

## Farm Employee Compensation Survey

Your Name: \_\_\_\_\_ Farm Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

1. How many years has this person been employed in your business? \_\_\_\_\_ years

2. How many total years of overall work experience does this person have? \_\_\_\_\_ years

3. Is this person in a management role? (makes decisions)  Yes  No Job title? \_\_\_\_\_

4. Is this person responsible for supervising other people?  Yes  No How many? \_\_\_\_\_

5. For what year are you reporting this person's compensation? 20\_\_\_\_\_

6. What is the total value (\$) of all cash wages paid to this person for the year? \$ \_\_\_\_\_

7. What is the total value of all benefits paid to this person for the year? \$ \_\_\_\_\_

8. What is the total value of all bonuses or incentives paid to this person for the year? \$ \_\_\_\_\_

9. What is the total number of hours that this person worked for the year? (actual or estimated)  
\_\_\_\_\_ hours

10. Is this person a member of the business owner's family?  Yes  No

11. Does this person have an ownership interest in the business?  Yes  No

12. What is the highest level of education this person has completed? (Check one below.)

Less than high school  High school  Some technical training

2-year degree  4-year degree  Advanced college degree

13. What benefits did this person receive as part of his/her compensation? (Check all that apply.)

<input type="checkbox"/> Retirement	<input type="checkbox"/> Paid sick days	<input type="checkbox"/> Farm produce to consume (milk, meat, eggs etc.)
<input type="checkbox"/> Health insurance	<input type="checkbox"/> Housing	<input type="checkbox"/> Clothing
<input type="checkbox"/> Life insurance	<input type="checkbox"/> Utilities	<input type="checkbox"/> Continuing education
<input type="checkbox"/> Disability insurance	<input type="checkbox"/> Meals	<input type="checkbox"/> Recreation
<input type="checkbox"/> Paid vacation/leave days	<input type="checkbox"/> Personal use of vehicle	<input type="checkbox"/> Farm commodities

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## Farm Compensation Benchmark Instructions

Complete the form for one employee for one complete year. Project a whole year of earnings if reporting for the current year.

Please enter the farm name and your contact information so that we can include you in the database and reach you in case of any follow up questions.

Enter an employee position title to help us match this position closely with peers.

For question 3, a "management" position involves making some decisions as well as doing labor. A person could have a management position without being a supervisor.

For question 4, a "supervisor" position is responsible for the work of at least one other person. It would be very unlikely to be a supervisor without also being a manager.

For question 7, the "total value of benefits" please consider the following items as you calculate a total:

- a. If paid annual leave (vacation) or sick days are provided please indicate the total value of these days. For example, if an employee earns \$10/hour and they get paid for a vacation day of 8 hours then the value of each vacation day is \$80.
- b. If retirement is provided please consider the value of the employer contribution.
- c. Please include employer contribution value for any insurances provided.
- d. Estimate market value of any employer-provided housing.
- e. Estimate value of employer share of any utilities.
- f. Estimate the value of other miscellaneous benefits noted .

Make additional copies of this input sheet and complete for each employee that you would like to include in the benchmark. You can download additional copies from the website at:  
([www.agworkforcedevelopment.com/resources/farm-compensation-benchmark](http://www.agworkforcedevelopment.com/resources/farm-compensation-benchmark))

All information is kept strictly confidential.

Thanks for your help gathering this important information!

Rich

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