

**2024 MERIT SHOP
WAGE AND BENEFIT SURVEY
AGC 23**

Save and return to: barb@wageandsalary.com
 If you do not receive a confirmation email, please
 call us at 800-553-4655.

Return By: May 31, 2024

Please Complete All 11 Items

1. Type of construction performed:

(check all that apply)

- Commercial
- Industrial
- Institutional
- Residential *(Single Family/less than four stories)*
- Residential *(Four stories or more)*
- Heavy
- Highway
- Municipal

2. Contract type *(based on revenue volume)*:

_____ % Construction Volume

_____ % Service Volume

(Do not split 50%-50%)

3. Contract bid type *(based on revenue volume)*:

_____ % Cost Plus *(any type)*

_____ % Firm Price

(Do not split 50%-50%)

4. Total revenue

(U.S. operations only)

- Under \$500,000
- 500,000 to 1 Million
- 1 Million to 3 Million
- 3 Million to 6 Million
- 6 Million to 10 Million
- 10 Million to 20 Million
- 20 Million to 50 Million
- 50 Million and over

**5. Number of employees in company as of
May 1, 2024**

6. Regions in which company works:

*(Check only those regions that generated revenue
noted in Item #4)*

- Region 1 – CT, MA, ME, NH, RI, VT
- Region 2 – NJ, NY
- Region 3 – DE, MD, PA, VA, WV, DC
- Region 4 – AL, FL, GA, KY, MS, NC, SC, TN
- Region 5 – IL, IN, MI, MN, OH, WI
- Region 6 – AR, LA, NM, OK, TX
- Region 7 – IA, KS, MO, NE
- Region 8 – CO, MT, ND, SD, UT, WY
- Region 9 – AZ, CA, HI, NV
- Region 10 – AK, ID, OR, WA
- or -
- All Regions

**7. Time of the year wage structure updated or
annual increase percentage determined:**

**8. Anticipated annual wage increase for 2024
*(average)***

_____ %

**9. Actual annual wage increase for 2023
*(average)***

_____ %

10. Overtime compensation practices:

Journeyman – overtime paid for

- over 8 or for
- over 40:
 - Time and one half
 - Double time

Foreman – overtime paid for

- over 8 or for
- over 40:
 - Time and one half
 - Double time

CONFIDENTIAL RESPONSE –

Company names will not be listed as participants or associated with any specific wage or demographic data. This data is collected only to insure that the survey responses are valid and to record survey orders. **If you would like your FREE Summary e-mailed to you, please insert your e-mail address below.**

11. Prepared By: _____ **Phone No.:** _____

Company: _____ **e-mail:** _____

Mailing Address: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Survey Order Information

All participants will receive FREE, a summary of the major findings of the Merit Shop Wage and Benefit Survey. To receive the full, detailed 180 page report, please complete the following . . .

- Survey Order Information**
- Participant order, send _____ copies at \$150.00/copy. OR . . .
 - Participant order (Book & Flash Drive), send _____ copies at \$245.00/copy.
 - Non-participant order, send _____ copies at \$570.00/copy. OR . . .
 - Non- Participant order, (Book & Flash Drive), send _____ copies at \$790.00/copy.

2024 MERIT SHOP WAGE AND BENEFIT SURVEY

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Please respond to all positions applicable to your company. (Report all information effective May 1, 2024)

County: _____

State: _____

Metro Area: _____

CRAFT	JOURNEYMAN		FOREMAN		Fringe* Benefit Rate – %
	No. of Empl's	Average Hourly Rate	No. of Empl's	Average Hourly Rate	
<i>“Sample”</i>	12	23.85	2	26.50	19.1%
HVAC Mechanics					
Acoustical Worker					
Block/Stone Masons					
Boilermakers					
Brick Layers					
Carpenters					
Cement Masons					
Drywall Finishers					
Electricians					
Low Voltage Installer					
Insulators					
Ironworkers – REST'L					
Ironworkers – STRUCT					
Metal Building Mechanic					
Millwrights					
Painters					
Pile Drivers					
Pipe Fitters					
Plasterers					
Plumbers					
Riggers					
Roofers					

CRAFT	JOURNEYMAN		FOREMAN		Fringe* Benefit Rate – %
	No. of Empl's	Average Hourly Rate	No. of Empl's	Average Hourly Rate	
Sheet Metal Workers					
Sprinkler Fitters					
Welders					
Driver – Single Axle					
Driver – Tandem Axle					
Laborers, General					
Operator, Light Equip.					
Operator, Heavy Equip.					

BENEFIT INFORMATION

1. Number of paid holidays per year: ____ days.
2. Paid vacation – indicate years of service required for:
 1 week ____ yrs 2 weeks ____ yrs 3 weeks ____ yrs

Benefit	Available (Yes or No)		Employer Pays All Costs (Check One)		Employee Shares Costs
3. Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dependent Health Ins.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Dental Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pension Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Profit Sharing Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does company have a bonus plan for craft employees?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11. Does company have a performance appraisal system for craft employees?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

*Indicate fringe benefits paid by the employer (not deducted) expressed as a percentage of the average hourly rate. This would include health, life, pension, vacation, holiday and the like. **DO NOT** include any benefit program required by law, such as social security.

Return By: May 31, 2024

