

Compensation and Staffing Survey

We strongly recommend reading the instructions at <https://www.uua.org/leaderlab/compensation-survey> before you begin.

Please enter information for your employees as of May 1.

Thank you for sharing your congregation's compensation data!



Email *

Your email

Your Name *

Your answer

Your Role *

Your answer

UUA Congregational ID *

If you don't know your ID, go to <https://www.uua.org/find> or <https://secure.uua.org/leaders/insurance/enrollment/findcong.php>

Your answer

Congregation / Employer Name *

Abbreviations are fine, but please be clear about who you are, including city and state.

Your answer

How many hours per week, for salary purposes, is considered full-time in your workplace? *

Include decimal if appropriate

Your answer

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Employee 1 Information

Enter information for your first employee here. Please refer to the instructions for more information.

Employee 1 Name? *

Nickname or initials are ok

Your answer

Employee 1 Job Title? *

Please select the title that best reflects your employee's work, in keeping with our Capsule Job Descriptions. If none of the listed titles apply, select the appropriate "Other" option and enter the employee's actual job title in the next question.

Choose



If you Selected "Other", Please Enter Employee 1's Actual Job Title:

Your answer

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Employee 1 FT/PT

Is Employee 1 Full-Time (Year-round) or Part-Time *

Choose



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For Full-Time only

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Employee 1 Full-Time

What is Employee 1's FT Pay Rate? *

Your answer

Employee 1's FT Pay Rate is Per: *

Choose ▾

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For Part-Time only

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Employee 1 Part-Time

Employee 1 Hours Worked or Scheduled: *

Your answer

Employee 1 hours are per: *

Week

Month

What is Employee 1's Pay Rate? *

Your answer

Employee 1's Pay Rate is Per: *

Choose ▾

Employee 1 Works ___ Months out of the Year: *

Choose ▾

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Employee 1 Benefits

Please Select all Benefits Employee 1 Receives. *

- None (employee does not receive benefits)
- Self-Employment Tax Offset (for ministers only)
- Health Insurance
- Retirement - Congregation contributions
- Retirement - making voluntary contributions
- Life Insurance / Accidental Death & Dismemberment Insurance (Life/AD&D)
- Long Term Disability Insurance (LTD)
- Dental / Vision Insurance
- Other:

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Employee 1 Other Information

If you would like to share any additional comments for Employee 1, please enter those here:

Your answer

Do You Need to Enter Another Employee? *

Yes

No

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