



## 2004-05 Survey of College and University Benefits Benefits IV: Non-Health Care Employee Benefits

### WORKSHEETS

Once you have completed these worksheets, please enter your data in SurveysOnline at <https://surveysonline.cupahr.org/>.

### INTRODUCTION

This survey collects data on the different Non-Health Care Benefits Programs offered by your institution or system to your **active faculty and staff** - basic life insurance, disability, retirement, time-off, tuition support, and relocation and housing. The purpose of the survey is to provide information that will allow institutions to benchmark representative practices.

### QUESTIONS OR PROBLEMS

If you have questions or problems regarding this survey, the primary contact is Ray Sizemore, CUPA-HR's Director of Research. He may be reached at [rsizemore@cupahr.org](mailto:rsizemore@cupahr.org) or at 865-862-2838. The secondary contact for the survey is CUPA-HR's senior research associate, Maria Rodriguez-Calcano. Maria may be reached at [mrodriguez@cupahr.org](mailto:mrodriguez@cupahr.org) or at 865-862-2840.

**Please use email** whenever possible, rather than the telephone. This is very important because we will need to forward technical questions about benefits to our benefits consultant. Using email also keeps us from being overwhelmed, as there are many of you and only two of us.

### SURVEY CHANGES FOR THIS YEAR

The survey has been revised significantly in response to feedback received on last year's survey. We have simplified the survey, tried to ensure that appropriate response options are available for each question, and added a comments box at the end of each section. We also made a draft of the survey available to last year's respondents in January for comment. Although this doesn't mean that every question will have the response options that you need, hopefully most will.

### WHAT DATA TO REPORT

- Report data for your institution or system, as appropriate. **Important:** Please note that in order to answer for your system as a whole, benefits must be the same across all entities within the system.
- Report benefits plan information as of January 1st of the 2004-05 academic year.
- Report faculty and staff employee counts as of January 1st of the 2004-05 academic year, and student enrollment as reported for Fall, 2004-05.
- Report Operating Budget and other financial data for your 2004-05 fiscal year.

### GUIDELINES

- If you have different benefit plans within your institution, report on the plan that you believe is the **most representative** of the coverage offered to your employees.
- If your institution provides a flexible benefit program, please answer the survey questions as they pertain to your **core program**.
- Please answer all survey questions as they apply to your **full-time, non-temporary faculty and staff**, *unless otherwise instructed*. Student workers are not to be included.

### WORKSHEETS

This is a long survey due to the number of different health care options available. As such, we recommend that you complete the survey first on the worksheets, and then enter the data online. Worksheets are available at <http://www.cupahr.org/surveys/benefits05.htm>.

### CONFIDENTIALITY GUARANTEED

Complete confidentiality of each institution's data is guaranteed. Confidential data about your institution will be released only in aggregated form. For a complete statement of CUPA-HR policy regarding use of survey data, click the **Privacy Policy** link at the bottom right corner of this page.

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## INSTITUTIONAL BASICS

### A. Expenditures, Enrollment, Staffing

This section needs to be completed only once per year by your institution and is used by all surveys— including the salary surveys which precede this survey. If someone else has entered data, please review and answer any remaining questions. If you disagree with any existing entries, please do not edit them until you have first contacted Ray Sizemore, CUPA-HR Director of Research and Information Systems.

Report information as of January 1st of the 2004-05 academic year. Error messages suggesting a minimum or maximum value are provided as an aid only. You can over-ride the message by pressing the "Enter" key.

#### 1. Structure Reporting For

Please select the type of entity for which you are reporting data. Your options:

- Single Unit Institution.** Institution that is not part of a college or university system.
- Institution within a College or University System.** Associated with one or more other colleges or universities in a group usually headed by a main campus or system office. Has its own administration, full program of study (not just courses), and a unique FICE Code assigned by the Department of Education.
- System Office.** The administrative office that oversees a group of institutions (system) usually comprised of a main campus and several individual campuses. The System Office does not offer courses or programs of study.
- System Summary.** Select this option if you wish to report data in the **aggregate** for all colleges and universities within your system.

**IMPORTANT:** If you want to select this option, but the words *System Summary is not part of* your institution's name at the top of the survey page (e.g. Demonstration University System Summary), please contact Ray Sizemore at 865-862-2838.

In order to complete the **Benefits Survey** for your system as a whole, benefits must be the same across all institutions within the system.

**NOTE:** For the remaining questions, if you are reporting data for a system office or system summary, please supply system-wide figures. Otherwise, supply individual institution figures.

#### 2. Financial Data

Please provide the following data for your 2004-05 fiscal year.

- a. **Total Operating Budget:** Enter the dollar value of your institution's 2004-05 total operating budget for educational and general operations and auxiliary enterprises. It **includes** research funds and *funded* student aid. It does **not include** unfunded student aid (discounts) or capital funds. Ask your comptroller for this number. Budget is a required field.
- b. **Total Endowment:** The total amount of your institution's endowment.
- c. **Composite Fringe Rate Charged to Grants:** The total cost of benefits expressed as a % of payroll for employees who are eligible for benefits.


**3. Student Enrollment**

Report student enrollment for **fall of the 2004-05 academic year**.

You must supply FTE enrollment figures by one of the three methods described below, which are listed in descending order of preference:

- If you can answer rows a, b and c, do so. Then **hit the "Calculate" button** below the grid and row d FTE figures will be derived for you as follows: Number of Full-Time Students + (Fall Part-Time Credit Hours divided by 15 for undergraduates, by 12 for graduates).
- If you are unable to provide row c amounts, please complete just rows a and b, leave row c blank, and then **hit the "Calculate" button**. FTE will be derived as: Number of Full-Time Students + 1/3 Number of Part-Time Students.
- If you are unable to provide amounts for at least rows a and b, please just enter your FTE figures directly in row d and leave rows a-c blank. **Don't hit the "Calculate" button.**

	Undergraduate Students	Graduate Students	Total All Students
a. Number of Full-Time Students			Do Not Enter Totals. SurveysOnline Will Calculate These Automatically.
b. Number of Part-Time Students			
c. Total Number of Fall Credit Hours Taken by Part-Time Students			
d. Full-Time Equivalent (FTE) Total Enrollment			

**4. Faculty Size**

Please report full-time equivalent (FTE) faculty figures for **fall of the 2004-05 academic year**. Include **all** full-time and part-time faculty.

There are two alternate ways to provide an FTE figure for faculty; the first is preferred:

- If you are able to answer rows a-d completely, Faculty FTE will be derived automatically when you **hit the "Calculate" button** below the grid as: Number of Full-Time Faculty + (Total Number of Fall Course Hours Taught by Part-Time Faculty Only / Standard Full-Time Teaching Load in Course Hours).
- If you are unable to supply amounts for some or all of rows a-d, please just enter the FTE figure directly into row e and leave rows a-d blank.

	Faculty
a. Number of Full-Time Faculty	
b. Standard Full-Time Teaching Load in Course Hours (e.g. 15)	
c. Number of Part-Time Faculty	
d. Total Number of Fall Course Hours Taught by Part-Time Faculty Only	
e. Full-Time Equivalent Faculty	

**5. Collective Bargaining**

Are your faculty or staff represented by a union for purposes of collective bargaining?

	Yes	No
a. Faculty		
b. Staff		

# INSURANCE AND RETIREMENT BENEFITS

## B. Basic Life Insurance

Report plan information as of January 1st of the 2004-05 academic year. Error messages suggesting a minimum or maximum value are provided as an aid only. You can over-ride the message by pressing the "Enter" key.

1. Does your institution offer a Basic Life Insurance Plan? If you answer **No**, go to the bottom of this section, Save and go to the next section.

- Yes
- No

2. Does the Basic Life Insurance Plan include Accidental Death & Dismemberment coverage?

- Yes
- No

3. How is the Basic Life Insurance Plan funded?

- State Employee Plan
- System Plan – Self-Funded
- System Plan – Purchased Insurance Product
- Institution Plan – Self-Funded
- Institution Plan – Purchased Insurance Product

4. a. How often does your institution seek bids for the Basic Life Insurance Plan? If you have "no set schedule," enter 0.

Every "x" Years

b. Did you change carriers this plan year?

- Yes – because of cost increases
- Yes – for reasons other than costs
- No change of carrier

5. Are the following employees eligible for the Basic Life Insurance Plan?

	Yes	No
a. Regular full-time employees		
b. Part-time employees that are half-time or greater		
c. Part-time employees that are less than half-time		

6. Is participation in the Basic Life Insurance Plan mandatory or voluntary for full-time employees?

- Mandatory
- Voluntary

7. **Enrollment:** How many "Employee Lives" are currently enrolled in the Basic Life Insurance Plan?

# of employee lives

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8. a. What is the budgeted or projected total cost of the Basic Life Insurance plan for benefits-eligible faculty and staff during the current plan year? Report both institution and employee total costs. Enter \$0 for employees if they do not contribute. Please enter in whole dollars. You may need assistance from your controller.

Institution's Total Cost	Employee Total Cost

- b. Did the cost of coverage for the Basic Life Insurance Plan change this year over last?
  - Enter 0 if it stayed the same.
  - Enter a % **increase** in cost as a positive number to one decimal place (ex. 4.3).
  - Enter a % **decrease** in cost as a negative number to one decimal place (ex. -5.2).

	% increase or decrease
a. Institutional costs	
b. Employee costs	

- 9. a. What percentage of the employee's basic life insurance premium is paid by the institution? \_\_\_\_\_%
- b. What is the monthly premium per \$1,000 of employee coverage? Enter \$0 for employees if they do not contribute.

Paid by Institution	Paid by Employee

- 10. a. How is the amount of the Basic Life Insurance determined?
  - Fixed amount
  - Based on salary
  - Based on age
  - Based on salary and age
  - Based on other factors
- b. If the amount of basic life insurance is fixed or based on salary, please enter the **maximum** amount **or** the multiplier (e.g. 2 x salary) as appropriate.

	Fixed amount	"X" times Salary
1. Executives		
2. Exempt employees		
3. Non-exempt employees		
4. Faculty		

- 11. a. Does the employee have the option of purchasing additional life insurance coverage for himself/herself? If you answer **No**, go to Q. 12.
  - Yes
  - No
- b. Is medical evidence of insurability required for optional insurance?
  - Yes
  - No
- c. Is there an annual option for the employee to increase or decrease the amount of his/her optional coverage?
  - Yes
  - No
- d. Is there a limit to the amount of additional life insurance the employee may purchase?
  - Yes
  - No
- e. If Yes: How is the maximum amount of additional coverage that may be purchased determined?
  - Fixed amount
  - Based on employee's salary
  - Based on employee's age
  - Based on employee's salary and age
  - Based on other factors

f. If the maximum amount of additional insurance that may be purchased is fixed or based on salary, please enter the amount **or** the multiplier (e.g. 2 x salary).

	Up to "X" \$	Up to "X" times Salary
1. Executives		
2. Exempt employees		
3. Non-exempt employees		
4. Faculty		

12. a. Does the Basic Life Insurance Plan include coverage for dependents?

Yes  No

b. Does the employee have the option of purchasing life insurance coverage for dependents? If you answer **No**, go to the bottom of this section, Save and go to the next section.

Yes  No

c. Can life insurance be purchased for the following dependents?

	Yes	No
1. Spouse		
2. Domestic partner		
3. Children under 19 years of age		
4. Children 19 or older that <b>are not</b> students		
5. Children 19 or older that are full-time students		
6. Children 19 or older that are part-time students		
7. Adopted children		
8. Children for whom employee is the legal guardian		
9. Foster children		

d. Is there an annual option for the employee to increase or decrease the amount of dependent coverage?

Yes  No

e. Is there a limit to the amount of life insurance the employee may purchase for dependents?

Yes  No

f. If Yes: How is the maximum amount of life insurance that may be purchased for dependents determined?

	Spouse/ Domestic Partner	Dependents
Fixed amount	<input type="radio"/>	<input type="radio"/>
Based on employee's salary	<input type="radio"/>	<input type="radio"/>
Based on dependent's age	<input type="radio"/>	<input type="radio"/>
Based on employee's salary and dependent's age	<input type="radio"/>	<input type="radio"/>
Based on other factors	<input type="radio"/>	<input type="radio"/>

g. If the maximum amount of life insurance that may be purchased for dependents is fixed or based on employee's salary, please enter the amount **or** the multiplier (e.g. 2 x salary).

	Up to X \$	Up to X times Salary
1. Spouse/Domestic Partner		
2. Children		

13. Please use the space below to clarify your responses or otherwise comment on this section. Be sure to indicate the question number on any specific clarifications. You are allowed a maximum of 500 characters; so do keep your entry brief!

### C. Short-Term Disability (STD) Benefits

This section covers short-term accident and sickness benefits and salary continuation plans that provide coverage prior to the commencement of long-term disability benefits. **Report plan information as of January 1st of the 2004-05 academic year.**

1. Does your institution offer a short-term disability benefit? If you answer **No**, go to the bottom of this section, Save and go to the next section.  
 Yes  No
2. What percent of the total STD cost does the institution pay (either directly or indirectly – e.g. in the form of stipends)? \_\_\_\_\_%
3. Is enrollment automatic?  
 Yes  No
4. When do benefits start?
  - a. First day for accident, 8<sup>th</sup> day for illness
  - b. Following an elimination period of "X" days
5. If following an elimination period: What is the number of days? \_\_\_\_\_ days
6. Does the STD coordinate with long-term disability so that there are no gaps in coverage?  
 Yes  No
7. Must employees use accrued leave prior to the start of STD benefits?
  - Yes – must use sick leave
  - Yes – must use vacation leave
  - Yes- must use both
  - No
8. How frequently are STD benefits paid?
  - Weekly
  - Bi-weekly
  - Semi-monthly
  - Monthly
  - Other
9. Is the STD benefit a percentage of salary or a flat amount?
  - Percentage of salary
  - Flat amount
10. If flat amount: What is the \$ amount paid per week? **Note:** If you use a different time period, please convert to a per week figure, to facilitate comparisons.

**\$ Per Week**

11. If percentage of salary: Please answer this question as it applies to your most typical employee group. Do not include accrued sick leave.

	1 <sup>st</sup> year of employment	10 <sup>th</sup> year of employment	20 <sup>th</sup> year of employment
a. Number of weeks paid at 100% of salary			
b. Number of weeks following paid at less than 100%			
c. % of salary covered during follow-on time period			

12. Please use the space below to clarify your responses or otherwise comment on this section. Be sure to indicate the question number on any specific clarifications. You are allowed a maximum of 500 characters; so do keep your entry brief!

## D. Long-Term Disability (LTD) Plan

This section covers long-term accident and sickness benefits and salary continuation plans that provide coverage after the end of short-term disability benefits. **Report plan information as of January 1st of the 2004-05 academic year.**

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1. Do you have an LTD plan that is not part of your state retirement system? If you answer **No**, go to the bottom of this section, Save and go to the next section.
    - Yes
    - No
  2. What percent of the total LTD cost does the institution pay (either directly or indirectly – e.g. in the form of stipends)? \_\_\_\_\_%
  3. How do you define disability?
    - Not able to perform one's OWN occupation (Not OWN)
    - Not able to perform ANY occupation (Not ANY)
    - Not able to perform one's OWN occupation for "X" weeks, and ANY occupation thereafter (Neither OWN nor ANY)
    - Other
  4. After how many months of employment are employees first eligible to participate in the LTD plan? \_\_\_\_\_ **Months**
  5. Does the LTD plan have a "pre-existing" clause?
    - Yes  No
  6. If Yes: What is the duration of the pre-existing clause in months? \_\_\_\_\_ **Months**
  7. Is the LTD plan integrated with Social Security or your state retirement system?
    - Yes  No
  8. Must employees use accrued leave prior to the start of LTD benefits?
    - Yes – must use sick leave
    - Yes – must use vacation leave
    - Yes- must use both
    - No
  9. How many days after disability occurs do LTD benefits commence (i.e. what is the elimination period)? \_\_\_\_\_ **Days**
  10. How many months do you allow employees on LTD to continue on insurance plans at the employee rate? \_\_\_\_\_ **Months**
  11. If disabled before age 60: How long is LTD benefits payable?
    - Until age "X"
    - For "X" number of years
    - For life
  12. If LTD benefits limited before age 60: Specify the age or number of years benefits payable.
 

Until Age "X"	For "X" Years
  13. What percent of monthly earnings does the LTD benefit pay? \_\_\_\_\_%
  14. Does the LTD plan have a maximum monthly \$ benefit?
    - Yes  No
  15. If Yes: What is the monthly maximum? \$ \_\_\_\_\_
  16. Please use the space below to clarify your responses or otherwise comment on this section. Be sure to indicate the question number on any specific clarifications. You are allowed a maximum of 500 characters; so do keep your entry brief!

### E. Retirement Plan

Report plan information as of January 1st of the 2004-05 academic year.

If you have different retirement plans within your institution, please report on the plan that you believe is the most representative of the coverage offered to your employees. This will typically mean the plan with the greatest enrollment or the one you wish to benchmark.

**Note:** Error messages suggesting a minimum or maximum value are provided as an aid only. You can over-ride the message by pressing the "Enter" key.

1. Does your institution offer a retirement plan for staff and faculty? If you answer **No to both, after answering, go to the bottom of the section and Save.**

	Yes	No
a. Staff		
b. Faculty		

2. Do staff and faculty have the same retirement plan - i.e. same costs, same benefits?

- Yes
- No – costs different
- No – benefits different
- No – costs and benefits different

3. Is participation in a retirement plan mandatory or voluntary for full-time employees?

- Mandatory
- Voluntary

**DEFINED BENEFIT PLAN (SKIP Q. 4 – 11 IF NOT APPLICABLE)**

This set of questions refers to retirement plans in which an employer provides a "determined" or "defined" benefit. The benefit at retirement age, usually paid on a monthly basis, is generally related to the participant's earning history, years of service or both.

4. How is the retirement plan funded?

	Faculty	Staff
State Employee Plan	<input type="radio"/>	<input type="radio"/>
System Plan – Self-Funded	<input type="radio"/>	<input type="radio"/>
System Plan – Purchased Insurance Product	<input type="radio"/>	<input type="radio"/>
Institution Plan – Self-funded	<input type="radio"/>	<input type="radio"/>
Institution Plan – Purchased Insurance Product	<input type="radio"/>	<input type="radio"/>

5. Is the Defined Benefit Plan offered to each job category as a Primary Retirement Plan (PRP), Supplemental Retirement Plan (SRP), or both?

	Primary Retirement Plan	Supplemental Retirement Plan	Offered as both PRP and SRP
a. Exempt Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Non-Exempt Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Are staff and faculty eligible to participate in the Defined Benefit Plan from the date of hire?

	Yes	No	If No, Age Requirement	If No, Service Requirement
a. Exempt Staff				
b. Non-Exempt Staff				
c. Faculty				

7. What is the minimum age, service, or age + service requirement for retirement with full and reduced benefits under this Defined Benefit Plan?

	Minimum Age Requirement	Minimum Service Requirement	Minimum Age + Service Requirement
<b>Exempt Staff</b>			
a. Full Benefits			
b. Reduced Benefits			
<b>Non-Exempt Staff</b>			
c. Full Benefits			
d. Reduced Benefits			
<b>Faculty</b>			
e. Full Benefits			
f. Reduced Benefits			

8. What is the maximum percentage of an employee's monthly salary and/or maximum dollars that your institution will contribute as a match to monthly employee contributions under this Defined Benefit Plan?

	Maximum % of Salary Per Month	Maximum \$ Per Month
a. Exempt Staff		
b. Non-Exempt Staff		
c. Faculty		

9. What is the vesting schedule for this Defined Benefit Plan?

	Exempt Staff	Non-Exempt Staff	Faculty
Immediate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upon retirement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10 a. Does your institution compute the **Normal Retirement Benefit** (NRB) as "**X%** \* *Years of Service* \* *Average Salary*?"

- Yes
- No

b. If Yes: What is the **X%** number?

**11. Definition of Pay Averaging Period (e.g., final five years)**

a. How does your institution compute the *Average Salary* referenced in Question 10 above?

- Formula 1:** Average of "Highest **N** Number of Years of Total Earnings"/ Base Salary up to IRS limits
- Formula 2:** The "Last **T** Years of Total Earnings"/Base Salary up to IRS limits
- Some other formula

b. If your institution uses Formula 1, enter the number of years represented by **N**

c. If your institution uses Formula 2, enter the number of years represented by **T**

**DEFINED CONTRIBUTION PLAN (SKIP Q. 12 – 19 IF NOT APPLICABLE)**

This set of questions refers to retirement plans in which the employer makes a contribution to an employee’s account and that amount accumulates over time to provide whatever amount of benefit it can purchase. The amount in the account is not defined, but rather will vary depending on level of contributions, length of time and accumulation, and extent of investment gains or losses.

**12.** Which of your institution’s Defined Contribution Plans has the largest enrollment? **Answer Q. 13 – 19 in terms of the most popular plan.**

- 401 (k)
- 403 (b)
- ESOP
- Other

**13.** Is your most popular Defined Contribution Plan offered to each job category as a Primary Retirement Plan (PRP), Supplemental Retirement Plan (SRP), or both?

	Primary Retirement Plan	Supplemental Retirement Plan	Offered as Both PRP and SRP
a. Exempt Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Non-Exempt Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**14.** Are staff and faculty eligible to participate in your most popular Defined Contribution plan from the date of hire?

	Yes	No	If No, Age Requirement	If No, Service Requirement
a. Exempt Staff				
b. Non-Exempt Staff				
c. Faculty				

**15.** What is the minimum age, service, or age + service requirement for retirement with full and reduced benefits under your most popular Defined Contribution Plan?

	Minimum Age Requirement	Minimum Service Requirement	Minimum Age + Service Requirement
<b>Exempt Staff</b>			
a. Full Benefits			
b. Reduced Benefits			
<b>Non-Exempt Staff</b>			
c. Full Benefits			
d. Reduced Benefits			
<b>Faculty</b>			
e. Full Benefits			
f. Reduced Benefits			

**16.** What is the maximum percentage of an employee’s monthly salary and/or maximum dollars that your institution will contribute as a match to monthly employee contributions under your most popular Defined Contribution Plan?

	Maximum % of Salary Per Month	Maximum \$ Per Month
a. Exempt Staff		
b. Non-Exempt Staff		
c. Faculty		

17. What is the vesting schedule for your most popular Defined Contribution Plan?

	Exempt Staff	Non-Exempt Staff	Faculty
Immediate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upon retirement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. How many different investment carriers are available to employees under your most popular defined contribution plan? \_\_\_\_\_

19. Does your most popular defined contribution plan permit the following?

**Yes            No**

- a. Loans
- b. Hardship Withdrawals

20. Please use the space below to clarify your responses or otherwise comment on this section. Be sure to indicate the question number on any specific clarifications. You are allowed a maximum of 500 characters; so do keep your entry brief!

## TIME OFF BENEFITS

A formal Paid Time Off (PTO) Plan combines two or more paid time-off benefits (e.g. Vacation Leave, Sick Leave, etc.). If you do not have a PTO Plan, skip Section F.

### F. Paid Time Off Plan - Combines Two or More Time-off Benefits

If your institution has a formal **Paid-Time-Off (PTO) Plan** (a plan that combines two or more paid time-off benefits, e.g., Vacation, Sick Leave), report on it here. In subsequent sections, where a paid time-off benefit has already been covered here, leave that section blank. If the PTO Plan does not cover a specific time-off benefit, report on it in one of the subsequent sections.

If your Time-Off policy is the same across all groups, **respond in the "All Employee Categories Treated Alike" column only**. If a policy varies by category, leave the "All Employee" column blank and respond for each employee category separately. **Answer these questions as they apply to full-time employees.**

Report plan information as of January 1st of the 2004-05 academic year.

1. Does your institution offer a Paid-Time-Off (PTO) plan that combines two or more time-off benefits, such as vacation and sick leave? If you answer **No**, go to the bottom of this section, Save and go to the next section.

- Yes  
 No

2. Which of the following time-off benefits are included in the PTO Plan? Mark all that apply for each employee category.

	Vacation	Sick Leave	Personal/ Admin Days	Holidays	Other
a. All Employees Treated Alike	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Executives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Exempt staff (Administrative and Professional)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Non-exempt staff (Clerical and Support)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Faculty (that are benefits eligible)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How many PTO days are earned in the 1<sup>st</sup>, 10<sup>th</sup>, and 20<sup>th</sup> year of employment?

	1 <sup>st</sup> year of employment	10 <sup>th</sup> year of employment	20 <sup>th</sup> year of employment
a. All Employees Treated Alike			
b. Executives			
c. Exempt staff (Administrative and Professional)			
d. Non-exempt staff (Clerical and Support)			
e. Faculty (that are benefits eligible)			

4. PTO Days Accrual Limits 0- Use a 10-year employee. If "No limit," mark circle and enter no numbers. If 0 days can be carried over, enter 0.

	Maximum # of days that can be carried over at end of year	Maximum # of days that can be carried over at any time
a. All Employees Treated Alike	<input type="radio"/>	<input type="radio"/>
b. Executives	<input type="radio"/>	<input type="radio"/>
c. Exempt staff (Administrative and Professional)	<input type="radio"/>	<input type="radio"/>
d. Non-exempt staff (Clerical and Support)	<input type="radio"/>	<input type="radio"/>
e. Faculty (that are benefits eligible)	<input type="radio"/>	<input type="radio"/>

5. Is the amount in excess of the limit compensable? Is there a limit on the amount? Mark NA, if not applicable.

- a. All Employees Treated Alike
- b. Executives
- c. Exempt staff (Administrative and Professional)
- d. Non-exempt staff (Clerical and Support)
- e. Faculty (that are benefits eligible)

Is excess amount compensable?			Is there a limit on the amount?		
Yes	No	NA	Yes	No	NA

6. What percentage of any unused PTO balance do you payoff upon termination or retirement? **If variable**, report the **maximum** percentage possible. If there is "No Payoff," enter 0.

- a. All Employees Treated Alike
- b. Executives
- c. Exempt staff (Administrative and Professional)
- d. Non-exempt staff (Clerical and Support)
- e. Faculty (that are benefits eligible)

% of unused balance paid off on Termination	% of unused balance paid off on Retirement

7. Please use the space below to clarify your responses or otherwise comment on this section. Be sure to indicate the question number on any specific clarifications. You are allowed a maximum of 500 characters; so do keep your entry brief!

### G. Vacation Leave

If vacation leave is part of a formal Paid-Time-Off (PTO) Plan, report this information in Section F and not here.

If your Vacation Leave policy is the same across all groups, **respond in the "All Employee Categories Treated Alike" column only**. If a policy varies by category, leave the "All Employee" column blank and respond for each employee category separately. **Answer these questions as they apply to full-time employees.**

Report plan information as of January 1st of the 2004-05 academic year.

1. Does your institution offer a Vacation Leave plan? If you answer **No**, go to the bottom of this section, Save and go to the next section.

- Yes
- No

2. How many vacation days are earned in the 1<sup>st</sup>, 10<sup>th</sup>, and 20<sup>th</sup> year of employment?

	1 <sup>st</sup> year of employment	10 <sup>th</sup> year of employment	20 <sup>th</sup> year of employment
a. All Employees Treated Alike			
b. Executives			
c. Exempt staff (Administrative and Professional)			
d. Non-exempt staff (Clerical and Support)			
e. Faculty (that are benefits eligible)			

3. Vacation Days Accrual Limits – Use a 10-year employee  
If *"No limit,"* mark circle and enter no numbers. If 0 days can be carried over, enter 0.

	Maximum # of days that can be carried over at end of year	Maximum # of days that can be carried over at any time
a. All Employees Treated Alike	<input type="radio"/>	<input type="radio"/>
b. Executives	<input type="radio"/>	<input type="radio"/>
c. Exempt staff (Administrative and Professional)	<input type="radio"/>	<input type="radio"/>
d. Non-exempt staff (Clerical and Support)	<input type="radio"/>	<input type="radio"/>
e. Faculty (that are benefits eligible)	<input type="radio"/>	<input type="radio"/>

4. Is the amount in excess of the limit compensable? Is there a limit on the amount? Mark NA, if not applicable.

	Is excess amount compensable?			Is there a limit on the amount?		
	Yes	No	NA	Yes	No	NA
a. All Employees Treated Alike						
b. Executives						
c. Exempt staff (Administrative and Professional)						
d. Non-exempt staff (Clerical and Support)						
e. Faculty (that are benefits eligible)						

5. What percentage of any unused vacation balance do you payoff upon termination or retirement? **If variable**, report the **maximum** percentage possible. If there is *"No Payoff,"* enter 0.

	% of unused balance paid off on Termination	% of unused balance paid off on Retirement
a. All Employees Treated Alike		
b. Executives		
c. Exempt staff (Administrative and Professional)		
d. Non-exempt staff (Clerical and Support)		
e. Faculty (that are benefits eligible)		

6. Please use the space below to clarify your responses or otherwise comment on this section. Be sure to indicate the question number on any specific clarifications. You are allowed a maximum of 500 characters; so do keep your entry brief!

## H. Sick Leave

If sick leave is part of a formal Paid-Time-Off (PTO) Plan, report this information in Section F and not here.

If your Sick Leave policy is the same across all groups, **respond in the "All Employee Categories Treated Alike" column only**. If a policy varies by category, leave the "All Employee" column blank and respond for each employee category separately. **Answer these questions as they apply to full-time employees.**

Report plan information as of January 1st of the 2004-05 academic year.

1. Does your institution offer a Sick Leave plan? If you answer **No**, go to the bottom of this section, Save and go to the next section.

- Yes  
 No

2. How many sick days are earned in the 1<sup>st</sup>, 10<sup>th</sup>, and 20<sup>th</sup> year of employment?

	1 <sup>st</sup> year of employment	10 <sup>th</sup> year of employment	20 <sup>th</sup> year of employment
a. All Employees Treated Alike			
b. Executives			
c. Exempt staff (Administrative and Professional)			
d. Non-exempt staff (Clerical and Support)			
e. Faculty (that are benefits eligible)			

3. Sick Days Accrual Limits – Use a 10-year employee

If *"No limit,"* mark circle and enter no numbers. If 0 days can be carried over, enter 0.

	Maximum # of days that can be carried over at end of year	Maximum # of days that can be carried over at any time
a. All Employees Treated Alike	<input type="radio"/>	<input type="radio"/>
b. Executives	<input type="radio"/>	<input type="radio"/>
c. Exempt staff (Administrative and Professional)	<input type="radio"/>	<input type="radio"/>
d. Non-exempt staff (Clerical and Support)	<input type="radio"/>	<input type="radio"/>
e. Faculty (that are benefits eligible)	<input type="radio"/>	<input type="radio"/>

4. Is the amount in excess of the limit compensable? Is there a limit on the amount? Mark NA, if not applicable.

	Is excess amount compensable?			Is there a limit on the amount?		
	Yes	No	NA	Yes	No	NA
a. All Employees Treated Alike						
b. Executives						
c. Exempt staff (Administrative and Professional)						
d. Non-exempt staff (Clerical and Support)						
e. Faculty (that are benefits eligible)						

5. What percentage of any unused sick leave balance do you payoff upon termination or retirement?  
**If variable**, report the **maximum** percentage possible. If there is *"No Payoff,"* enter 0.

	% of unused balance paid off on Termination	% of unused balance paid off on Retirement	Can unused balance be applied to retirement calculations?	
			Yes	No
a. All Employees Treated Alike				
b. Executives				
c. Exempt staff (Administrative and Professional)				
d. Non-exempt staff (Clerical and Support)				
e. Faculty (that are benefits eligible)				

6. Does your sick leave plan coordinate with your short-term disability benefit?
- Yes
  - No
  - Don't have short-term disability
7. Please use the space below to clarify your responses or otherwise comment on this section. Be sure to indicate the question number on any specific clarifications. You are allowed a maximum of 500 characters; so do keep your entry brief!

### I. Other Leave – Admin, Holiday, Unpaid, Sabbaticals, and Military

If any of the following leave is part of a formal Paid-Time-Off (PTO) Plan, report this information in Section F and not here.

If any of the following leave policies are the same across all groups, **respond in the “All Employee Categories Treated Alike” column only**. If a policy varies by category, leave the “All Employee” column blank and respond for each employee category separately. **Answer these questions as they apply to full-time employees.**

**Report plan information as of January 1<sup>st</sup> of the 2004-05 academic year.**

**1. Personal/Administrative Days of Any Type (in addition to vacation or sick leave)**

	Number of Pers/ Admin days granted per year	Can balance be carried over one year to the next?		Is any unused balance paid off on termination?	
		Yes	No	Yes	No
a. All Employees Treated Alike					
b. Executives					
c. Exempt staff (Administrative and Professional)					
d. Non-exempt staff (Clerical and Support)					
e. Faculty (that are benefits eligible)					

**2. Holidays, Unpaid Leave, and Sabbaticals: If number of holidays varies, please use current year.**

	Number of Holidays per year	Do you allow personal, unpaid leave?		Do you have a formal Sabbatical program		If Yes – typical # of years between sabbaticals?
		Yes	No	Yes	No	
a. All Employees Treated Alike						
b. Executives						
c. Exempt staff (Administrative and Professional)						
d. Non-exempt staff (Clerical and Support)						
e. Faculty (that are benefits eligible)						

**3. Military Leave: During military leave, does your institution pay any of the difference between the employee’s military and institutional pay? If yes – how much and for how long?**

	Does institution pay any of the difference?		If Yes – what percentage of the difference?	If Yes – for how many weeks?
	Yes	No		
a. All Employees Treated Alike				
b. Executives				
c. Exempt staff (Administrative and Professional)				
d. Non-exempt staff (Clerical and Support)				
e. Faculty (that are benefits eligible)				

**4. Please use the space below to clarify your responses or otherwise comment on this section. Be sure to indicate the question number on any specific clarifications. You are allowed a maximum of 500 characters; so do keep your entry brief!**

## J. Tuition Support

Answer these questions as they apply to full-time employees and report plan information as of January 1st of the 2004-05 academic year.

1. Does your institution offer a tuition support benefit? If you answer **No**, go to the bottom of this section, Save and go to the next section.
  - Yes – for attendance at this institution only (Yes-this inst only)
  - Yes – for attendance at this and selected other institutions (Yes-Selective)
  - Yes – for attendance at any institution (Yes-All)
  - No
2. Do you offer tuition support for both undergraduate and graduate courses?
  - Undergraduate only
  - Graduate only
  - Both

3. Do you provide tuition support for the following?

	Attending this institution?		Attending other institutions?	
	Yes	No	Yes	No
a. Child(ren) of employees				
b. Spouse of employees				
c. Domestic partner of employees				

4. What is the level of tuition support offered to employees and their dependents attending **this institution**?

	Undergraduate Courses	Graduate Courses
a. Employee	<input type="radio"/> Waive fees <input type="radio"/> Full tuition <input type="radio"/> 50% or more <input type="radio"/> < than 50% <input type="radio"/> Fixed \$ amount	<input type="radio"/> Waive fees <input type="radio"/> Full tuition <input type="radio"/> 50% or more <input type="radio"/> < than 50% <input type="radio"/> Fixed \$ amount
b. Children of Employee	<input type="radio"/> Waive fees <input type="radio"/> Full tuition <input type="radio"/> 50% or more <input type="radio"/> < than 50% <input type="radio"/> Fixed \$ amount	<input type="radio"/> Waive fees <input type="radio"/> Full tuition <input type="radio"/> 50% or more <input type="radio"/> < than 50% <input type="radio"/> Fixed \$ amount
c. Spouse of Employee	<input type="radio"/> Waive fees <input type="radio"/> Full tuition <input type="radio"/> 50% or more <input type="radio"/> < than 50% <input type="radio"/> Fixed \$ amount	<input type="radio"/> Waive fees <input type="radio"/> Full tuition <input type="radio"/> 50% or more <input type="radio"/> < than 50% <input type="radio"/> Fixed \$ amount
d. Domestic Partner of Employee	<input type="radio"/> Waive fees <input type="radio"/> Full tuition <input type="radio"/> 50% or more <input type="radio"/> < than 50% <input type="radio"/> Fixed \$ amount	<input type="radio"/> Waive fees <input type="radio"/> Full tuition <input type="radio"/> 50% or more <input type="radio"/> < than 50% <input type="radio"/> Fixed \$ amount

5. What is the level of tuition support offered to employees and their dependents attending **another institution**? **Skip if not applicable**

	Undergraduate Courses	Graduate Courses
a. Employee	<input type="radio"/> Waive fees <input type="radio"/> Full tuition <input type="radio"/> 50% or more <input type="radio"/> < than 50% <input type="radio"/> Fixed \$ amount	<input type="radio"/> Waive fees <input type="radio"/> Full tuition <input type="radio"/> 50% or more <input type="radio"/> < than 50% <input type="radio"/> Fixed \$ amount
b. Children of Employee	<input type="radio"/> Waive fees <input type="radio"/> Full tuition <input type="radio"/> 50% or more <input type="radio"/> < than 50% <input type="radio"/> Fixed \$ amount	<input type="radio"/> Waive fees <input type="radio"/> Full tuition <input type="radio"/> 50% or more <input type="radio"/> < than 50% <input type="radio"/> Fixed \$ amount
c. Spouse of Employee	<input type="radio"/> Waive fees <input type="radio"/> Full tuition <input type="radio"/> 50% or more <input type="radio"/> < than 50% <input type="radio"/> Fixed \$ amount	<input type="radio"/> Waive fees <input type="radio"/> Full tuition <input type="radio"/> 50% or more <input type="radio"/> < than 50% <input type="radio"/> Fixed \$ amount
d. Domestic Partner of Employee	<input type="radio"/> Waive fees <input type="radio"/> Full tuition <input type="radio"/> 50% or more <input type="radio"/> < than 50% <input type="radio"/> Fixed \$ amount	<input type="radio"/> Waive fees <input type="radio"/> Full tuition <input type="radio"/> 50% or more <input type="radio"/> < than 50% <input type="radio"/> Fixed \$ amount

6. Please use the space below to clarify your responses or otherwise comment on this section. Be sure to indicate the question number on any specific clarifications. You are allowed a maximum of 500 characters; so do keep your entry brief!

## K. Relocation and Housing

Report plan information as of January 1st of the 2004-05 academic year.

1. **Relocation Assistance:** Do you provide the following relocation assistance? Please respond for each category of employee.

	CEO		Faculty		Exempt Staff	
	Yes	No	Yes	No	Yes	No
a. Full payment of cost of moving household goods?						
b. Partial payment of cost of moving household goods?						
c. Home locator service?						
d. Advance trip to seek residence?						
e. Transportation and/or per diem during move?						
f. Spousal employment assistance?						

2. **Housing Assistance:** Do you provide the following housing assistance? Please respond for each category of employee.

	CEO		Faculty		Exempt Staff	
	Yes	No	Yes	No	Yes	No
a. Housing on campus for duration of employment?						
b. Temporary housing?						
c. Low interest loans?						
d. Down payment assistance?						
e. Closing costs for new home?						
f. Purchase of old residence?						
g. Commitment to purchase residence in future, e.g. upon termination?						

3. Please use the space below to clarify your responses or otherwise comment on this section. Be sure to indicate the question number on any specific clarifications. You are allowed a maximum of 500 characters; so do keep your entry brief!