

2008 Wage & Benefits Survey

1. Which are you (choose one)?
 Grower Landscaper Retailer

Your title _____

2. In what state is your company based?

3. What was your company's estimated total sales volume in 2008?

4. What percentage of your 2008 gross sales went to wages?
 _____ %

5. How many people did your company employ in 2008?

Full-time _____

Part-time _____

Seasonal _____

6. Compared to 2007, did your company's wages (choose one):

Increase Decrease Stay the same

7. If your wages changed, indicate by how much (average):
 _____ %

8. What benefits are offered to each employee? (Please specify: all, full-time, part-time, seasonal, salaried, hourly)

<u>Benefit</u>	<u>Type of employee</u>
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Major medical _____

Life insurance _____

Dental _____

Eye care _____

Paid family and/ or maternity leave _____

Paid sick leave _____

Paid vacations _____

Paid holidays _____

Annual bonus _____

Pension _____

401(k) _____

Profit sharing _____

9. What was the average annual salary or hourly wage per employee in 2008?

<u>Employee</u>	<u>Average salary</u>	<u>Hourly wage</u>
Presidents/CEOs/owners	_____	_____
Growing operations managers	_____	_____
Growing operations supervisors	_____	_____
Growing production managers	_____	_____
Certified nursery professionals	_____	_____
Growing operations full-time personnel	_____	_____
Growing operations part-time/seasonal personnel	_____	_____
Landscaping operations managers	_____	_____
Landscaping crew supervisors	_____	_____
Landscape designers	_____	_____
Landscape architects	_____	_____
Certified landscape technicians	_____	_____
Landscaping operations full-time personnel	_____	_____
Landscaping operations part-time/seasonal personnel	_____	_____
Retail center managers	_____	_____
Retail center supervisors	_____	_____
Retail center full-time personnel	_____	_____
Retail center part-time/seasonal personnel	_____	_____

10. How were salespeople compensated?

Comments:

If you'd like to participate further in our 2008 Wage & Benefits Survey, please leave your e-mail address, and we will contact you:

Your participation in this survey is confidential. If you would like to discuss publication, however, please provide a contact name and phone number. An editor will call you.

Please send your completed survey to AMERICAN NURSERYMAN, 223 W. Jackson Blvd., Suite 500, Chicago, IL 60606-6904; fax (312) 427-7346; e-mail editors@amerinursery.com. **The deadline for responses is Dec. 31.**