



Dear Transportation Construction Contractor:

The American Road and Transportation Builders Association is not only your most aggressive and successful representative before Congress and federal agencies in Washington, DC, it is also widely acknowledged as the best source of information on transportation construction industry economics. As ARTBA's vice president for economics and research, it is my job and the job of our economics team not only to provide Congress and the American public information needed to make good transportation investment decisions but also to help ARTBA members be more competitive and successful business firms. One of the ways we do that is through our annual transportation contractors salary and benefits survey.

ARTBA's Transportation Development Foundation is conducting our annual Contractors Salary and Benefits survey. Each year, hundreds of ARTBA contractor members provide salary and benefits data for the survey and, in turn, receive information critical to their competitiveness and bottom line. In addition, the survey results are widely distributed to students and others and provide up-to-date information on outstanding career and earnings opportunities in transportation construction.

A copy of this year's survey form is enclosed. It should take only a few moments to fill out and return by fax or mail. The survey is entirely voluntary, but we need your participation to compile the most accurate and complete information. If you have locations in more than one state, please fill out a form for each state, to help us develop accurate regional results.

To preserve the confidentiality of the salary and benefits information you provide, we ask that you return your survey response by fax or mail to the Transportation Development Foundation by **November 30, 2009**, where all identifying information will be separated from the surveys before the responses are tallied and analyzed. All responses will be held in complete confidence; only aggregate results will be published.

Thank you very much in advance for your participation in this very important project of ARTBA's Transportation Development Foundation. Working together, we can provide more information on this exciting and rewarding industry and develop vital business information for companies like yours.

Sincerely,

A handwritten signature in black ink that reads "Bill Buechner". The signature is written in a cursive, slightly slanted style.

William Buechner
ARTBA Vice President Economics & Research

P.S. In appreciation of your participation in this survey, ARTBA will provide you with a **free summary of the results** plus the opportunity to purchase regional information for \$130, a savings of 50 percent.

ARTBA Transportation Development Foundation
2010 U.S. Transportation Construction Industry
Salary & Benefits Survey
(Please return by November 30, 2009)

A. INFORMATION ABOUT YOUR FIRM

1. **Please indicate the State where your firm is located.** If your firm operates in more than one state, please use a separate form for each state.

State abbreviation: ____

2. **Please indicate your firm's total volume of construction activity in 2009:**

- Under \$5 Million \$5 Million - \$25 Million \$25.1 Million - \$50 Million \$50.1 Million - \$100 Million Over \$100 Million

3. **Please indicate what type of contractor you are:**

- Highway Contractor Bridge Contractor Paving Contractor
 Grading Contractor Specialty Contractor

B. WAGE AND SALARY INFORMATION
Management & Office Employees

No. of Employees – Please enter the number of employees who fit each job classification. For employees serving two or more functions, report information in main job classification.

Salary – Please enter **annual base salary** for 2009. If 2 or more employees, show average.

Bonus – Please enter cash bonus for 2009. If 2 or more employees, show average.

Company Car – Please check if compensation includes personal use of a company car.

Job Classification	No. of Employees	Average Annual Salary	Average Annual Bonus	Use of Car
Chief Executive -- Highest paid executive, in overall authority. May be an owner.				
Executive V.P. or Operations V.P. -- Directs operations company-wide. May be an owner.				
Chief Estimator -- Senior estimating executive.				
Estimator/Take-off -- Performs estimating and/or take-off work under supervision.				
Chief Financial Executive or Chief Accountant -- Responsible for financial and accounting operations. Supervises 1 or more accountants.				
Accountant/Bookkeeper -- Keeps records, prepares reports and/or payroll under established system or supervision.				
Purchasing Agent -- Buys & sells supplies and equipment.				
Personnel/EEOC Director -- Responsible for personnel matters/EEOC compliance.				
Safety Director/Officer -- Responsible for company compliance with state and federal safety regulations.				

Job Classification	No. of Employees	Average Annual Salary	Average Annual Bonus	Use of Car
Office Manager – Supervises clerical staff in main or branch office.				
Computer Manager -- Sets up and manages computers or network. May perform data entry. Not a programmer.				
Secretary -- To a senior executive.				
Clerical -- Performs clerical tasks in main office or field. Not a senior secretary or supervisor.				
Chief Engineer -- Top engineering professional on staff.				
Office Engineer -- Performs detailed engineering tasks under supervision.				
Project Manager/Level I -- Normally supervises jobs under \$5 million.				
Project Manager/Level II -- Normally supervises jobs \$5 million or over.				
Project Engineer/Level I -- Provides technical services for jobs under \$5 million.				
Project Engineer/Level II -- Provides technical services for jobs \$5 million or over.				
Superintendent -- Supervises jobs on-site.				
Chief Maintenance Officer – Responsible for maintenance of equipment and/or building				

Construction Employees

-**No. of Employees** – Same as above.

-**Avg. Hourly Wage** – Please enter **base hourly wage rate** for hourly employees. If salaried, convert to - hourly rate. If two or more employees, please show the average.

-Please enter the **average increase** in base hourly wage **from 2008 to 2009**.

-Please enter the **lowest and highest hourly wages** for each position.

-**Avg. Hourly Benefit** – If union provides benefits, please enter the average hourly benefit cost here. If you provide benefits, please leave blank and enter data in Part C below.

Job Classification	No. of Employees	Average Hourly Wage Base	Avg. Increase from 2008 (%)	Hourly Wage - Low	Hourly Wage - High	Average Hourly Benefit (Union)
Equipment Mechanic – Maintains company-owned or leased trucks and heavy equipment.						
Carpenter - Journeyman – Skilled, not an apprentice or helper.						
Carpenter - Foreman						
Concrete Finisher - Journeyman – Skilled concrete worker, not a helper.						
Concrete Finisher - Foreman						
Ironworker – Journeyman – Structural or reinforcing; skilled, not an apprentice or helper						
Ironworker - Foreman						
Piledriver – Journeyman – Skilled, not an apprentice or helper						

Piledriver - Foreman						
Welder – Journeyman – Skilled, not an apprentice						
Welder - Foreman						
Excavating Machine Operator - Skilled						
Grader, Dozer or Scraper Operator - Skilled						
Paving or Surfacing Equip. Oper. - Skilled						
Truck Driver -- Heavy motor vehicle operator.						
Skilled Highway Worker -- Skilled general highway worker.						
Laborer or Helper -- Semi- or unskilled general on-site worker.						

Unions. Are your hourly employees unionized? Yes No

2010 WAGE AND SALARY INCREASES. I estimate that the average increase in 2010 will be _____ % for salaried employees and _____ % for hourly employees.

C. ADDITIONAL COMPENSATION

1. Paid Vacation and Sick Leave. Please indicate the typical number of days of paid vacation, sick leave or other personal leave offered to employees.

	Years of Service				
	Under 1	3 Years	5 Years	10 Years	15 or more
Combined Time Off (CTO):					
Salaried Employees					
Hourly Employees					
If company does not offer CTO:					
Paid Vacation/Personal Days per Year:					
Salaried Employees					
Hourly Employees					
Paid Sick Leave Days per Year:					
Salaried Employees					
Hourly Employees					

2. Medical and Disability Insurance. Please indicate benefits you provide your employees (and their dependents, if applicable) by checking the appropriate box.

	Company Pays All	Company Pays Some	Not Offered
Medical Insurance:			
Salaried Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hourly Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Insurance:			
Salaried Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hourly Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Long-Term Disability Insurance:

Salaried Employees
 Hourly Employees

3. Section 125 Flexible Benefits Plan. Does your company offer Section 125 flexible benefits plan?

Yes No

If yes, please check the plans below that you offer

Full Cafeteria Dependent Care Reimbursement Account
 Medical Reimbursement Account Premium Conversion (pay premiums with pre-tax)

4. Life Insurance. Please indicate the company-paid life insurance you provide your employees by checking the appropriate box. If offered, please indicate whether the benefit is a fixed amount independent of salary or an amount related to annual salary.

	None	Fixed Amount	Under 75% of Salary	75% - 125% of Salary	Over 125% of Salary
Life Insurance:					
Salaried Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hourly Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Retirement. Please indicate all types of pension benefits your firm provides employees by checking the appropriate box or boxes.

	None	Employer-paid Defined-Benefit Pension	Profit-Sharing	401(K)	Keogh or SEP-IRA	Other Employee-Paid Plan
Retirement:						
Salaried Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hourly Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your firm offers a 401K plan, please check to indicate whether firm matches any or all of the employee's contribution.

No firm match
 Firm matches less than \$ for \$
 Firm matches \$ for \$

D. WORKFORCE COMPOSITION

Please indicate the number of employees in your firm that correspond to each category.

	Total No. Employees	Permanent Workers	Part Time/Temporary	Hispanic	African-American	Other Minority	Women
Salaried Employees							
Hourly Employees							

Please either fax or return the completed survey by November 30, 2009 to:

ARTBA-TDF Salary & Benefits Survey
 1219 28th Street, NW
 Washington, DC 20007
 FAX : (202) 289-4435

THANK YOU FOR YOUR PARTICIPATION.

SURVEY PARTICIPANTS WILL RECEIVE A FREE COPY OF THE SURVEY RESULTS, AND HAVE THE OPTION OF PURCHASING REGIONAL INFORMATION AT A SPECIAL DISCOUNT RATE.

PLEASE RETURN THE ATTACHED FORM TO ENSURE YOU RECEIVE YOUR FREE RESULTS!



PARTICIPANT FORM

Thank you for your participation. Please fill out the information below to receive a **free copy** of the national results via email.

Name: _____

Company: _____

Email: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

To purchase the regional information for the participant price of \$130— a 50% discount—please fill out this additional information:

Method of Payment:

Check one: Check Enclosed Visa MasterCard American Express

Credit Card # _____ Expiration Date _____

Name on card _____ Signature _____

Total due: (Multiply the number of units ordered times the unit price & add 9.5% for shipping & handling):

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