

2009 Annual Salary Survey

Thank you for taking the time to complete this survey. To complete this survey quickly and efficiently, please ensure that you have payroll information and other salary-specific information nearby.

Part I. General Questions

Please choose the answers that best describe your agency. In some cases, you can choose more than one option by holding the Ctrl button. For Agency Type and Region, circle answers.

First Name *

Last Name *

Agency Name *

Phone Number *

Agency Type

- Certified
- Certified - Hospice
- Certified - Medicaid Only

- Licensed
- Unlicensed

Email *

Fax *

Ownership *

- Free Standing For Profit
- Free Standing Not for Profit
- Corporate
- Hospital Affiliated
- Long Term Care

Region

- Central
- East Central
- North Central
- Northeast
- Northwest
- Southeast
- Southwest
- West Central

Please enter the following based on the end of the 12 month period ending December 31st, 2008.

Number of Employees

Number of Voluntary Resignations

Number of Non Voluntary Resignations

Number of Retirements

Number of PRN/Casual/Part Time without Benefits

Part II. Salary Questions

Please have payroll materials and other items (calculator, payroll, etc.) nearby in order to quickly and efficiently answer these questions. Please enter in the following format:

Salary: 00000

Hourly: 00.00

If you employ more than one incumbent in a position, please report **average** pay of all incumbents.

Ex: $(\$X+\$Y+\$Z)/3$ incumbents

Not sure if these job titles are equivalent? Check out our job descriptions [here!](#)

Administrator

Assistant Director

Billing Manager

Director of Operations

Clinical Supervisor

Clinical Team Leader

Clinical Director

Finance Director

Human Resources Director

Marketing/Community Relations Representative

Please use this area to supplement any information you would like to share. If your Salary Questions are representative of your agency's information, you should not feel obligated to write anything below.

Salary Questions Comments

Part III. Hourly Questions

After Hours Coordinator

Bereavement Coordinator

Billing Clerk

Chaplain

Clinical Nurse Specialist

Coder

Customer Service Representative

Home Health Aide

PRN Home Health Aide

Homemaker/Companion

Information Technology Specialist

Intake/Referral Coordinator

Licensed Practical Nurse

Licensed Practical Nurse, POC Review

PRN Licensed Practical Nurse

Medical Records Clerk

Nursing Education Coordinator

Occupational Therapist

Occupational Therapist Assistant

Patient Care Coordinator

Personal Care Attendant

Physical Therapist

Physical Therapist Assistant

PRN Physical Therapist

Receptionist

Registered Nurse

Registered Nurse, Case Manager

PRN Registered Nurse

Respiratory Therapist

Scheduler

Speech/Language Pathologist

Social Worker-Bachelor's

Social Worker-Master's

Therapy Services Supervisor

Therapy Services Coordinator

Volunteer Coordinator

Please use this area to supplement any information you would like to share. If your Hourly Questions are representative of your agency's information, you should not feel obligated to write anything below.

Hourly Questions Comments

Part IV. Benefits

Please enter numbers into the following fields. Calculate based on days per year. Health insurance should be a percentage, based on percent of premium.

HEALTH INSURANCE-Employer Contribution (% of Premium)

Management

Direct Care Staff

Office Staff

SICK DAYS

Management (Sick Days)

Direct Care Staff (Sick Days)

Office Staff (Sick Days)

PAID TIME OFF

Management (PTO)

Direct Care Staff (PTO)

Office Staff (PTO)

VACATION DAYS

Management (Vacation Days)

Direct Care Staff (Vacation Days)

Office Staff (Vacation Days)

We understand that all benefits offered may not have been listed. Please enter any additional benefits offered. We will summarize the responses and use for next year's salary survey.

Other Benefits

Please use this area to supplement any information you would like to share. If your Benefits Questions are representative of your agency's information, you should not feel obligated to write anything below.

Benefit Comments

Survey created and administered by [SharerVision](#).

Submit