

2010-2011 SurveyNavigator™ for ICMA – The One-stop Resource for Salary & Benefits Data for Local Government Leadership Positions

It's that time of year again...Please participate in the annual Salaries and Benefits Survey for the International City/County Management Association.

REMINDER: Members who submit full salary and benefits data get FREE year-round access to the SurveyNavigator™ website, featuring the most current and comprehensive local government salary and benefit data available (a value of \$375).

Name:
 Job Title:
 Name of City/ County:
 Mailing Address:
 Mailing Address 2:
 City: State: Zip:

IMPORTANT! Update your Information Here.
Name:
Job Title:
Phone:
Email Address:

As in past years, the ICMA Salary and Benefits Survey will be powered and managed by compensation professionals at The Waters Consulting Group, Inc. (WCG), who have worked harder than ever to make it easy for you to submit your organization's data. In addition to this "paper" survey, WCG has provided coordinator user names and passwords, giving your organization the ability to participate online (<http://www.surveynavigator.com/icma>).

The deadline for submission of your data is November 12, 2010.

If you have any questions regarding this survey, please contact TL Cox at The Waters Consulting Group, Inc., via e-mail at participate@watersconsulting.com or at 972-481-1950.

SUBSCRIPTION RATES

ICMA Member Municipality-Survey Participant = FREE
 ICMA Member-Non Participant = \$375
 Non Member-Survey Participant = \$375
 Non Member Municipality-Non Participant = \$750
 Private Sector = \$1,500

ICMA Job ID	ICMA Job Title	Your Organization's Job Title	Job Reports to (Title)	Full Time/ Part Time (F or P)	# of Direct Reports	Actual Salary, Excluding Deferred Compensation (Annual\$)	Salary Range Min. (Annual \$)	Salary Range Max. (Annual \$)
Example:								
6	Chief Financial Officer	Finance Director	Chief Administrative Officer	F	1	\$90,000	\$80,000	\$120,000
1	Chief Elected Official							
2	Chief Administrative Officer/City or County Manager							
3	Primary Assistant Manager/ CAO							
4	Clerk							
5	Chief Financial Officer							
6	Health Officer							
7	Treasurer							
8	Director of Public Works							
9	Engineer							
10	Director of Human Services							
11	Director of Public Safety							
12	Police Chief/Chief Law Enforcement Official							
13	Fire Chief							
14	Director of Economic Development							
15	Director of Planning							
16	Director of Human Resources							
17	Risk Manager							
18	Director of Parks & Recreation							
19	Parks Superintendent							
20	Director of Recreation							
21	Chief Librarian							
22	Director of Information Services							
23	Director of Purchasing							
24	County Auditor							
25	County Commissioner							
26	County Tax Assessor/ Collector							
27	County Attorney							
28	District Attorney							

Please fill out the following information regarding the Chief Elected Official & the Chief Administrative Officer/City or County Manager

Chief Elected Official					
Salaries reviews conducted for this position?	Is this position bonus eligible?	Position has employment agreement or contract?		Eligible for a retirement and/or deferred compensation program? If yes, please provide amount	
Y / N	Y / N	Y / N		Y / N	Amt: _____
If yes, how often? Annually Bi-Annually Other	Payout Format (Circle all that apply): Lump Sum Paid into Def Comp Other:	Type: Letter or Agreement Ordinance of Council Council Resolution Other:	(Circle One): Fixed Term Number of Months Closeout contract Defines Frequency of Salary Review Defines Severance Pay Defines Retirement Benefits	Type of Ret Plan (Circle One) Local Plan State Plan Annuity Plan Other Not Offered	Deferred Comp Plan (Circle all that apply): ICMA-Ret. Corp 3 rd Party Both Not Offered

Chief Administrative Officer/City or County Manager					
Salaries reviews conducted for this position?	Is this position bonus eligible?	Position has employment agreement or contract?		Eligible for a retirement and/or deferred compensation program? If yes, please provide amount.	
Y / N	Y / N	Y / N		Y / N	Amt: _____
If yes, how often? Annually Bi-Annually Other	Payout Format (Circle all that apply): Lump Sum Paid into Def Comp Other:	Type: Letter or Agreement Ordinance of Council Council Resolution Other:	(Circle One): Fixed Term Number of Months Closeout contract Defines Frequency of Salary Review Defines Severance Pay Defines Retirement Benefits	Type of Ret Plan (Circle One) Local Plan State Plan Annuity Plan Other Not Offered	Deferred Comp Plan (Circle all that apply): ICMA-Ret. Corp 3 rd Party Both Not Offered

Please fill out the following benefits information regarding the general benefits offered by your City/County

HEALTH BENEFITS

Do you provide health benefits to employees? Y / N

If yes, please provide the following information:

- Indicate the waiting period for health insurance to become effective. _____
- Do you offer a prescription drug program? Y / N
- Do you offer health insurance to part-time employees? Y / N
- Do you offer vision coverage to your employees? Y / N

MEDICAL INSURANCE

Do you provide medical insurance to employees? Y / N

If yes, please indicate the medical insurance plan(s) offered and the percentages the employer/employee pays for coverage.

Plan Type (check all that apply)	EMPLOYEE ONLY COVERAGE		FAMILY COVERAGE	
	TOTAL MONTHLY PREMIUM <i>(includes amount paid by employee and employer)</i>	PERCENT PAID BY EMPLOYEE	MONTHLY PREMIUM <i>(includes amount paid by employee and employer)</i>	PERCENT PAID BY EMPLOYEE
Conventional Indemnity Plan				
Preferred Provider Organization				
Health Maintenance Organization				
Point of Service Plan				
Health Saving Account				
Other: _____				

DENTAL INSURANCE

Do you offer dental insurance to employees? Y / N

If yes, please indicate the dental insurance plan(s) offered and the premium supplement.

Plan Type (check all that apply)	EMPLOYEE ONLY COVERAGE		FAMILY COVERAGE	
	MONTHLY PREMIUM <i>(includes amount paid by employee and employer)</i>	PERCENT PAID BY EMPLOYEE	MONTHLY PREMIUM <i>(includes amount paid by employee and employer)</i>	PERCENT PAID BY EMPLOYEE
Conventional Indemnity Plan				
Dental Maintenance Organization				
Other: _____				

LONG-TERM AND SHORT-TERM DISABILITY

Does your organization offer long-term or short term disability coverage to employees?

If yes, please indicate the disability coverage offered by your organization.

Plan Type (check all that apply)	EMPLOYEE COVERAGE	
	PERCENT PAID BY EMPLOYER	PERCENT PAID BY EMPLOYEE
Long-term Disability		
Short-term Disability		

LIFE/DEATH BENEFITS

Do you offer life insurance benefits at no cost to your employees? Y / N

If yes, please indicate the type(s) and amount(s) of life insurance provided by your organization at no cost to employees.

Plan Type (check all that apply)	MAXIMUM AMOUNT PROVIDED
Group Term Life Insurance	
Accidental Death and Dismemberment Insurance	

RETIREMENT AND SAVINGS PLANS

Do you offer retirement and/or savings plans to your employees? Y / N

If yes, please provide the following information:

- a. What retirement plan is used by your organization? _____
- b. What percentages of employees' salaries are mandated for contribution? _____
- c. What percentage is contributed by your organization? _____
- d. Is a COLA applied to retiree pension payments? Y / N
- e. Do you offer updated service credit? Y / N

THANK YOU FOR COMPLETING THE 2010-2011 ICMA ANNUAL SALARY SURVEY.

On behalf of ICMA, we would like to thank you for your continued support of the Annual ICMA Salary and Benefits Survey.

🕒 The deadline for submission of your salary data is Friday, November 12, 2010

Please return completed paper surveys to:

**The Waters Consulting Group, Inc.
Attn: ICMA Salaries & Benefits Survey
5050 Quorum Drive, Suite 625, Dallas, TX 75254
or via fax at 972.481.1951**