



# SPFPA | Wage and Benefit Survey

---

All information will be kept strictly confidential.

The purpose of this survey is to collect information to better understand your present working conditions and to see how SPFPA can help you and your co-officers achieve a better standard of living for you and your families.

Security Officer Wage and Benefit Survey Instructions: Read each question carefully, then print the correct answer on the line next to the question, (Mark an X as many as applies.)

1. How would you rate your present working conditions at your workplace?

(a) Poor     (b) Fair     (c) Good     (d) Excellent

2. Of the following issues, which ones apply to your workplace?

(a) Poor job security                       (b) No voice on the job                       (c) Poor wages  
 (d) No respect from employer                       (e) Poor Benefits                       (f) Poor working conditions

3. Do you feel you have an adequate security force at your facility?                      (a) Yes                       (b) No

4. How does the company base its yearly raises?

(a) Favoritism                      No. yearly raises: \_\_\_\_\_  
 (b) Years of service  
 (c) Job Performance                      Date of last raise: \_\_\_\_\_  
 (d) Individually  
 (e) As a group                      How much per hour: \_\_\_\_\_

5. Do you feel the company DOES NOT RESPECT your position as a Security Professional?

(a) Yes     (b) No

6. What benefits do you receive form your company?

(a) Paid hospitalization for you and your family                       (b) Paid hospitalization single coverage  
 (c) Paid dental plan                       (d) Paid pension plan                       (e) How much per hour

---

WHEN COMPLETED, SEND TO SPFPA  
25510 Kelly Road, Roseville, Michigan 48066 (1 800 228.7492)

# SPFPA | Wage and Benefit Survey

---

All information will be kept strictly confidential.

Do You Co-Pay part of your Medical Insurance? (a) Yes \_\_\_ (b) No \_\_\_ How much per hour: \$ \_\_\_\_\_

I Do NOT receive Paid Medical Insurance from My Company \_\_\_\_\_

How many paid Sick Days do you receive annually? \_\_\_\_\_

How many paid Vacation Days do you receive annually? \_\_\_\_\_

How many paid Holidays do you receive annually? \_\_\_\_\_

How many Bereavement Days do you receive annually? \_\_\_\_\_

This section is designated to tell us what you expect SPFPA to achieve through  
NEGOTIATIONS at Your UNION CONTRACT.

Do You receive Shift Differential? (a) Yes \_\_\_ (b) No \_\_\_ How much per hour: \$ \_\_\_\_\_

Do you feel your company has an adequate training program? (a) Yes \_\_\_ (b) No \_\_\_

Rates of pay increases you would like to receive under Your Union Contract

First year per hour \$ \_\_\_\_\_ Second year per hour \$ \_\_\_\_\_ Third year per hour \$ \_\_\_\_\_

Have you ever been a member of a security union before? (a) Yes \_\_\_ (b) No \_\_\_

Do you think your contract should have a Strong Job Security Clause which requires your company to submit proof to the union as to any disciplinary action taken against you? (a) Yes \_\_\_ (b) No \_\_\_

Do you think your contract should provide for hospitalization benefits including prescription and dental benefits for you and your family paid for by the company? (a) Yes \_\_\_ (b) No \_\_\_

How many paid sick days should you receive a year? \_\_\_\_\_

Does your employer contribute to your pension plan? (a) Yes \_\_\_ (b) No \_\_\_ How much per hour: \$ \_\_\_\_\_

When SPFPA starts to Negotiate Your Contract on your behalf, what Benefits would be most important to you and your family? (Mark an X as many as applies.)

- \_\_\_\_\_ (a) Job security \_\_\_\_\_ (b) Family health coverage \_\_\_\_\_ (c) Sick days \_\_\_\_\_ (d) Holidays  
\_\_\_\_\_ (e) Vacation \_\_\_\_\_ (f) Retirement \_\_\_\_\_ (g) Short-Staffing \_\_\_\_\_ (h) Wages  
\_\_\_\_\_ (i) Respect \_\_\_\_\_ (j) All of the above benefits associated with UNIONIZATION

---

WHEN COMPLETED, SEND TO SPFPA  
25510 Kelly Road, Roseville, Michigan 48066 (1 800 228.7492)