	N	\$8.00	\$15.00	\$9.55	\$800.00



Remember to submit the cash compensation data for each individual incumbent that matches a survey position. This process should make your cash data submission quick and easy. Furthermore it reduces the number of errors, increases the reliability of the final results, provides the most accurate representation of the market, and allows for more extensive analysis of the data.

Finally please make every attempt to supply all of the data requested. It is very difficult to compile reliable results when participants do not supply data for certain questions (bonus eligibility, bonus amount, etc.). These “holes” in the data hurt all of the participants and lessen the overall quality of the survey. Each position has a unique job code that is used to identify the job in the survey. It is imperative that each salary is matched to the appropriate job code.

■ Cash Data

Provide the requested cash compensation data for your hospital positions that match those listed in Non-Management Job Codes and Descriptions. Choose those positions that **most closely match** the model job descriptions provided in Non-Management Job Codes and Descriptions. **If more than one job description apply to a single position** in your organization, choose the one listed position that encompasses a majority of the responsibility and time of your organization’s position. Do not report the same incumbent for more than one position listed in Non-Management Job Codes and Descriptions. In other words, **for each incumbent, you can only list one Allied for Health Job Code.**

If a listed job description matches a **job that was vacant** in your organization, as of June 1, 2010, please provide salary range and bonus eligibility information only. **If the number of incumbents for that position is zero, then do not provide an Actual Salary or Actual Incentive amount.**

Feel free to adjust the column width to accommodate the length of your data.

Please report all data effective as of June 1, 2010.

If you are reporting data for more than one facility, you may enter your cash data on one of the following:

1. **HRIS download tab:** Make sure to indicate the proper HID number for each data entry.

OR

2. **System version of the Data Submission Kit:** 2010NonMgtComp_CASH_1_of_2_DSK.SYSTEM, which can be downloaded from our website by logging in at HealthcareHRsource.org. Instead of a single Cash Data worksheet, the system version of the DSK includes 5 copies of the Cash Data worksheet labeled Cash Data (1) through Cash Data (5).

Use one Cash Data worksheet for each facility for which you are reporting. You may add Cash Data tabs for additional facilities as needed. To avoid errors, we suggest that you **change the name of each of the Tabs you use** from “Cash Data (1),” for example, to an abbreviated form of the name of each facility for which you are reporting. To change the name of a tab, double-click on the tab so that the name is highlighted. Insert your cursor in the tab name and type over it.

If some of the positions you are reporting are assigned to a **corporate office**, rather than to a healthcare delivery facility, then you should assign one of the Cash Data Tabs to the corporate office.

Definitions and instructions for each data element collected on the Cash Data Tab are found below:

- **Organization Name.** Type the name of the **specific facility for which you are reporting** in the highlighted space in Row 8. Your organization name will auto-fill all the matching spaces in Column C.
- **HID Code.** Type HID Code of the **specific facility for which you are reporting** in the highlighted space in Row 9. Your HID Code will auto-fill all the matching spaces in Column B. The HID Code is a unique identifier assigned to every California healthcare facility by Allied for Health.

To find out your HID Code, log in at HealthcareHRsource.org, click on My Surveys > Non-Management Compensation '10 > My Survey Facilities. The HID Code will be displayed to right of each Facility Name.

- **Allied for Health Job Code.** Record the 4-digit number of the position (listed in Non-Management Job Codes and Descriptions) to which each of your organization's positions match.
- **Your Internal Job Code.** Report your internal job code for each position. If your facility does not use job codes, then leave this field blank.
- **Your Job Title.** Report your organization's job title of the position that you are matching to this position. If your organization's titles are not descriptive, please provide additional, abbreviated explanatory text in parentheses.
- **Number of Ees (Incumbents).** Report regularly-scheduled, benefit-eligible full-time and part-time employees. **Exclude per diem employees. Report per diem data in the specified area.** Provide single incumbent data for all positions in the survey (i.e., for each individual employee). For multiple incumbent data, enter the total number of employees in the position and supply average values for each compensation element.
- **Contract Type - Union (U) or Non-Union (N).** Report U (Union) or N (Non-Union) to indicate the contract type for each job position.
- **Salary Structure Minimum.** Record the lowest value (hourly rate) in the salary range. (The salary range is a specific component of a salary structure consisting of the defined range of salaries that an organization is willing to pay a job or a group of jobs.) Please include longevity steps. (e.g., \$8.00/hr. = 8.00)
- **Salary Structure Maximum.** Record the highest value (hourly rate) in the range. Please include longevity steps. (e.g., \$15.00/hr. = 15.00)
- **Actual Base Salary (Hourly).** Report average hourly rates for regularly scheduled, benefit-eligible, full-time and part-time employees. Exclude trainees, temporary employees, float pool and students and per diem. **(Per Diem rates should be reported on sheet as indicated.)** Please report salary on hourly basis and do not include any overtime or differentials.

See instructions below for converting Alternative Workweek Schedules to Hourly

Example A: 12 Hour Shifts at Straight Time Based on Alternative Workweek Schedule

Base Pay		# of Hours on Shift	=	Calculated Pay on Single Shift	/	# of Hours in a Shift in the Unit	=	Effective Rate for Shift
\$25.00	X	12	=	\$300.00	/	12	=	\$25.00

Example B: 12 Hour Shifts with Time and One-Half After 8 Hours

Base Pay		# of Hours Paid @ Straight Time	=	Calculated Pay on Single Shift	+	Overtime Rate (Time and a half)	X	# of Hours Overtime Worked	=	Pay For That Shift w/Overtime	/	# of Hours in a Shift in the Unit	=	Effective Rate for Shift
\$23.00	X	8	=	\$184.00	+	(\$34.50)	X	4	=	\$322.00	/	12	=	\$26.83

- Incentive Compensation, Actual Amount Paid.** Enter the annual incentive award paid for the most recently completed performance period for each incumbent. Include all cash awards that were based on performance either of the individual, the unit or the entire organization, such as: individual and/or group incentive/bonus awards (pre-established and after the fact); commission; nonqualified profit-sharing payments; optional stock awards (difference between market price and price employee pays).

■ **Shift Differential and Per Diem Data**

Per Diem Rate. Please report the flat/hourly amount for per diem employees. Per diem is defined as an employee who works with or without an established schedule but does not receive benefits. If you do not have per diem employees, leave blank. Do not include shift differentials in the flat/hourly rates. Record in hourly decimal dollars (e.g., \$8.50/hr. = 8.50).

Shift Differential. Please report the shift differential in each of the time periods indicated. Please report either the hourly differential or the percentage *but not both*.

Uncontrolled Standby Pay. Please report your rate for uncontrolled standby pay, which is defined as compensation for an employee who is not required to stay on the employer's premise, but who is required to leave work with the employer or carry a communication device so that he/she may be reached.

Use one Shift Differential & Per Diem worksheet for each facility for which you are reporting. You may add tabs for additional facilities as needed.

■ **Additional Compensation**

Please complete the information relating to your organization's policies for non-management employees.

■ **General Benefits**

Please complete the information relating to your organization's general benefits.

■ **Retirement Plan**

Please complete the information relating to your organization's retirement plan.

■ **Medical Plan**

Please complete the information relating to your organization's medical plan.

■ **Paid Time Off**

Please complete the information relating to your organization's paid time off.

■ **Future Requests**

If you would like to see additional positions or questions in next year's survey please complete the Future Requests Tab with your submission.

SUBMITTING YOUR SURVEY DATA

You will submit **BOTH** of your surveys by uploading it to our server. To do so, please follow these steps for each:

- Log in with your user name and password at HealthcareHRsource.org.
- Click on My Surveys.
- Select **Non-Management Compensation '10**
- Click on **Upload Survey Data**.
- Complete the **Data Upload Ticket** by verifying your personal information and entering any comments that you think would be useful to the Allied for Health staff.
- Next, click the **Browse** button. Locate the 2010NonMgtComp_CASH_1_of_2 Data Submission Kit on your local drive or local area network. If you have saved it under more than one file name, be sure that you are selecting the most complete and up-to-date version.
- Click **Upload**. Your document will be scanned for viruses and uploaded to our server.
- Now upload the second part of the DSK, click the **Browse** button again and select 2010NonMgtComp_BENEFITS_2_of_2 Data Submission Kit file from your local drive or local area network.
- Click **Upload**.
- You will receive a confirmation e-mail for each of your successful uploads!
- If you have any difficulty submitting your survey data, please call us weekdays between 8:30 am and 4:00 pm: (213) 538-0726.