



The 2008-2009 Policy and Benefit Practices Survey is now available. This Council survey provides the most comprehensive, reliable, and current information on Utah employers' policy and benefit practices. The information was collected in summer 2008 from 143 companies covering approximately 59,800 Utah workers.

Policy practices surveyed include: work schedules, shift differentials, alternative work arrangements, overtime, recruiting, drug and alcohol screening, and dress standards, plus holiday, vacation and sick pay. Benefit practices surveyed include: medical insurance, short-term and long-term disability insurance, cafeteria plans, 401(k) plans, pension plans, retiree benefits and part-time employee benefits.

This one-of-a-kind survey includes over 300 questions covering personnel policies and benefits of Utah employers.

The report is tabulated for three employee types: *Production, Maintenance and Service; Office, Clerical and Technical; and Exempt Supervisory, Managerial and Professional*, within five industry and employment breakdowns: *Manufacturing and Non-Manufacturing; 1 - 99 Employees, 100 - 249 Employees, and 500+ Employees*; and overall *Total responses by employee type*.

We offer a significant discount to participating firms. Contact the Council office for participant price or for more information.

Do you want to know what Utah employers do regarding . . .

- . . . paid time off practices?
- . . . healthcare costs and cost containment?
- . . . drug and alcohol testing policies?
- . . . casual dress policies?
- . . . compensation policies?
- . . . retirement and savings plans like 401(k) plans?
- . . . safety practices?
- . . . shift differentials?
- . . . employee communications?
- . . . alternative work schedules (i.e. telecommuting, flextime, compressed work week and/or job sharing)?

**This survey has the answers.
Order Yours Today!**

Number Ordered	Survey	Member Price	Non-Member Price	Electronic Format	Paper Format
	2008-2009 Policy & Benefit Practices Survey	\$199+13.53 tax = \$212.53	\$399+27.13 tax = \$426.13		

Name of Firm: _____ Email address: _____

Name of Recipient: _____ Title: _____

Mailing Address: _____ Phone: _____ Fax: _____

City/State/Zip: _____

Bill me ____ (**members only**) Payment enclosed ____

Charge credit card: Visa ____ MasterCard ____ American Express ____

Name as shown on card: _____ Expiration Date: _____ Total \$ _____

Credit card number: _____ Signature: _____