

Custom Compensation & Benefits Survey with MYR

FOR ELECTRIC UTILITIES

Payroll Date: June 1, 2008
Data Due: July 11, 2008
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2008 Custom Compensation & Benefits Survey

Please return this page with your data:

Company Name _____

Street Address _____

City, State, Zip _____

Who should be contacted to answer questions about your Survey submission?

Name _____

Title _____

Phone # () _____ FAX # () _____

E-Mail _____

Address if different than above _____

To whom should the Survey results be sent?

Name _____

Title _____

Phone # () _____ FAX # () _____

E-Mail _____

Address if different than above _____

Please Return by July 11, 2008 to:

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2008 Custom Compensation & Benefits Survey
Executive Positions

Primary Industry	Check the box most descriptive of the total organization's scope.
Unit Number	Enter a number to identify and track a unit. Begin with "1" for the corporate/primary unit.
Budget	Enter actual last fiscal year budget for your T&D operation in your division. \$2.3 billion would be entered as \$2,300,000,000. \$230 million would be entered \$230,000,000.
Salaried Employees	Enter number exclusive of crafts.
Hourly & Craft Employees	Enter number exclusive of salaried.
Levels from CEO	Refers to the chief executive of the division, subsidiary, or business unit. Count the chief executive as "0". Positions reporting to that executive are shown as "1".
Target Bonus %	Report your target short-term incentive as a percent of base.
Annual bonus	Report amount earned for last year's performance. Do not include amounts earned from multi-year plans.
LTI Valuations	Report details of long-term plans for most recent grants.

Information Specific to Positions in Operations

Budget	Enter actual last fiscal year budget for area of responsibility.
Employees	Enter the actual number of all employees for area responsibility.

2008 Custom Compensation & Benefits Survey Executive Positions

Long-Term Incentive Plans

- A. Stock Option (SOs).** A stock option that gives an executive the right to buy a certain number of shares in the company at a fixed price for a certain number of years.
- B. Restricted Stock.** Shares of employer stock awarded to the executive at no cost that are not vested until certain conditions are met. For example, the shares may vest at 20% per year.
- C. Long-Term Cash Plan (LTIP).** Units, provided at no cost, to the executive. The value of these units is earned by meeting specific performance goals.
- D. Stock Appreciation Right (SARs).** This is the right to receive, at no cost to the executive, the appreciation on a number of shares of employer stock over a specified period. SARs are often granted in tandem with stock options to help finance the purchase of the options and/or pay tax if any is due upon exercise of the options; these SARs sometimes are called "tandem SARs." In private companies, SARs are very similar to Phantom Stock.
- E. Phantom Stock.** This is the unit corresponding to employer stock given to the executive that is simply a promise to pay a bonus in the form of the equivalent of either the value of company shares or the increase in that value over a period of time. May be referred to as SARs.

Non-Cash Perquisites

- 1. Automobile.** Company provides an automobile or allowance to the executive. Provide Monthly Allowance amount and/or Monthly Cost, if any, to employee for company provided auto.
- 2. Deferred Compensation Plan.** This is the option to defer a portion or all of salary or bonus. Deferred compensation plans are typically nonqualified.

2008 Custom Compensation & Benefits Survey
Executive Positions

Job Number	Job Title	Job Description
Business Unit Positions		
A	COO/Senior VP	This is the number two executive in the corporation, often titled Chief Operating Officer. Responsible for management of division/business unit general managers or VPs for operating areas.
B	VP Transmission and/or Distribution	Responsible for electric Transmission & Distribution (T&D), Transmission, or Distribution business units. Reports to the COO/Senior Vice President if that position is staffed. Day to day responsibilities may include planning, maintenance, operations, new construction and replacement construction.
C	VP Engineering	Responsible for all engineering for T&D, Transmission, or Distribution assets. Reports to the COO/Senior Vice President if that position is staffed.
D	Capital Construction Manager	Responsible for all capital construction for T&D, Transmission, or Distribution assets. Reports to the VP Transmission and/or Distribution.
E	Engineering Manager	Responsible for all engineering to support T&D, Transmission, or Distribution assets. In some instances, will oversee sourcing of design or construction services for large or complex capital construction projects. Reports to the VP Transmission and/or Distribution or VP Engineering.
F	Operations Manager	Responsible for all operations and maintenance activities for T&D, Transmission, or Distribution assets. Reports to the VP Transmission and/or Distribution.

2008 Custom Compensation & Benefits Survey Professional Positions

Primary Industry Utility Engineering/Construction Unit Number _____ Annual Budget (actual) _____ # Salaried Employees _____ # Craft Employees: _____

HQ Location _____ Type of Corporation: Public Private

(Compensation in 000's)

Title	Base	Bonus	Target Bonus %	Levels from CEO	Salary Range			LTIP	NQSO		ISO		Restricted		Phantom/SARS	
					Min	Mid	Max		# Shares	Exercise Price	# Shares	Exercise Price	# Shares	Stock Value at Grant	# Shares	Annual Appreciation
Business Unit Positions																
COO/Senior VP																
VP Transmission and/or Distribution																
VP Engineering																
Capital Construction Manager																
Engineering Manager																
Operations Manager																

Enter "Yes" below for any of the following Perquisites or Executive Benefits you offer.

Title	Automobile Monthly Cost to EE	Auto Allowance (Monthly)	Operations Revenue Responsible Area	Operations Total # EE Responsible Area	Deferred Compensation
Business Unit Positions					
COO/Senior VP					
VP Transmission and/or Distribution					
VP Engineering					
Capital Construction Manager					
Engineering Manager					
Operations Manager					

2008 Custom Compensation & Benefits Survey
Professional Positions

Annual Base Salary This survey is for exempt personnel only.

If your company has a reasonable match to the survey position and level, please report your incumbents. If there are no incumbents to report, mark "N/A" for that job. Report annual base salary and annual current year bonus in thousands (i.e., 83,432 = 83.4). Base salary is as of **June 1, 2008** or the nearest payroll date.

Annual Bonus Enter the annual bonus paid for the most recently completed fiscal year. If an incumbent received a partial bonus (new hires, promotions, etc.), annualize the amount. If the incumbent is not eligible to receive a bonus, leave the annual bonus amount column blank.

Salary Ranges The section below concerns formal salary ranges. If your company does not have a formal salary range structure, leave this section blank.

Regional Data Regional maps and metropolitan data will be created for all positions, so please report the zip code for the incumbent's main office location. If the incumbent works in multiple locations, use your best judgment to indicate the person's main location. Data on individual incumbents are required to produce accurate regional maps, so we ask that you do not report averages for job levels.

**2008 Custom Compensation & Benefits Survey
Benefits**

This survey is specifically geared to **full time employees**.

Paid Time Off Benefits

How many paid company holidays are offered each calendar year? _____ Days

How many paid personal days are offered each calendar year? _____ Days

Does your company offer Paid Time Off or Vacation? _____

What is the accrual schedule in days?

<i>Years of Service</i>	<i>Annual Accrual</i>	<i>Comments</i>
_____ <i>Years</i>	_____ <i>Days</i>	_____
_____ <i>Years</i>	_____ <i>Days</i>	_____
_____ <i>Years</i>	_____ <i>Days</i>	_____
_____ <i>Years</i>	_____ <i>Days</i>	_____
_____ <i>Years</i>	_____ <i>Days</i>	_____

What is the maximum accrual allowed with carry over? _____ Days

Yes **No** Do new hires have a minimum period of service required before PTO/Vacation accrual begins?

If yes, how long? _____ Days

Yes **No** Does your company offer a traditional sick leave program?

If yes, what is the annual accrual schedule? _____

Yes **No** Can sick days be carried over to the next year?

What is the maximum number of sick days that be carried over? _____ Days

2008 Custom Compensation & Benefits Survey
Benefits

Professional Development

Yes **No** Does your company offer educational assistance?

If yes, what percent of tuition costs are reimbursed? _____%

What is your annual maximum reimbursement? \$_____

Yes **No** Must the course relate to job duties to be covered?

Yes **No** Are both full-time and part-time employees eligible?

If reimbursement depends on grade, please list percentages below:

A _____ %

B _____ %

C _____ %

D or Below _____ %

Yes **No** Does your company offer training in support of Professional Development?

Yes **No** Does your company reimburse employees for costs to obtain a professional license?

Yes **No** Does your company pay for renewal costs for professional licenses and registrations?

Yes **No** Does your company pay for dues and membership fees related to professional societies?

Professional Development Comments:

2008 Custom Compensation & Benefits Survey
Benefits

Retirement Plans

401K

Does your company offer (check all that apply)?

- 401K**
 Loan Provision
 401K Match
 Post Tax Contributions

Yes **No** Is there a company match provision?

Matching Formula: _____% of first _____%

Vesting Schedule _____

When is employee eligible to contribute? _____

Yes **No** Are you using auto enrollment?

If yes, is it?

- Safe Harbor**
 Standard

Other Retirement

Does your company offer (check all that apply):

Profit Sharing Plan

If yes, what is the formula? _____

What is the eligibility? _____

What is the vesting schedule for contributions? _____

Pension Plan

If yes, what is the formula? _____

What is the eligibility? _____

What is the vesting schedule for contributions? _____

Stock Purchase Plan

ESOP Plan

Retirement Comments:

2008 Custom Compensation & Benefits Survey Benefits

Health and Welfare Benefits

Which of the following apply to your benefit plans:

- Yes** **No** Does medical plan include wellness features?
- Yes** **No** Does your company offer benefits to domestic partners?
- Yes** **No** Do you offer a health savings account (HSA)?
- Yes** **No** Do you offer online benefits enrollment?
- Yes** **No** Do you reimburse employees who waive their right to medical coverage?

If yes, how much? \$_____

Per week month year

- Yes** **No** Do you offer a vision plan?
- Yes** **No** Do you offer a mental health plan? (Either included in your medical plan or as a separate plan)
- Yes** **No** Do you offer supplemental life insurance?
- Yes** **No** Do you offer long-term care coverage?
- Yes** **No** Do you offer retiree medical?
- Yes** **No** Do you offer retiree life insurance?

List any significant changes designed to control the costs of your medical plans since last year.

What is the percent change in the total cost of the medical plan from the previous year?

Increase _____% or Decrease _____%

When is the employee eligible for benefits? _____

2008 Custom Compensation & Benefits Survey
Benefits

****Please provide average or most prevalent rates.****

	Total Monthly Premium Amount Paid to Carrier per EE		Monthly Employee Contribution		Comments
Medical Elections (complete all that apply)					
PPO	EE	\$	EE	\$	
	EE+Spouse	\$	EE+Spouse	\$	
	EE+Child	\$	EE+Child	\$	
	EE+Children	\$	EE+Children	\$	
	EE+Family	\$	EE+Family	\$	
HMO	EE	\$	EE	\$	
	EE+Spouse	\$	EE+Spouse	\$	
	EE+Child	\$	EE+Child	\$	
	EE+Children	\$	EE+Children	\$	
	EE+Family	\$	EE+Family	\$	
EPO	EE	\$	EE	\$	
	EE+Spouse	\$	EE+Spouse	\$	
	EE+Child	\$	EE+Child	\$	
	EE+Children	\$	EE+Children	\$	
	EE+Family	\$	EE+Family	\$	
High Deductible Plan Is it: <input type="checkbox"/> HSA <input type="checkbox"/> HRA <input type="checkbox"/> Neither	EE	\$	EE	\$	
	EE+Spouse	\$	EE+Spouse	\$	
	EE+Child	\$	EE+Child	\$	
	EE+Children	\$	EE+Children	\$	
	EE+Family	\$	EE+Family	\$	
Traditional Major Medical (80/20 or 70/30)	EE	\$	EE	\$	
	EE+Spouse	\$	EE+Spouse	\$	
	EE+Child	\$	EE+Child	\$	
	EE+Children	\$	EE+Children	\$	
	EE+Family	\$	EE+Family	\$	

2008 Custom Compensation & Benefits Survey
Benefits

	Total Monthly Premium Amount Paid to Carrier per EE		Monthly Employee Contribution		Comments
Dental Elections (complete all that apply)					
DMO	EE	\$	EE	\$	
	EE+Spouse	\$	EE+Spouse	\$	
	EE+Child	\$	EE+Child	\$	
	EE+Children	\$	EE+Children	\$	
	EE+Family	\$	EE+Family	\$	
PPO/ Indemnity	EE	\$	EE	\$	
	EE+Spouse	\$	EE+Spouse	\$	
	EE+Child	\$	EE+Child	\$	
	EE+Children	\$	EE+Children	\$	
	EE+Family	\$	EE+Family	\$	

	Coverage Basis (e.g., 1x salary, flat amount)	% of cost paid by company	% of cost paid by company for spouse or partner	% of cost paid by company for child	Maximum Benefit
Life Insurances					
Basic Life Employee Only					
Dependent Life Spouse, Child, Domestic Partner					

Life Insurance Comments:

Disability Coverage	Elimination Period	Coverage Duration	
Short-Term Disability			% of weekly salary up to a max of _____% _____ max
Long-Term Disability			% of monthly salary up to a max of _____% _____ max

Insurance Disability Comments:

2008 Custom Compensation & Benefits Survey
Benefits

IRS Section 125 Plans

Yes **No** Does your company offer Section 125 plans?

Yes **No** For medical/dental employee contributions?

Yes **No** For medical spending account/FSA?

Yes **No** For dependent care spending account/FSA?

Yes **No** For other premium payments (Life, Disability, etc?):

Describe: _____

2008 Custom Compensation & Benefits Survey
Benefits

Salary Increases-Merit Budget

Yes **No** Does the company have a formal salary increase budget? (For merit, general or both.)

Yes **No** Company gives merit increases only

Yes **No** Company gives general increases only

Yes **No** Company gives both merit and general increases

When are salary increases granted:

Yes **No** Employee anniversary date

Yes **No** Fixed date

If yes, fixed date for all increases _____
Month Day

Indicate the average increase as a percent of total payroll:

	Merit	General	Equity	Promotion	Total	Other: _____
Last Year						
Current Year						
Next Year						

2008 Custom Compensation & Benefits Survey Benefits

Relocation Policy

Which employee groups are eligible for relocation?

- College Graduates
- Other New Hires
- Exempt Employees
- Non-Exempt Employees
- Officers

Which moving expenses are typically covered (Check all that apply)?

- House hunting trips
- Temporary living expenses
- Movement of household goods
- Movement of vehicles
- Mileage reimbursement

Do you buy former residences?

- Yes
- No

Do you gross up expenses for taxes?

- Yes
- No

Relocation Comments:

Miscellaneous Bonus Awards

Do you provide sign-on bonuses for college graduates? **Yes** **No**

Do you provide sign-on bonuses for positions other than college graduates? **Yes** **No**

If yes, describe circumstances: _____

Describe other company bonuses: _____

2008 Custom Compensation & Benefits Survey Benefits

Automobile/Mileage Allowance

Indicate by title if an automobile, truck or vehicle allowance is provided. We are only interested in determining whether the position "typically" includes a vehicle or vehicle allowance, not the number of employees.

Job Category	Vehicle Provided		OR	Auto Allowance Average Amount/Month
	Auto	Truck		
Project Management	<input type="checkbox"/>	<input type="checkbox"/>		\$
Construction Management	<input type="checkbox"/>	<input type="checkbox"/>		\$
Construction Supervisory	<input type="checkbox"/>	<input type="checkbox"/>		\$
Design Staff	<input type="checkbox"/>	<input type="checkbox"/>		\$
Engineering Staff	<input type="checkbox"/>	<input type="checkbox"/>		\$
Safety Directors	<input type="checkbox"/>	<input type="checkbox"/>		\$
Other Safety Staff	<input type="checkbox"/>	<input type="checkbox"/>		\$

Yes **No** Does your company offer gasoline credit cards?

Yes **No** Do you reimburse employees for business use of their vehicles?

2008 Custom Compensation & Benefits Survey
Benefits

Work/Life Benefits

(Please see glossary at the end for * terms.)

Yes **No** Does your company offer a Compensatory Time* program?

Yes **No** Does your company offer Flexible Schedules?

Yes **No** Reduced Workweek*?

Yes **No** Four day/forty* hour week or similar scheduling?

Yes **No** 9/80 Schedule*?

Yes **No** Has your company adopted a business casual dress code?

If yes: Friday Only All week

Work/Life Comments:

2008 Custom Compensation & Benefits Survey Benefits

Turnover

Please only provide statistics for full-time, regular, domestic employees (no craft):

Headcount as of January 1, 2007 _____

Headcount as of December 31, 2007 _____

Provide the number of terminations during the calendar year for the following reasons (Do not include transfers or promotions):

Non-Company Directed Terminations	Project Manager Family	Engineering Family	Estimating Family
Retired			
Deceased			
Medical/LTD			
Voluntary (quits)			
If to another job, what was the percent increase in compensation?			
Other:			

Company Directed Terminations	Project Manager Family	Engineering Family	Estimating Family
Layoff due to project completion			
Non-project layoff due to position elimination			
For cause			
Other:			
Total Terminations			

2008 Custom Compensation & Benefits Survey Benefits

GLOSSARY OF TERMS

9/80:

Schedule in which different employees have alternate Fridays off.

Compensatory Time:

Compensatory time off for exempt employees who are required to work on a paid holiday or weekend due to job schedules (FLSA prohibits for non-exempt employees).

ERISA:

The Employee Retirement Income Security Act. Plans that qualify under ERISA meet strict federal guidelines for non-discrimination.

Four Day/Forty Hour:

Any combination of schedules that provides a four-day workweek.

IRS Section 125:

Section 125 of the Internal Revenue Code allows companies to give employees the opportunity to pay for benefits on a pre-tax basis. The most common alternatives are Premium Only Plans, Flexible Spending Accounts (FSA) and Cafeteria Plans.

Long-Term Disability:

A long-term medical condition typically lasting 6 months or more which makes an employee unable to perform his/her job.

Reduced Workweek:

Other combinations which allow for time off with full benefits for less than forty hours.

Short-Term Disability:

A medical condition that lasts for a period of time, usually less than 6 months, which makes an employee unable to perform his/her job.