

**2024 COMPENSATION AND BENEFITS SURVEY FOR ORGANIZATIONS
SERVING PEOPLE WITH VISION LOSS**

**Sponsored by VisionServe Alliance, National Industries for the Blind,
and the National Association for the Employment of People Who Are Blind**

This document lists all of the questions asked in the online survey questionnaire. You can use it to help gather your organization's information before submitting data online.

Your online response will be submitted directly to our survey consultant based in Oakland, California. The data entry website uses advanced encryption technology so that data is safe both while being submitted and also while stored in the survey database. All data is held in strictest confidence and is reviewed only by the survey consultant. Results will be reported in the aggregate so that no survey information can be traced to any particular organization.

This questionnaire contains the following sections:

- Organization
- Compensation & Employment Practices
- Paid Time Off Practices
- Insurance Benefits
- Retirement Benefits
- DEIA Practices
- Compensation: Executive-Level Jobs
 - Director/Manager-Level Jobs
 - Vision-Specific Professional Jobs
- Glossary of Terms

Submit your data by Monday, June 3 and you will receive a copy of the final report in July. The cost of the report is:

- Free for members of VSA, NIB and/or NAEPB who fill out the survey
- \$300 for members of VSA, NIB and/or NAEPB who not fill out the survey
- \$600 for non-members. If you fill out the survey and you are not a member of VSA, NIB and/or NAEPB, you will be sent an invoice before you receive your final report. Not a member? This is the perfect reason to join and receive your Compensation and Benefit report for free.

Note: Please do not fill out this survey unless you are an organization that provides services to people who are blind and/or visually impaired.

If you have any questions, please contact Rita Haronian at 510-645-1005 or survey@nonprofitcomp.com.

ORGANIZATION

Organization name: _____

Name of person completing survey: _____

Title: _____

Telephone (w/ext. if applicable): _____

Email: _____

Website: _____

Street address: _____

City, State, Zip: _____

Annual operating budget for current fiscal year:
(Gross expense less capital expenses, depreciation, and cost of raw materials if your organization is a manufacturing facility.) \$ _____

Total payroll budget for the current fiscal year. Include all employees whose pay is reported on form W-2, including seasonal employees. Do not include contractors whose pay is reported on form 1099. \$ _____

Full-Time	Part-Time

Total number of employees:
(Do not include temporary staff, contract staff or volunteers)

Number of employees who are new in their positions during the past 12 months due to VOLUNTARY TURNOVER:
(Do not include newly created positions, temporary employees, contractors or volunteers.)

Number of employees who are new in their positions during the past 12 months due to INVOLUNTARY TURNOVER:
(Do not include newly created positions, temporary employees, contractors or volunteers.)

What is the beginning date of your current fiscal year? _____

Please check the box next to the best description of your organization's primary source of funding:

- Contributions from individuals (excluding foundations)
- Contributions from foundations or trusts
- United Way (or other federated workplace contributions)
- Government funding
- Revenue from sales
- Income from investments
- Membership dues
- Program fees to clients
- Third party payers (Medicare/insurance)
- Other, please describe: _____

Please check the field of service/primary focus in the list below that most accurately reflects your organization's mission:

- Early Intervention/Pre-School
- Dog Guide School
- Industries/Manufacturing/Services
- Industries/Manufacturing/Services + Rehabilitation
- Membership or Professional Support Organization
- Multiple Services – Adult Vision Rehabilitation
- Multiple-Aged/ Multiple Services Vision Rehabilitation
- School for the Blind – Residential and Non-Residential
- Vocational Training Specific – Residential and Non-Residential
- Other, please describe: _____

Please note how your current President/CEO/Executive Director identifies. Check all that apply:

- Male
- Female
- Non-Binary/Non-Conforming
- Person of color
- Multiracial
- Latinx/Hispanic ethnicity
- Blind/Legally blind
- Low vision
- Has significant disabilities other than blindness
- LGBTQIA+

How many people serve on your organization's Leadership Team? _____

Please enter the number of Leadership Team members who identify as each of the following:

- _____ Male
- _____ Female
- _____ Non-Binary/Non-Conforming
- _____ Person of color
- _____ Multiracial
- _____ Latinx/Hispanic ethnicity
- _____ Blind/Legally blind
- _____ Low vision
- _____ Has significant disabilities other than blindness
- _____ LGBTQIA+

Please note how your current Board Chair identifies. Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Person of color |
| <input type="checkbox"/> Female | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Non-Binary/Non-Conforming | <input type="checkbox"/> Latinx/Hispanic ethnicity |
| <input type="checkbox"/> Blind/Legally blind | <input type="checkbox"/> LGBTQIA+ |
| <input type="checkbox"/> Low vision | |
| <input type="checkbox"/> Has significant disabilities other than blindness | |

How many people serve on your organization's Board of Directors? _____

Please enter the number of Board members who identify as each of the following:

- | | |
|---|---------------------------------|
| _____ Male | _____ Person of color |
| _____ Female | _____ Multiracial |
| _____ Non-Binary/Non-Conforming | _____ Latinx/Hispanic ethnicity |
| _____ Blind/Legally blind | _____ LGBTQIA+ |
| _____ Low vision | |
| _____ Has significant disabilities other than blindness | |

Does your governing Board of Directors have term limits?

- Yes
 No
 Not sure

If Yes, what is the total number of years they can serve before terming off the Board? _____

Over the last 12 months, has the chief executive hired any direct reports whose identities are different from their own along these dimensions? Check all that apply.

- Race
 Latinx/Hispanic ethnicity
 Age difference greater than 15 years from the chief executive
 Gender
 Blindness/legal blindness/low vision
 Significant disability other than blindness
 LGBTQIA+
 Unknown

COMPENSATION & EMPLOYMENT PRACTICES

By what percentage, on average, do you expect salaries paid by your organization to increase during the next twelve months? _____ %

What method describes your salary increase practices? Check all that apply. For each selected, enter the average increase over the past 12 months and the average projected increase over the next 12 months.

	Average increase over past 12 months	Average projected increase over next 12 months
<input type="checkbox"/> Across-the-board increase	_____ %	_____ %
<input type="checkbox"/> Merit (or performance-based) increase	_____ %	_____ %
<input type="checkbox"/> Cost-of-living-allowance (COLA) increase	_____ %	_____ %
<input type="checkbox"/> Length-of-service increase	_____ %	_____ %
<input type="checkbox"/> External labor market considerations	_____ %	_____ %
<input type="checkbox"/> Internal job equity considerations	_____ %	_____ %

What is your organization's full-time workweek?

Please note that this question does NOT refer to the minimum workweek required for eligibility for employee benefits, but rather the standard workweek for regular full-time employees.

- 40 hours/week
- 38 hours/week
- 37.5 hours/week
- 35 hours/week
- Other, please explain: _____

What is your practice for dealing with extensive overtime for EXEMPT staff?

- No formal policy
- Provide compensatory time off
- Pay straight time
- Pay overtime rates
- Do not compensate exempt staff for overtime
- Other, please explain: _____

Do you have employees who work the evening or night shift?

- Yes No

If Yes, please describe your policy regarding any additional compensation for evening or night shift work:

Do you use salary grades and ranges?

- Yes No

If Yes, when were your ranges last updated (MM/DD/YY)?

Do you have an introductory period for new employees?

If not, skip to the next group of questions.

_____ months

Are employees eligible for paid time off benefits during the introductory period?

- Yes No

Are employees eligible for health insurance benefits during the introductory period?

- Yes No

Apart from after any introductory period, when are employees reviewed?

- Never Annually
- Quarterly No set schedule
- Every 6 months Other, please describe: _____

Are any of your employees covered by a union contract?

Yes No

If Yes, which job classifications?

Do you pay a premium for jobs requiring bilingual skills?

Yes No

If Yes, how much do you pay in addition to the standard salary? Please specify amount as % of salary or \$ per hour.

As a general rule, does your organization provide any of the following benefits to staff at any level? Please check for whom each benefit applies.

	CEO/Exec. Director	Other Executives	Other Staff
EAP (Employee Assistance Program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonus/incentive pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Profit sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial planning services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reimbursement for acquiring and/or maintaining professional license or other credentials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional conferences attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional development classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low-interest or no-interest loan program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation and/or travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local transportation subsidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car or car allowance:			
Car leasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse's/domestic partner's travel expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cellular phone/pager monthly fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handheld device monthly fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home computer purchase or lease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of home internet provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal legal expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memberships:			
Country/residential club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fraternal club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional membership dues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service on external volunteer boards/committees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sabbatical (paid time off)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional vacation time	<input type="checkbox"/>	<input type="checkbox"/>	
Additional contribution to medical insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Additional contribution to life insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Additional contribution to disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Additional contribution to retirement plan	<input type="checkbox"/>	<input type="checkbox"/>	

Impact of the Current Economic Environment/COVID-19 Pandemic

Overall, how would you characterize the degree to which your organization's operations are currently impacted by the COVID-19 pandemic?

- Severely Significantly Moderately Slightly Not at all

Indicate whether your organization has taken or expects to take the below actions with respect to any of your employees during the calendar year 2024:

	For how many employees?			
	All staff	More than 1/2 of staff	Less than 1/2 of staff	None
Withhold planned/expected salary increases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furlough employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lay off employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent do you expect the following positions to be working remotely for the foreseeable future? Please choose the option below that best describes your organization's policies.

	Remote	Hybrid	In-person
Corporate administration (Executive, Office HR IT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accounting/Finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your organization require proof of vaccination and/or regular testing for employees?

- Yes No Not at this point but considering

How does your organization's current workforce size compare with your pre-pandemic workforce?

- Larger now About the same Smaller now

If your workforce is smaller now, please indicate contributing factors. Check all that apply.

- Lack of funding Difficulty filling open positions
 Programs have changed Other, please explain: _____

Other than retirement, which factors below do you believe are significant reasons why employees have left your organization during the past year (voluntary turnover)? Please check all that apply.

- Job with higher pay elsewhere Other personal/family reasons
 Job with more comprehensive benefits elsewhere Pursuing higher education
 Higher-level job (promotion) elsewhere Job in the private sector
 Geographic move for affordability reasons Job in the public sector
 Geographic move for personal/family reasons Other, please describe: _____

Do you anticipate that your organization will experience increased competition from other employers to attract and retain highly qualified employees in the year ahead?

- Yes No

Do you see turnover as a significant problem for your organization in the year ahead?

- Yes No

Overall, does your organization plan to increase the number of full-time equivalent employees in the year ahead?

- Yes No

In the year ahead, does your organization plan to increase its dollar contribution toward employee medical insurance per enrolled employee, reduce it or keep it about the same?

- Increase Reduce About the same

In the year ahead, does your organization plan to increase its retirement plan contribution per enrolled employee, reduce it or keep it about the same?

- Increase Reduce About the same

In the year ahead, does your organization plan to increase its spending on other employee benefits, reduce its spending or keep it about the same?

- Increase Reduce About the same

In the year ahead, do you expect your organization to be operating under an employee salary freeze?

- Yes, for the entire year Yes, for part of the year No

Are there any specific job families for which you are finding it especially difficult to hire and/or retain employees? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Administrative/General Office | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Maintenance/Facilities/Grounds/Transportation |
| <input type="checkbox"/> Communications/Marketing | <input type="checkbox"/> Manufacturing/Industrial |
| <input type="checkbox"/> Contract Management | <input type="checkbox"/> Program Delivery |
| <input type="checkbox"/> Development/Fundraising | <input type="checkbox"/> Retail/Call Center |
| <input type="checkbox"/> Executive | <input type="checkbox"/> Other, please describe: _____ |

Have you taken or do you plan to take in the near future any specific actions to assess and/or encourage employee engagement? Yes No

If Yes, which of the following actions have you taken or plan to take in the near future? Check all that apply.

- Conduct an assessment of employee engagement
 Involve staff in strategic planning discussions
 Involve staff in programmatic planning discussions
 Employee recognition program
 Efforts to encourage a positive and enjoyable work environment
 Other, please describe: _____

PAID TIME OFF PRACTICES

What best describes your organization’s time off practices? Please choose from these five options:

- 1. STANDARD - SAME ACCRUALS FOR BOTH EXEMPT & NONEXEMPT STAFF**
You have separate policies for vacation, holiday, sick leave and personal time off AND both exempt and nonexempt employees are given the SAME benefits.
- 2. STANDARD - DIFFERENT ACCRUALS FOR EXEMPT AND NONEXEMPT STAFF**
You have separate policies for vacation, holiday, sick leave and personal time off WITH exempt and nonexempt staff receiving different levels of benefits.
- 3. PAID TIME OFF (PTO) - SAME FOR BOTH EXEMPT AND NONEXEMPT STAFF**
Employers combine the various paid absences (most commonly vacation and sick time) and employees may use their accrued PTO for any type of absence.
- 4. PAID TIME OFF – DIFFERENT ACCRUALS FOR EXEMPT AND NONEXEMPT STAFF**
Employers combine the various paid absences (most commonly vacation and sick time) and employees may use their accrued PTO for any type of absence.
- 5. OTHER (A combination of practices or other type of policy).**
Please describe here:

If you checked #1 or #3, enter the number of vacation days (#1) or PTO days (#3) given to regular, full-time employees according to their number of years of service in your organization.

If you checked #2 or #4, enter the number of vacation days (#2) or PTO days (#4) given to both non-exempt and exempt regular, full-time employees according to their number of years of service in your organization.

Years of service
1 Year
2 Years
3 Years
4 Years
5 Years
6 Years
10 Years
15 Years

Vacation or PTO day per year for all full-time employees

Vacation or PTO days per year for full-time non-exempt employees	Vacation or PTO days per year for full-time exempt employees

How many sick days per year are given to regular, full-time employees? (Answer only if you do NOT have a PTO program.)

How many personal days or floating holidays per year are given to regular, full-time employees? (Answer only if you do NOT have a PTO program.)

How many holidays per year are given to regular, full-time employees? (If you have a PTO program, answer this question only if holidays are given separately from PTO days.)

Are part-time employees eligible for paid time off benefits?

- No, only full-time employees are eligible.
- Part-time employees working a sufficient number of hours per week are eligible: minimum of _____ hours.
- All part-time employees are eligible regardless of their work schedule.
- Not applicable; we have no part-time employees.

If your organization has a WRITTEN POLICY providing for any other type of PAID time off, please check the appropriate box(es) below:

- Jury service
- Family illness
- Bereavement
- Job-related education
- Maternity/paternity
- Military service
- Volunteer service
- Other, please explain:

INSURANCE BENEFITS

Does your organization offer insurance coverage as a benefit for regular, full-time employees?

- Yes, we offer employer-sponsored group health insurance for employees.
- No, we do not offer group insurance coverage as we are not required to do so under the ACA.
 - We do reimburse employees for premiums they for individual insurance policies for themselves and their families with an average cost to the organization per employee per month of \$ _____.
- No, we are required to do so under the ACA but have chosen to be subject to applicable penalties instead.

If No, please skip this section and continue with the Retirement Benefits section.

Are part-time employees eligible for health insurance benefits?

- No, only full-time employees are eligible.
- Part-time employees working a sufficient number of hours per week receive FULL BENEFITS: minimum of _____ hours.
- Part-time employees working a sufficient number of hours per week receive PRO-RATED BENEFITS according to their work schedules: minimum of _____ hours per week
- All part-time employees are eligible regardless of their work schedule and receive FULL BENEFITS.
- All part-time employees are eligible regardless of their work schedule and receive PRO-RATED BENEFITS according to their work schedules.
- Not applicable; we have no part-time employees.

Are domestic partners considered to be dependents for the purposes of health insurance

- Yes, organization contributes to the cost of insurance for domestic partners.
- Yes, employee can pay entire cost of dependent coverage.
- No

What is the waiting period for new employees' health insurance benefits? Please specify days, months, etc.

Does your organization offer any type of Section 125 plan? Please check all that apply. For any type of account checked, enter the employer's annual contribution per employee to the right. (See Glossary for definitions.)

- Premium only plan

Flexible Spending Account (FSA):

- Health Care Spending Account
- Dependent Care Spending Account

- Cafeteria plan

employer's contribution per employee: \$ _____
circle (annual) or (monthly)

Enter the number of employees participating in the cafeteria plan: _____

Cafeteria Plan

If you checked Cafeteria plan above, check the boxes to indicate which types of insurance plans are offered.

Check all that apply.

- HMO (Health Maintenance Organization)
- EPO (Exclusive Provider Organization)
- PPO (Preferred Provider Organization)
- POS (Point of Service)
- Dental
- Vision
- Life Insurance
- Long-Term Disability Insurance
- Short-Term Disability Insurance
- Long-Term Care Insurance
- Retirement plan, any type
- Other, please describe:

Now skip the Non-Cafeteria Plans section, go to the Special Accounts section and continue with the Retirement section.

Non-Cafeteria Plans

Answer this section only if you did NOT check the box for Section 125 Cafeteria plan.

What is the average cost per month to your organization, per eligible employee, for health insurance benefits? Include the cost for HMO/PPO/POS insurance as well as the cost for dental, vision, life, disability, short-term and/or long-term care.

\$ _____ per month per employee

Please enter the number of employees who participate in these plans: _____ employees

For each type of insurance that your organization offers enter the average % of the premium paid by the organization for employee and dependent coverage, as well as a typical or average co-payment for doctor office visits. If the insurance is offered but employees pay the entire cost, enter zero (0). If the insurance is not offered, enter "NA".

	% paid by organization for employees	% paid by organization for dependents	typical or average co-payment for doctor office visit
Medical: HMO			
Medical: EPO			
Medical: PPO			
Medical: POS			
Dental			
Vision			
Life			
Long-Term Disability			
Short-Term Disability			
Long-Term Care			

Special Accounts

Does your organization offer an insurance plan that is compatible with a Health Savings Account (HSA)?

In an HSA, the employee and/or employer make pre-tax contributions that are used by the employee for future medical, retirement, or long-term care premium expenses. These accounts are used in conjunction with a high-deductible health insurance policy. The funds can roll over from year to year and the account is portable.

If Yes, please enter the employer's annual HSA contribution per participating employee to the right.

Yes
 No
employer's annual contribution: \$ _____

Does your organization offer a Health Reimbursement Arrangement (HRA)?

An HRA is an arrangement in which the employer contributions a certain amount per employee per year for health care expenses. This money may be rolled from one year to the next but is not portable if an employee leaves his/her job.

If Yes, please enter the employer's annual HRA contribution per participating employee to the right.

Yes
 No
employer's annual contribution: \$ _____

RETIREMENT BENEFITS

Does your organization provide any type of retirement benefit for regular full-time employees?

- Yes No

If No, please skip the rest of this section.

Are part-time employees eligible for retirement benefits?

- No, only full-time employees are eligible.
 Part-time employees working a sufficient number of hours per week are eligible: minimum of _____ hours.
 All part-time employees are eligible regardless of their work schedule.
 Not applicable; we have no part-time employees.

Which best describes the organization's retirement benefit for regular full-time staff? Check all that apply.

- Tax Sheltered Annuity - 401(k), 403(b)
 Other Defined Contribution Plan
 IRA, SEP-IRA, Simple IRA
 Defined Benefit Plan
 Other, please describe: _____

How is the plan funded? If your organization offers more than one retirement benefit, please answer this question based on the type of retirement plan that involves the highest level of contribution from the organization.

- Employee contribution only (Please skip the rest of this section.)
 Organization contribution only
 Organization contributions/employee may contribute
 If employee contributes, organization also contributes
 Other, please describe: _____

Annual cost to organization of retirement benefit: If your organization offers more than one retirement benefit, please answer this question based on the type of retirement plan that involves the highest level of contribution from the organization.

- Organization contributes percentage of employee's salary
Please enter cap (highest level) of percentage of salary
contributed for each employee by organization: _____ %
- Organization contributes \$ amount for each employee
Please enter cap (highest level) of dollar amount contributed
annually for each employee by organization: \$ _____
- Other, please explain: _____

What is the period (in years) after which retirement benefits are fully vested?

_____ years

DIVERSITY, EQUITY, INCLUSION & ACCESSIBILITY (DEIA) PRACTICES

Is your organization in any stage of DEIA work?

- No (please skip the rest of the DEIA questions)
- Discussion
- Planning
- Funds are allocated for DEIA activities (staffing, training, consultant for example)
- DEIA is a standing line item in the organization's annual budget
- Other (please explain): _____

Does your organization have, or have you had, an internal DEIA working group or task force?

- Yes Planning to do within 12 months
- No Have done previously, no longer active

If Yes: In what year was your DEIA task force/internal working group established? _____

Is the task force/internal working group comprised of board, staff or both?

- Board only Staff only Board and staff

Does the Executive Director/CEO sit on the task force/internal working group?

- Yes No Not applicable (we do not have an Executive Director/CEO)

Between 2019-2024, has your organization worked or will you work with a consultant or firm to help support your DEIA work?

- Yes No

Does the organization plan to provide DEIA related training for the staff in 2024?

- Yes No

Does the organization plan to provide DEIA related training for the board in 2024?

- Yes No

Please indicate which best describes the staffing responsible for DEIA advancement at your organization:

- Currently have an assigned staff position (either full-time or part-time)

Position title: _____

- Planning to have an assigned staff position within 12 months (either full-time or part-time)

- Currently use a combination of staffing with defined number of hours across different staff positions

Position titles: _____

- Planning to use a combination of staffing with defined number of hours across different staff positions within 12 months

- None of the above

Does the board of directors have a nominations plan that integrates DEIA?

- Yes No Planning to do within 12 months

Have any of the following policies/practices been reviewed in support of DEIA advancement?

- | | | | |
|---|------------------------------|-----------------------------|--|
| Compensation and benefits | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Planning to do within 12 months |
| Hiring (recruitment, hiring, onboarding) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Planning to do within 12 months |
| Supervision, evaluation, promotion, lay-off | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Planning to do within 12 months |
| Financial/budgeting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Planning to do within 12 months |
| Fundraising/marketing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Planning to do within 12 months |
| Program delivery | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Planning to do within 12 months |
| Planning (strategic, program planning) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Planning to do within 12 months |
| Retention (e.g. stay interview) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Planning to do within 12 months |

Does your organization advertise and/or recruit open positions at any of the following? Check all that apply.

- Diversity Jobs Historically Black Colleges or Universities
- Idealist Listservs or websites of ACB, NFB or your local blindness consumer/advocacy groups
- Mogul Other, please specify: _____
- Indeed

Does your organization have a written accessibility policy in use today for either/both of the following?

- Physical accessibility Digital accessibility

COMPENSATION: JOB CODES AND DESCRIPTIONS

Refer to these job descriptions to match your organization's jobs with the survey jobs. Then answer questions in the following sections about each job for which you have employees.

EXECUTIVE-LEVEL JOBS:

01 President/CEO/Executive Director

Responsible to the Board of Directors for management of the entire nonprofit organization including fundraising/ development, human resources, strategic planning, programs, finance, and communications. Represents the organization to government agencies, financial community, industry groups, regulatory agencies, and the general public.

02 Chief Operating Officer/Associate Director

Provides direction on day-to-day management of several key functions other than programs such as finance, administration, human resources; assumes responsibility for major projects and organization during absence of CEO/Executive Director. Participates as a member of senior management team to formulate and implement policies and plans to meet the organization's short and long-term objectives.

03 Chief Financial Officer

Manages the financial resources of the organization including accounting, finance, organization-wide budgets, banking relationships, borrowing and debt in accordance with generally accepted accounting principles and organization/contract policies and procedures; safeguards assets through the maintenance of proper controls. Participates as a member of the senior management team in the development and implementation of organization-wide policies and programs that will contribute to its overall success.

04 Chief Development Officer

Senior-most position for organization's fundraising and income development activities. Stays abreast of current funding techniques. Provides leadership to the organization's efforts to obtain planned, annual, and deferred giving; approaches individuals, foundations and corporations. Responsible for donor relations, development strategies and implements programs to raise funds from individuals, corporations, foundations, and community organizations in support of the organization's revenue goals.

05 Chief Program Officer

Senior-most position responsible for program delivery. Provides overall management and direction to the organization's programs including staff management, developing/controlling the budget, developing/implementing policies and procedures, participation in obtaining funds/grants, and coordinating/integrating programs throughout organization. Reports directly to the CEO/Executive Director and is a member of the Senior Executive Team.

06 Chief Information Officer

The CIO is part of the executive team driving and transforming the strategic direction of the business and organization's goals. The CIO leads, plans and implements all aspects of information technology, computers systems and communications infrastructures. Manages the IT team. Works closely with the CEO and CFO to implement and deploy technology in support of business operations; and addresses and drives digital transformation, accessibility and improvements.

07 Vice President of Manufacturing/Operations

Responsible for all aspects of manufacturing; oversees production schedules, material acquisition, equipment, maintenance, safety, and quality control. Ensures compliance with all federal, state and local regulations and ISO Certification, as applicable. Participates as a member of senior management team to formulate and implement policies and plans to meet the organization's short and long-term objectives.

08 Chief Human Resources Officer (new for the 2024 survey)

The organization's top human resources employee. This position is found only in relatively large organizations that have a human resources executive on the senior management team. Has overall responsibility for all aspects of the organization's human resources functions. Supervises human resources staff, some of whom supervise lower-level department employees. Advises other top executives and the organization's board of directors on human resources-related issues.

DIRECTOR/MANAGER-LEVEL JOBS:

11 Director of Low Vision Clinic

Supervises all aspects of service delivery in the Low Vision Clinic. Makes certain that the services provided to clients meets best practice standards; monitor service statistics; prepares and submits billing information; participates in developing grant applications and related requests for funding; and recommends actions to improve the effectiveness and efficiency of Low Vision Services. Is ACVREP certified in low vision.

12 Director of Program Services

Responsible for the overall planning, management, contract utilization and evaluation of Center-based and/or Community-based Rehabilitation Services provided primarily to working age adults. Plans, directs, monitors Vision Rehabilitation Services designed to enable individuals who are visually impaired to achieve "independence with dignity" through accomplishment of personal and vocational goals. Areas of responsibility might include: Braille, Communications Skills, Personal and Social Adjustment, Orientation and Mobility, Counseling and Case Management, Adaptive Technology, Job Development and Placement, Vocational Evaluation and Work Experience. Is ACVREP certified.

13 Plant Manager

Supervises and oversees all aspects of production, warehouse and shipping operations.

14 Business Development Director/Manager

Responsible for researching and identifying new business opportunities for the organization in support of its mission and goals. Identifies potential projects, analyzes and reports on feasibility, prepares proposals, researches funding sources. Cultivates relationships with potential stakeholders to further organization's growth and impact.

15 Director of Fundraising/Development

Provides leadership to the organization's efforts to obtain financial and other support to sustain its work, including planned, annual and deferred giving; approaches to individuals, foundations and corporations. Manages the overall marketing and promotional functions to construct and market an appropriate image, develop ties with the community, and achieve membership/participation goals. Manages department budgets. Formulates and implements policies and plans to meet the organization's short- and long-term objectives. May report to the President/CEO/Executive Director, or in the case of larger organizations, to an executive-level development employee (see job #04).

16 Director of Human Resources

Directs human resources functions including employment, compensation, benefits, training, affirmative action/equal employment, employee relations and services in support of organization objectives. Advises management on labor and other legal issues relative to employment. Develops and implements organization-wide policies and programs that will contribute to its overall success. Typically reports to either the President/CEO/Executive Director or, in the case of larger organizations, to an executive-level Human Resources employee.

17 Director of Information Technology

Determines organization needs for information management and manages the development and implementation systems and programs to meet those needs in a cost-effective, timely manner. Manages information technology functions including systems applications and development, database administration, financial systems, desktop support, web site development and maintenance, intra- and inter-networks, and internal telecommunications. Advises on purchase of new computer hardware and software. May report to the President/CEO/Executive Director, the CFO, or in the case of larger organizations, to an executive-level IT employee.

18 Director of Marketing

Directs the organization's overall marketing strategy. Oversees the sourcing, writing, production and distribution of content for online and/or offline marketing needs, including written, multimedia and video storytelling to create innovative and engaging content. Develops measurement tools to ensure that the organization's objectives are being met. Coordinates with communications and fund development departments. Oversees the organization's presence on social media platforms. May report to the President/CEO/Executive Director, or in the case of larger organizations, to an executive-level marketing employee.

PROFESSIONAL-LEVEL JOBS:

21 Orientation and Mobility Specialist (OMS)

Provides sequential instruction to individuals with visual impairment in the use of their remaining senses to determine their position within the environment and in techniques for safe movement from one place to another.

22 Vision Rehabilitation Therapist (VRT)

Instructs persons with vision impairments in the use of compensatory skills, Braille, and assistive technology that will enable them to live safe, productive, and independent lives. Works in areas that enhance the vocational opportunities, independent living, and educational development of persons with vision loss, and may include working in center-based or itinerant settings.

23 Low Vision Therapist (LVT)

Uses functional vision evaluation instruments to assess visual acuity, visual fields, contrast sensitivity function, color vision, stereopsis, visual perceptual and visual motor functioning, literacy skills in reading and writing, etc. as they relate to vision impairment and disability. Evaluates work history, educational performance, ADL and IADL performance, use of technology, quality of life and aspects of psychosocial and cognitive function.

24 Teacher of Students with Visual Impairments (TSVI)

Provides specialized teaching to visually impaired students in a specific academic environment and coordinates teaching methodologies with classroom teachers in integrated setting. Works to ensure academic success; adapts a wide variety of instructional materials to meet students' needs; teaches accessibility through Braille or technology, and participates in IEP process with school district and parents.

25 Occupational Therapist (OT)

Provides low vision therapy to individuals with vision impairment. This includes evaluation and training in the use of techniques and devices to address functional problems as a result of vision loss. Is also responsible for appropriate documentation and reporting.

26 Assistive Technology Instructional Specialist (ATIS)

Assesses and uses various Assistive Technology (AT) devices and software to assure access to printed and electronic information, mobile navigational information, leisure and recreational activities, and to maintain personal, business, and health records.

27 Guide Dog Mobility Instructor (GDMI)

Prepares dogs to a state of readiness to be guide dogs. Educates, instructs and trains assigned blind or vision impaired students in the use, care and maintenance of a guide dog. Provides advice and assistance to graduate guide dog users via telephone and personal contact. Participates in public relations and public education events.

28 Low Vision Optometrist (employees only, not contractors)

Provides specialty low vision care to patients who have experienced a vision loss, including testing, evaluation and consultation. Treatment may include spectacle correction, low vision aid and technology recommendations, and low vision rehabilitation therapy. Pursues continuing education with respect to new developments in the field of optometry, particularly low vision. Must be a graduate of an accredited school of optometry and hold a state-issued license to practice.

29 Quality Assurance Inspector (Accessible Documents)

With extreme accuracy, performs side by side validation of print document and a reformatted/edited version of the same document prepared for blind and visually impaired individuals. Validates that all print material in one document is present and accurate in a reformatted version of the same material. Monitors the quality of all assigned print production includes statement rendering and single services, reporting any breach of quality to appropriate supervisor structure provided. Effectively communicate with coworkers and managers regarding patterns, errors and/or irregularities.

30 Braille Editor

Transcribes print material into Braille for blind and visually impaired individuals. Accurately and efficiently keys, copies, pastes, scans and manipulates data from print or PDF and validates that all of the original print material is present. Applies proper format codes to the Braille output. Translates and prints (embosses) the data in Braille utilizing pertinent detaching equipment.

31 Digital Accessible Document Specialist

Transcribes print material into large print and Braille for blind and visually impaired individuals. Accurately and efficiently keys, copies, pastes, scans and manipulates data from print or PDF and validates that all of the original print material is present.

32 Job Developer/Employment Specialist (new for the 2024 survey)

Facilitates competitive job placements for clients living with vision impairment or blindness. Assists clients with their resumes by collecting data pertaining to employment/volunteer experience, transferrable skills and education. Instructs clients in job search and networking techniques, social media profiles. Assists with the creation and customization of cover letters to meet the needs of prospective employers and with on-line applications. Coaches clients in interview skills.

PRESIDENT/CEO/EXECUTIVE DIRECTOR

If you have an employee in this job based on the survey job description, enter your information below. Otherwise skip this section.

Job title at your organization

This is for reference only. Your organization's job title may be different from the survey job title listed.

Base Pay Rate as of May 1, 2024

Enter the actual base pay rate for the employee as of May 1, 2024. For full-time employees, enter the annual base salary. For part-time employees, please enter the hourly rate.

Eligible for bonus or incentive pay

Check the box if the employee in this job is eligible for any type of incentive or bonus pay in addition to the regular base pay, regardless of whether or not the employee actually received bonus or incentive pay during the past 12 months. If the employee is not eligible, do not check the box.

Bonus or incentive pay paid during past 12 months

Enter a dollar amount here only if the employee actually received bonus or incentive pay during the past twelve months. Otherwise leave it blank or enter zero.

Number of full-time equivalent (FTE) employees managed (direct and indirect)

Enter the number of employees managed or supervised by this person, directly and indirectly. For example, for the President/CEO/Executive Director position, list the total number of FTE employees of the organization. Do not include contractors or volunteers managed or supervised by this employee.

Job title at your org	Current pay: FT: Annual PT: Hourly	Eligible for bonus	Bonus paid	FTEs managed
	\$	<input type="checkbox"/>	\$	

Does your President/CEO/Executive Director/ have an employment contract?
 Yes No

If Yes:
What is the length of the current contract (specify months or years)? _____

Is there a clause allowing for termination before the contract has ended?
 Yes No

If Yes:
Does it include termination by the organization?
 Yes No

If Yes, how much notice must be given by the organization? _____ months

Does it include termination by the employee?
 Yes No

If Yes, how much notice must be given by the employee? _____ months

Is there a severance clause in the contract?
 Yes No

If Yes:
Is the severance the same regardless of the reason for termination?
 Yes No

Please indicate how the amount of severance pay is calculated:
 Salary paid for a set period: _____ months
 Percent of salary based on length of employment: Please describe formula: _____
 Dollar amount specified for non-renewal of contract \$ _____
 Other, please describe: _____

Is severance ended if new employment begins before the end of severance period?
 Yes No

Is there a benefits provision during the severance period?
 Yes No

Is there a clause providing for outplacement/employment services after termination to expedite a new job search?
 Yes No

Employment contract, continued:

Is there a clause in the contract for benefits after retirement?

Yes No

If Yes, please indicate all benefits provided:

- Medical insurance
- Dental insurance
- Vision insurance
- Life insurance
- Disability insurance
- Long-term care insurance

Is there a clause in the contract allowing the President/CEO/Executive Director to serve as a consultant to the organization after retirement?

Yes No

For how many years has your President/CEO/Executive Director worked in his or her current job at your organization?

Did your CEO/Executive Director work as the President/CEO/Executive Director in other nonprofit organizations prior to the current job?

Yes No

If Yes, for how long, in years? _____ years

Is the President/CEO/Executive Director guaranteed a formal performance review?

Yes No

If Yes, how often is the review conducted? _____

What is primarily used as the basis for evaluating the President/CEO/Executive Director?

- Predetermined objectives
- Job description
- Combination of objectives and job description
- Other, please describe:

If evaluated by objectives, who sets the objectives?

- Chief Volunteer Officer
- Executive Committee
- Performance review committee
- Board of directors

- Combination of above
- Other, please describe:

Does your organization have a completed and updated emergency succession plan?

Yes No

Does your organization plan to have a CEO/Executive Director transition within the next three years?

Yes No

What is the highest level of education attained by the CEO/Executive Director?

- | | |
|---|--|
| <input type="checkbox"/> High school | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Doctorate |

Please describes any other benefits given to the CEO/Executive Director not listed elsewhere in this questionnaire:

CHIEF OPERATING OFFICER/ASSOCIATE DIRECTOR

If you have an employee in this job based on the survey job description, enter your information below. Otherwise skip this section.

Job title at your organization

This is for reference only. Your organization's job title may be different from the survey job title listed.

Base Pay Rate as of May 1, 2024

Enter the actual base pay rate for the employee as of May 1, 2024. For full-time employees, enter the annual base salary. For part-time employees, please enter the hourly rate.

Eligible for bonus or incentive pay

Check the box if the employee in this job is eligible for any type of incentive or bonus pay in addition to the regular base pay, regardless of whether or not the employee actually received bonus or incentive pay during the past 12 months. If the employee is not eligible, do not check the box.

Bonus or incentive pay paid during past 12 months

Enter a dollar amount here only if the employee actually received bonus or incentive pay during the past twelve months. Otherwise leave it blank or enter zero.

Number of full-time equivalent (FTE) employees managed (direct and indirect)

Enter the number of employees managed or supervised by this person, directly and indirectly. For example, for the President/CEO/Executive Director position, list the total number of FTE employees of the organization. Do not include contractors or volunteers managed or supervised by this employee.

Gender

Select Male, Female or Non-Binary/Non-Conforming.

Job title at your org	Current pay: FT: Annual PT: Hourly	Eligible for bonus	Bonus paid	FTEs managed	Gender
	\$	<input type="checkbox"/>	\$		M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>

<p>Does your COO/Associate Director have an employment contract? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what is the length of the current contract (specify months or years)? _____</p>
<p>For how many years has your COO/Associate Director worked in his or her current job at your organization?</p>
<p>Did your COO/Associate Director work as the COO/Associate Director in other nonprofit organizations prior to the current job? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, for how long, in years?</p>
<p>What is the highest level of education attained by the COO/Associate Director?</p> <p><input type="checkbox"/> High school <input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate</p>
<p>Please describes any other benefits given to the COO/Associate Director not listed elsewhere in this questionnaire:</p>

CHIEF FINANCIAL OFFICER

If you have an employee in this job based on the survey job description, enter your information below. Otherwise skip this section.

Job title at your organization

This is for reference only. Your organization's job title may be different from the survey job title listed.

Base Pay Rate as of May 1, 2024

Enter the actual base pay rate for the employee as of May 1, 2024. For full-time employees, enter the annual base salary. For part-time employees, please enter the hourly rate.

Eligible for bonus or incentive pay

Check the box if the employee in this job is eligible for any type of incentive or bonus pay in addition to the regular base pay, regardless of whether or not the employee actually received bonus or incentive pay during the past 12 months. If the employee is not eligible, do not check the box.

Bonus or incentive pay paid during past 12 months

Enter a dollar amount here only if the employee actually received bonus or incentive pay during the past twelve months. Otherwise leave it blank or enter zero.

Number of full-time equivalent (FTE) employees managed (direct and indirect)

Enter the number of employees managed or supervised by this person, directly and indirectly. For example, for the President/CEO/Executive Director position, list the total number of FTE employees of the organization. Do not include contractors or volunteers managed or supervised by this employee.

Gender

Select Male, Female or Non-Binary/Non-Conforming.

Job title at your org	Current pay: FT: Annual PT: Hourly	Eligible for bonus	Bonus paid	FTEs managed	Gender
	\$	<input type="checkbox"/>	\$		M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>

<p>Does your CFO have an employment contract? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what is the length of the current contract (specify months or years)? _____</p>
<p>For how many years has your CFO worked in his or her current job at your organization?</p>
<p>Did your CFO work as the CFO in other nonprofit organizations prior to the current job? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, for how long, in years?</p>
<p>What is the highest level of education attained by the CFO?</p> <p><input type="checkbox"/> High school <input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate</p>
<p>Please describes any other benefits given to the CFO not listed elsewhere in this questionnaire:</p>

CHIEF DEVELOPMENT OFFICER

If you have an employee in this job based on the survey job description, enter your information below. Otherwise skip this section.

Job title at your organization

This is for reference only. Your organization's job title may be different from the survey job title listed.

Base Pay Rate as of May 1, 2024

Enter the actual base pay rate for the employee as of May 1, 2024. For full-time employees, enter the annual base salary. For part-time employees, please enter the hourly rate.

Eligible for bonus or incentive pay

Check the box if the employee in this job is eligible for any type of incentive or bonus pay in addition to the regular base pay, regardless of whether or not the employee actually received bonus or incentive pay during the past 12 months. If the employee is not eligible, do not check the box.

Bonus or incentive pay paid during past 12 months

Enter a dollar amount here only if the employee actually received bonus or incentive pay during the past twelve months. Otherwise leave it blank or enter zero.

Number of full-time equivalent (FTE) employees managed (direct and indirect)

Enter the number of employees managed or supervised by this person, directly and indirectly. For example, for the President/CEO/Executive Director position, list the total number of FTE employees of the organization. Do not include contractors or volunteers managed or supervised by this employee.

Gender

Select Male, Female or Non-Binary/Non-Conforming.

Job title at your org	Current pay: FT: Annual PT: Hourly	Eligible for bonus	Bonus paid	FTEs managed	Gender
	\$	<input type="checkbox"/>	\$		M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>

Does your Chief Development Officer have an employment contract?
 Yes No

If Yes, what is the length of the current contract (specify months or years)? _____

For how many years has your Chief Development Officer worked in his or her current job at your organization?

Did your Chief Development Officer work as the Chief Development Officer in other nonprofit organizations prior to the current job?
 Yes No

If yes, for how long, in years?

What is the highest level of education attained by the Chief Development Officer?

High school
 Some college
 Associate's degree
 Bachelor's degree
 Master's degree
 Doctorate

Please describes any other benefits given to the Chief Development Officer not listed elsewhere in this questionnaire:

CHIEF PROGRAMS OFFICER

If you have an employee in this job based on the survey job description, enter your information below. Otherwise skip this section.

Job title at your organization

This is for reference only. Your organization's job title may be different from the survey job title listed.

Base Pay Rate as of May 1, 2024

Enter the actual base pay rate for the employee as of May 1, 2024. For full-time employees, enter the annual base salary. For part-time employees, please enter the hourly rate.

Eligible for bonus or incentive pay

Check the box if the employee in this job is eligible for any type of incentive or bonus pay in addition to the regular base pay, regardless of whether or not the employee actually received bonus or incentive pay during the past 12 months. If the employee is not eligible, do not check the box.

Bonus or incentive pay paid during past 12 months

Enter a dollar amount here only if the employee actually received bonus or incentive pay during the past twelve months. Otherwise leave it blank or enter zero.

Number of full-time equivalent (FTE) employees managed (direct and indirect)

Enter the number of employees managed or supervised by this person, directly and indirectly. For example, for the President/CEO/Executive Director position, list the total number of FTE employees of the organization. Do not include contractors or volunteers managed or supervised by this employee.

Gender

Select Male, Female or Non-Binary/Non-Conforming.

Job title at your org	Current pay: FT: Annual PT: Hourly	Eligible for bonus	Bonus paid	FTEs managed	Gender
	\$	<input type="checkbox"/>	\$		M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>

<p>Does your Chief Programs Officer have an employment contract? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what is the length of the current contract (specify months or years)? _____</p>
<p>For how many years has your Chief Programs Officer worked in his or her current job at your organization?</p>
<p>Did your Chief Programs Officer work as the Chief Programs Officer in other nonprofit organizations prior to the current job? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, for how long, in years?</p>
<p>What is the highest level of education attained by the Chief Programs Officer?</p> <p><input type="checkbox"/> High school <input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate</p>
<p>Please describes any other benefits given to the Chief Programs Officer not listed elsewhere in this questionnaire:</p>

CHIEF INFORMATION OFFICER

If you have an employee in this job based on the survey job description, enter your information below. Otherwise skip this section.

Job title at your organization

This is for reference only. Your organization's job title may be different from the survey job title listed.

Base Pay Rate as of May 1, 2024

Enter the actual base pay rate for the employee as of May 1, 2024. For full-time employees, enter the annual base salary. For part-time employees, please enter the hourly rate.

Eligible for bonus or incentive pay

Check the box if the employee in this job is eligible for any type of incentive or bonus pay in addition to the regular base pay, regardless of whether or not the employee actually received bonus or incentive pay during the past 12 months. If the employee is not eligible, do not check the box.

Bonus or incentive pay paid during past 12 months

Enter a dollar amount here only if the employee actually received bonus or incentive pay during the past twelve months. Otherwise leave it blank or enter zero.

Number of full-time equivalent (FTE) employees managed (direct and indirect)

Enter the number of employees managed or supervised by this person, directly and indirectly. For example, for the President/CEO/Executive Director position, list the total number of FTE employees of the organization. Do not include contractors or volunteers managed or supervised by this employee.

Gender

Select Male, Female or Non-Binary/Non-Conforming.

Job title at your org	Current pay: FT: Annual PT: Hourly	Eligible for bonus	Bonus paid	FTEs managed	Gender
	\$	<input type="checkbox"/>	\$		M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>

<p>Does your Chief Information Officer have an employment contract? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what is the length of the current contract (specify months or years)? _____</p>
<p>For how many years has your Chief Information Officer worked in his or her current job at your organization?</p>
<p>Did your Chief Programs Officer work as the Chief Information Officer in other nonprofit organizations prior to the current job? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, for how long, in years?</p>
<p>What is the highest level of education attained by the Chief Information Officer?</p> <p><input type="checkbox"/> High school <input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate</p>
<p>Please describes any other benefits given to the Chief Programs Officer not listed elsewhere in this questionnaire:</p>

VICE PRESIDENT OF MANUFACTURING/OPERATIONS

If you have an employee in this job based on the survey job description, enter your information below. Otherwise skip this section.

Job title at your organization

This is for reference only. Your organization's job title may be different from the survey job title listed.

Base Pay Rate as of May 1, 2024

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Eligible for bonus or incentive pay

Check the box if the employee in this job is eligible for any type of incentive or bonus pay in addition to the regular base pay, regardless of whether or not the employee actually received bonus or incentive pay during the past 12 months. If the employee is not eligible, do not check the box.

Bonus or incentive pay paid during past 12 months

Enter a dollar amount here only if the employee actually received bonus or incentive pay during the past twelve months. Otherwise leave it blank or enter zero.

Number of full-time equivalent (FTE) employees managed (direct and indirect)

Enter the number of employees managed or supervised by this person, directly and indirectly. For example, for the President/CEO/Executive Director position, list the total number of FTE employees of the organization. Do not include contractors or volunteers managed or supervised by this employee.

Gender

Select Male, Female or Non-Binary/Non-Conforming.

Job title at your org	Current pay: FT: Annual PT: Hourly	Eligible for bonus	Bonus paid	FTEs managed	Gender
	\$	<input type="checkbox"/>	\$		M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>

<p>Does your VP of Manufacturing/Operations have an employment contract? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what is the length of the current contract (specify months or years)? _____</p>
<p>For how many years has your VP of Manufacturing/Operations worked in his or her current job at your organization?</p>
<p>Did your VP of Manufacturing/Operations work as VP of Manufacturing/Operations in other nonprofit organizations prior to the current job? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, for how long, in years?</p>
<p>What is the highest level of education attained by the VP of Manufacturing/Operations?</p> <p><input type="checkbox"/> High school <input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate</p>
<p>Please describes any other benefits given to the VP of Manufacturing/Operations not listed elsewhere in this questionnaire:</p>

CHIEF HUMAN RESOURCES OFFICER

If you have an employee in this job based on the survey job description, enter your information below. Otherwise skip this section.

Job title at your organization

This is for reference only. Your organization's job title may be different from the survey job title listed.

Base Pay Rate as of May 1, 2024

Enter the actual base pay rate for the employee as of May 1, 2024. For full-time employees, enter the annual base salary. For part-time employees, please enter the hourly rate.

Eligible for bonus or incentive pay

Check the box if the employee in this job is eligible for any type of incentive or bonus pay in addition to the regular base pay, regardless of whether or not the employee actually received bonus or incentive pay during the past 12 months. If the employee is not eligible, do not check the box.

Bonus or incentive pay paid during past 12 months

Enter a dollar amount here only if the employee actually received bonus or incentive pay during the past twelve months. Otherwise leave it blank or enter zero.

Number of full-time equivalent (FTE) employees managed (direct and indirect)

Enter the number of employees managed or supervised by this person, directly and indirectly. For example, for the President/CEO/Executive Director position, list the total number of FTE employees of the organization. Do not include contractors or volunteers managed or supervised by this employee.

Gender

Select Male, Female or Non-Binary/Non-Conforming.

Job title at your org	Current pay: FT: Annual PT: Hourly	Eligible for bonus	Bonus paid	FTEs managed	Gender
	\$	<input type="checkbox"/>	\$		M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>

<p>Does your Chief Human Resources Officer have an employment contract? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what is the length of the current contract (specify months or years)? _____</p>
<p>For how many years has your Chief Human Resources Officer worked in his or her current job at your organization?</p>
<p>Did your Chief Human Resources Officer work as Chief Human Resources Officer in other nonprofit organizations prior to the current job? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, for how long, in years?</p>
<p>What is the highest level of education attained by the Chief Human Resources Officer?</p> <p><input type="checkbox"/> High school <input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate</p>
<p>Please describes any other benefits given to the Chief Human Resources Officer not listed elsewhere in this questionnaire:</p>

DIRECTOR/MANAGER-LEVEL JOBS:

- DIRECTOR OF LOW VISION CLINIC**
DIRECTOR OF VOCATIONAL EDUCATION
PLANT MANAGER
BUSINESS DEVELOPMENT DIRECTOR/MANAGER
DIRECTOR OF FUNDRAISING/DEVELOPMENT
DIRECTOR OF HUMAN RESOURCES
DIRECTOR OF INFORMATION TECHNOLOGY
DIRECTOR OF MARKETING

Enter your information below for employees in the director/manager-level jobs based on survey job descriptions. Otherwise skip this section.

Job title at your organization

This is for reference only. Your organization's job title may be different from the survey job title listed.

Base Pay Rate as of May 1, 2024

Enter the actual base pay rate for the employee as of May 1, 2024. For full-time employees, enter the annual base salary. For part-time employees, please enter the hourly rate.

Eligible for bonus or incentive pay

Check the box if the employee in this job is eligible for any type of incentive or bonus pay in addition to the regular base pay, regardless of whether or not the employee actually received bonus or incentive pay during the past 12 months. If the employee is not eligible, do not check the box.

Bonus or incentive pay paid during past 12 months

Enter a dollar amount here only if the employee actually received bonus or incentive pay during the past twelve months. Otherwise leave it blank or enter zero.

Number of full-time equivalent (FTE) employees managed (direct and indirect)

Enter the number of employees managed or supervised by this person, directly and indirectly. For example, for the President/CEO/Executive Director position, list the total number of FTE employees of the organization. Do not include contractors or volunteers managed or supervised by this employee.

Gender

Select Male, Female or Non-Binary/Non-Conforming.

Years in this job at this organization

Enter the number of years this employee has been employed in this job at your organization.

	Current pay: FT: Annual PT: Hourly	Eligible for bonus	Bonus paid	FTEs managed	Gender	Years in job
DIRECTOR OF LOW VISION CLINIC Job title at your org:	\$	<input type="checkbox"/>	\$		M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	
DIRECTOR OF PROGRAM SERVICES Job title at your org:	\$	<input type="checkbox"/>	\$		M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	
PLANT MANAGER Job title at your org:	\$	<input type="checkbox"/>	\$		M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	
BUSINESS DEVELOPMENT DIRECTOR/MANAGER Job title at your org:	\$	<input type="checkbox"/>	\$		M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	
DIRECTOR OF FUNDRAISING/DEVELOPMENT Job title at your org:	\$	<input type="checkbox"/>	\$		M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	
DIRECTOR OF HUMAN RESOURCES Job title at your org:	\$	<input type="checkbox"/>	\$		M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	
DIRECTOR OF INFORMATION TECHNOLOGY Job title at your org:	\$	<input type="checkbox"/>	\$		M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	
DIRECTOR OF MARKETING Job title at your org:	\$	<input type="checkbox"/>	\$		M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	

ORIENTATION & MOBILITY SPECIALIST (OMS)

If you have employees in this job based on the survey job description, enter your information below for each individual employee. Otherwise skip this section.

Job title at your organization

This is for reference only. Your organization's job title may be different from the survey job title listed.

Base Pay Rate as of May 1, 2024

Enter the actual base pay rate for the employee as of May 1, 2024. For full-time employees, enter the annual base salary. For part-time employees, please enter the hourly rate.

Eligible for bonus or incentive pay

Check the box if the employee in this job is eligible for any type of incentive or bonus pay in addition to the regular base pay, regardless of whether or not the employee actually received bonus or incentive pay during the past 12 months. If the employee is not eligible, do not check the box.

Bonus or incentive pay paid during past 12 months

Enter a dollar amount here only if the employee actually received bonus or incentive pay during the past twelve months. Otherwise leave it blank or enter zero.

Number of full-time equivalent (FTE) employees managed (direct and indirect)

Enter the number of employees managed or supervised by this person, directly and indirectly. For example, for the President/CEO/Executive Director position, list the total number of FTE employees of the organization. Do not include contractors or volunteers managed or supervised by this employee.

Years in job

The number of years this person has been employed in this job at your organization.

Gender

Select Male, Female or Non-Binary/Non-Conforming.

Has Master's Degree

Check the box if the employee has a Master's Degree.

ACVREP certified

Check the box if the employee is ACVREP certified.

NOMC certified

Check the box if the employee is NOMC certified.

Job title at your org	Current pay: FT: Annual PT: Hourly	Eligible for bonus	Bonus paid	FTEs managed	Years in job	Gender	Has Master's	ACVREP cert	NOMC cert
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>Enter the typical starting pay for employees in this position at your organization:</p> <p>Full-time (enter as annual salary): \$ _____ Part-time (enter as hourly rate:): \$ _____</p>
<p>If any Certified Orientation & Mobility Specialists are dual-certified, do you provide a pay differential for dual certification?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p>
<p>If Yes, what is the pay differential for dual certification for a COMS?</p>
<p>During the past year has your organization had particular difficulty hiring and/or retaining qualified employees for this job?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

VISION REHABILITATION THERAPIST (VRT)

If you have employees in this job based on the survey job description, enter your information below for each individual employee. Otherwise skip this section.

Job title at your organization

This is for reference only. Your organization's job title may be different from the survey job title listed.

Base Pay Rate as of May 1, 2024

Enter the actual base pay rate for the employee as of May 1, 2024. For full-time employees, enter the annual base salary. For part-time employees, please enter the hourly rate.

Eligible for bonus or incentive pay

Check the box if the employee in this job is eligible for any type of incentive or bonus pay in addition to the regular base pay, regardless of whether or not the employee actually received bonus or incentive pay during the past 12 months. If the employee is not eligible, do not check the box.

Bonus or incentive pay paid during past 12 months

Enter a dollar amount here only if the employee actually received bonus or incentive pay during the past twelve months. Otherwise leave it blank or enter zero.

Number of full-time equivalent (FTE) employees managed (direct and indirect)

Enter the number of employees managed or supervised by this person, directly and indirectly. For example, for the President/CEO/Executive Director position, list the total number of FTE employees of the organization. Do not include contractors or volunteers managed or supervised by this employee.

Years in job

The number of years this person has been employed in this job at your organization.

Gender

Select Male, Female or Non-Binary/Non-Conforming.

Has Master's Degree

Check the box if the employee has a Master's Degree.

ACVREP certified

Check the box if the employee is ACVREP certified.

Job title at your org	Current pay: FT: Annual PT: Hourly	Eligible for bonus	Bonus paid	FTEs managed	Years in job	Gender	Has Master's	ACVREP cert
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>Enter the typical starting pay for employees in this position at your organization:</p> <p>Full-time (enter as annual salary): \$ _____ Part-time (enter as hourly rate): \$ _____</p>
<p>If any Certified Vision Rehabilitation Therapists are dual-certified, do you provide a pay differential for dual certification?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p>
<p>If Yes, what is the pay differential for dual certification for a CVRT?</p>
<p>During the past year has your organization had particular difficulty hiring and/or retaining qualified employees for this job?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

LOW VISION THERAPIST (LVT)

If you have employees in this job based on the survey job description, enter your information below for each individual employee. Otherwise skip this section.

Job title at your organization

This is for reference only. Your organization's job title may be different from the survey job title listed.

Base Pay Rate as of May 1, 2024

Enter the actual base pay rate for the employee as of May 1, 2024. For full-time employees, enter the annual base salary. For part-time employees, please enter the hourly rate.

Eligible for bonus or incentive pay

Check the box if the employee in this job is eligible for any type of incentive or bonus pay in addition to the regular base pay, regardless of whether or not the employee actually received bonus or incentive pay during the past 12 months. If the employee is not eligible, do not check the box.

Bonus or incentive pay paid during past 12 months

Enter a dollar amount here only if the employee actually received bonus or incentive pay during the past twelve months. Otherwise leave it blank or enter zero.

Number of full-time equivalent (FTE) employees managed (direct and indirect)

Enter the number of employees managed or supervised by this person, directly and indirectly. For example, for the President/CEO/Executive Director position, list the total number of FTE employees of the organization. Do not include contractors or volunteers managed or supervised by this employee.

Years in job

The number of years this person has been employed in this job at your organization.

Gender

Select Male, Female or Non-Binary/Non-Conforming.

Has Master's Degree

Check the box if the employee has a Master's Degree.

ACVREP certified

Check the box if the employee is ACVREP certified.

Job title at your org	Current pay: FT: Annual PT: Hourly	Eligible for bonus	Bonus paid	FTEs managed	Years in job	Gender	Has Master's	ACVREP cert
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>Enter the typical starting pay for employees in this position at your organization:</p> <p style="text-align: center;">Full-time (enter as annual salary): \$ _____ Part-time (enter as hourly rate:): \$ _____</p>
<p>If any Certified Low Vision Therapists are dual-certified, do you provide a pay differential for dual certification?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable </p>
<p>If Yes, what is the pay differential for dual certification for a CLVT?</p>
<p>During the past year has your organization had particular difficulty hiring and/or retaining qualified employees for this job?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>

TEACHER OF STUDENTS WITH VISUAL IMPAIRMENTS (TSVI)

If you have employees in this job based on the survey job description, enter your information below for each individual employee. Otherwise skip this section.

Job title at your organization

This is for reference only. Your organization's job title may be different from the survey job title listed.

Base Pay Rate as of May 1, 2024

Enter the actual base pay rate for the employee as of May 1, 2024. For full-time employees, enter the annual base salary. For part-time employees, please enter the hourly rate.

Eligible for bonus or incentive pay

Check the box if the employee in this job is eligible for any type of incentive or bonus pay in addition to the regular base pay, regardless of whether or not the employee actually received bonus or incentive pay during the past 12 months. If the employee is not eligible, do not check the box.

Bonus or incentive pay paid during past 12 months

Enter a dollar amount here only if the employee actually received bonus or incentive pay during the past twelve months. Otherwise leave it blank or enter zero.

Number of full-time equivalent (FTE) employees managed (direct and indirect)

Enter the number of employees managed or supervised by this person, directly and indirectly. For example, for the President/CEO/Executive Director position, list the total number of FTE employees of the organization. Do not include contractors or volunteers managed or supervised by this employee.

Years in job

The number of years this person has been employed in this job at your organization.

Gender

Select Male, Female or Non-Binary/Non-Conforming.

Has Master's Degree

Check the box if the employee has a Master's Degree.

ACVREP certified

Check the box if the employee is ACVREP certified.

Job title at your org	Current pay: FT: Annual PT: Hourly	Eligible for bonus	Bonus paid	FTEs managed	Years in job	Gender	Has Master's	ACVREP cert
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter the typical starting pay for employees in this position at your organization:	
Full-time (enter as annual salary): \$	Part-time (enter as hourly rate): \$
If any Teachers of Students with Visual Impairments are dual-certified, do you provide a pay differential for dual certification?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
If Yes, what is the pay differential for dual certification for a TSVI?	
Our TSVI(s) works primarily:	
<input type="checkbox"/> under contract to public or private schools	<input type="checkbox"/> within our agency/school
Our TSVI(s) works primarily:	
<input type="checkbox"/> with pre-school-age children	<input type="checkbox"/> with school-age children
The work schedule for our TSVI(s) follows:	
<input type="checkbox"/> the school district holiday/vacation calendar	<input type="checkbox"/> our organization's holiday/vacation calendar
During the past year has your organization had particular difficulty hiring and/or retaining qualified employees for this job?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

OCCUPATIONAL THERAPIST (OT)

If you have employees in this job based on the survey job description, enter your information below for each individual employee. Otherwise skip this section.

Job title at your organization

This is for reference only. Your organization's job title may be different from the survey job title listed.

Base Pay Rate as of May 1, 2024

Enter the actual base pay rate for the employee as of May 1, 2024. For full-time employees, enter the annual base salary. For part-time employees, please enter the hourly rate.

Eligible for bonus or incentive pay

Check the box if the employee in this job is eligible for any type of incentive or bonus pay in addition to the regular base pay, regardless of whether or not the employee actually received bonus or incentive pay during the past 12 months. If the employee is not eligible, do not check the box.

Bonus or incentive pay paid during past 12 months

Enter a dollar amount here only if the employee actually received bonus or incentive pay during the past twelve months. Otherwise leave it blank or enter zero.

Number of full-time equivalent (FTE) employees managed (direct and indirect)

Enter the number of employees managed or supervised by this person, directly and indirectly. For example, for the President/CEO/Executive Director position, list the total number of FTE employees of the organization. Do not include contractors or volunteers managed or supervised by this employee.

Years in job

The number of years this person has been employed in this job at your organization.

Gender

Select Male, Female or Non-Binary/Non-Conforming.

Has Master's Degree

Check the box if the employee has a Master's Degree.

ACVREP certified

Check the box if the employee is ACVREP certified.

AOTA certified

Check the box if the employee is AOTA certified.

Job title at your org	Current pay: FT: Annual PT: Hourly	Eligible for bonus	Bonus paid	FTEs managed	Years in job	Gender	Has Master's	ACVREP cert
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter the typical starting pay for employees in this position at your organization:	
Full-time (enter as annual salary): \$	Part-time (enter as hourly rate.): \$
If any Occupational Therapists are dual-certified, do you provide a pay differential for dual certification?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
If Yes, what is the pay differential for dual certification for an OT?	
Our OT(s) works primarily:	
<input type="checkbox"/> as a vision rehabilitation professional <input type="checkbox"/> as a low vision professional	
Do you bill Medicare/insurance for the OT's services?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
During the past year has your organization had particular difficulty hiring and/or retaining qualified employees for this job?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

ASSISTIVE TECHNOLOGY INSTRUCTIONAL SPECIALIST (ATIS)

If you have employees in this job based on the survey job description, enter your information below for each individual employee. Otherwise skip this section.

Job title at your organization

This is for reference only. Your organization's job title may be different from the survey job title listed.

Base Pay Rate as of May 1, 2024

Enter the actual base pay rate for the employee as of May 1, 2024. For full-time employees, enter the annual base salary. For part-time employees, please enter the hourly rate.

Eligible for bonus or incentive pay

Check the box if the employee in this job is eligible for any type of incentive or bonus pay in addition to the regular base pay, regardless of whether or not the employee actually received bonus or incentive pay during the past 12 months. If the employee is not eligible, do not check the box.

Bonus or incentive pay paid during past 12 months

Enter a dollar amount here only if the employee actually received bonus or incentive pay during the past twelve months. Otherwise leave it blank or enter zero.

Number of full-time equivalent (FTE) employees managed (direct and indirect)

Enter the number of employees managed or supervised by this person, directly and indirectly. For example, for the President/CEO/Executive Director position, list the total number of FTE employees of the organization. Do not include contractors or volunteers managed or supervised by this employee.

Years in job

The number of years this person has been employed in this job at your organization.

Gender

Select Male, Female or Non-Binary/Non-Conforming.

Has Master's Degree

Check the box if the employee has a Master's Degree.

ACVREP certified

Check the box if the employee is ACVREP certified.

Job title at your org	Current pay: FT: Annual PT: Hourly	Eligible for bonus	Bonus paid	FTEs managed	Years in job	Gender	Has Master's	ACVREP cert
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>Enter the typical starting pay for employees in this position at your organization:</p> <p>Full-time (enter as annual salary): \$ _____ Part-time (enter as hourly rate): \$ _____</p>
<p>If any Assistive Technology Instructional Specialists are dual-certified, do you provide a pay differential for dual certification?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p>
<p>If Yes, what is the pay differential for dual certification for an ATIS?</p>
<p>During the past year has your organization had particular difficulty hiring and/or retaining qualified employees for this job?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

GUIDE DOG MOBILITY INSTRUCTOR (GDMI)

If you have employees in this job based on the survey job description, enter your information below for each individual employee. Otherwise skip this section.

Job title at your organization

This is for reference only. Your organization's job title may be different from the survey job title listed.

Base Pay Rate as of May 1, 2024

Enter the actual base pay rate for the employee as of May 1, 2024. For full-time employees, enter the annual base salary. For part-time employees, please enter the hourly rate.

Eligible for bonus or incentive pay

Check the box if the employee in this job is eligible for any type of incentive or bonus pay in addition to the regular base pay, regardless of whether or not the employee actually received bonus or incentive pay during the past 12 months. If the employee is not eligible, do not check the box.

Bonus or incentive pay paid during past 12 months

Enter a dollar amount here only if the employee actually received bonus or incentive pay during the past twelve months. Otherwise leave it blank or enter zero.

Number of full-time equivalent (FTE) employees managed (direct and indirect)

Enter the number of employees managed or supervised by this person, directly and indirectly. For example, for the President/CEO/Executive Director position, list the total number of FTE employees of the organization. Do not include contractors or volunteers managed or supervised by this employee.

Years in job

The number of years this person has been employed in this job at your organization.

Gender

Select Male, Female or Non-Binary/Non-Conforming.

Job title at your org	Current pay: FT: Annual PT: Hourly	Eligible for bonus	Bonus paid	FTEs managed	Years in job	Gender
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>

<p>Enter the typical starting pay for employees in this position at your organization:</p> <p>Full-time (enter as annual salary): \$ _____ Part-time (enter as hourly rate): \$ _____</p>
<p>If any Guide Dog Mobility Instructors are dual-certified, do you provide a pay differential for dual certification?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p> <p>If Yes, what is the pay differential for dual certification for a GDMI?</p>
<p>During the past year has your organization had particular difficulty hiring and/or retaining qualified employees for this job?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

LOW VISION OPTOMETRIST (employees only, not contractors)

If you have employees in this job based on the survey job description, enter your information below for each individual employee. Otherwise skip this section.

Job title at your organization

This is for reference only. Your organization's job title may be different from the survey job title listed.

Base Pay Rate as of May 1, 2024

Enter the actual base pay rate for the employee as of May 1, 2024. For full-time employees, enter the annual base salary. For part-time employees, please enter the hourly rate.

Eligible for bonus or incentive pay

Check the box if the employee in this job is eligible for any type of incentive or bonus pay in addition to the regular base pay, regardless of whether or not the employee actually received bonus or incentive pay during the past 12 months. If the employee is not eligible, do not check the box.

Bonus or incentive pay paid during past 12 months

Enter a dollar amount here only if the employee actually received bonus or incentive pay during the past twelve months. Otherwise leave it blank or enter zero.

Number of full-time equivalent (FTE) employees managed (direct and indirect)

Enter the number of employees managed or supervised by this person, directly and indirectly. For example, for the President/CEO/Executive Director position, list the total number of FTE employees of the organization. Do not include contractors or volunteers managed or supervised by this employee.

Years in job

The number of years this person has been employed in this job at your organization.

Gender

Select Male, Female or Non-Binary/Non-Conforming.

Job title at your org	Current pay: FT: Annual PT: Hourly	Eligible for bonus	Bonus paid	FTEs managed	Years in job	Gender
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>

<p>Enter the typical starting pay for employees in this position at your organization:</p> <p>Full-time (enter as annual salary): \$ _____ Part-time (enter as hourly rate): \$ _____</p>
<p>During the past year has your organization had particular difficulty hiring and/or retaining qualified employees for this job?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

QUALITY ASSURANCE INSPECTOR (Accessible Documents)

If you have employees in this job based on the survey job description, enter your information below for each individual employee. Otherwise skip this section.

Job title at your organization

This is for reference only. Your organization's job title may be different from the survey job title listed.

Base Pay Rate as of May 1, 2024

Enter the actual base pay rate for the employee as of May 1, 2024. For full-time employees, enter the annual base salary. For part-time employees, please enter the hourly rate.

Eligible for bonus or incentive pay

Check the box if the employee in this job is eligible for any type of incentive or bonus pay in addition to the regular base pay, regardless of whether or not the employee actually received bonus or incentive pay during the past 12 months. If the employee is not eligible, do not check the box.

Bonus or incentive pay paid during past 12 months

Enter a dollar amount here only if the employee actually received bonus or incentive pay during the past twelve months. Otherwise leave it blank or enter zero.

Number of full-time equivalent (FTE) employees managed (direct and indirect)

Enter the number of employees managed or supervised by this person, directly and indirectly. For example, for the President/CEO/Executive Director position, list the total number of FTE employees of the organization. Do not include contractors or volunteers managed or supervised by this employee.

Years in job

The number of years this person has been employed in this job at your organization.

Gender

Select Male, Female or Non-Binary/Non-Conforming.

Job title at your org	Current pay: FT: Annual PT: Hourly	Eligible for bonus	Bonus paid	FTEs managed	Years in job	Gender
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
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	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>

<p>Enter the typical starting pay for employees in this position at your organization:</p> <p>Full-time (enter as annual salary): \$ _____ Part-time (enter as hourly rate): \$ _____</p>
<p>During the past year has your organization had particular difficulty hiring and/or retaining qualified employees for this job?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

BRaille EDITOR

If you have employees in this job based on the survey job description, enter your information below for each individual employee. Otherwise skip this section.

Job title at your organization

This is for reference only. Your organization's job title may be different from the survey job title listed.

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Enter the actual base pay rate for the employee as of May 1, 2024. For full-time employees, enter the annual base salary. For part-time employees, please enter the hourly rate.

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Bonus or incentive pay paid during past 12 months

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Years in job

The number of years this person has been employed in this job at your organization.

Gender

Select Male, Female or Non-Binary/Non-Conforming.

Job title at your org	Current pay: FT: Annual PT: Hourly	Eligible for bonus	Bonus paid	FTEs managed	Years in job	Gender
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
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	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>

<p>Enter the typical starting pay for employees in this position at your organization:</p> <p>Full-time (enter as annual salary): \$ _____ Part-time (enter as hourly rate): \$ _____</p>
<p>During the past year has your organization had particular difficulty hiring and/or retaining qualified employees for this job?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

DIGITAL ACCESSIBLE DOCUMENT SPECIALIST

If you have employees in this job based on the survey job description, enter your information below for each individual employee. Otherwise skip this section.

Job title at your organization

This is for reference only. Your organization's job title may be different from the survey job title listed.

Base Pay Rate as of May 1, 2024

Enter the actual base pay rate for the employee as of May 1, 2024. For full-time employees, enter the annual base salary. For part-time employees, please enter the hourly rate.

Eligible for bonus or incentive pay

Check the box if the employee in this job is eligible for any type of incentive or bonus pay in addition to the regular base pay, regardless of whether or not the employee actually received bonus or incentive pay during the past 12 months. If the employee is not eligible, do not check the box.

Bonus or incentive pay paid during past 12 months

Enter a dollar amount here only if the employee actually received bonus or incentive pay during the past twelve months. Otherwise leave it blank or enter zero.

Number of full-time equivalent (FTE) employees managed (direct and indirect)

Enter the number of employees managed or supervised by this person, directly and indirectly. For example, for the President/CEO/Executive Director position, list the total number of FTE employees of the organization. Do not include contractors or volunteers managed or supervised by this employee.

Years in job

The number of years this person has been employed in this job at your organization.

Gender

Select Male, Female or Non-Binary/Non-Conforming.

Job title at your org	Current pay: FT: Annual PT: Hourly	Eligible for bonus	Bonus paid	FTEs managed	Years in job	Gender
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
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	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>

<p>Enter the typical starting pay for employees in this position at your organization:</p> <p>Full-time (enter as annual salary): \$ _____ Part-time (enter as hourly rate): \$ _____</p>
<p>During the past year has your organization had particular difficulty hiring and/or retaining qualified employees for this job?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

JOB DEVELOPER/EMPLOYMENT SPECIALIST

If you have employees in this job based on the survey job description, enter your information below for each individual employee. Otherwise skip this section.

Job title at your organization

This is for reference only. Your organization's job title may be different from the survey job title listed.

Base Pay Rate as of May 1, 2024

Enter the actual base pay rate for the employee as of May 1, 2024. For full-time employees, enter the annual base salary. For part-time employees, please enter the hourly rate.

Eligible for bonus or incentive pay

Check the box if the employee in this job is eligible for any type of incentive or bonus pay in addition to the regular base pay, regardless of whether or not the employee actually received bonus or incentive pay during the past 12 months. If the employee is not eligible, do not check the box.

Bonus or incentive pay paid during past 12 months

Enter a dollar amount here only if the employee actually received bonus or incentive pay during the past twelve months. Otherwise leave it blank or enter zero.

Number of full-time equivalent (FTE) employees managed (direct and indirect)

Enter the number of employees managed or supervised by this person, directly and indirectly. For example, for the President/CEO/Executive Director position, list the total number of FTE employees of the organization. Do not include contractors or volunteers managed or supervised by this employee.

Years in job

The number of years this person has been employed in this job at your organization.

Gender

Select Male, Female or Non-Binary/Non-Conforming.

Job title at your org	Current pay: FT: Annual PT: Hourly	Eligible for bonus	Bonus paid	FTEs managed	Years in job	Gender
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
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	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>
	\$	<input type="checkbox"/>	\$			M <input type="checkbox"/> F <input type="checkbox"/> NB <input type="checkbox"/>

<p>Enter the typical starting pay for employees in this position at your organization:</p> <p>Full-time (enter as annual salary): \$ _____ Part-time (enter as hourly rate): \$ _____</p>
<p>During the past year has your organization had particular difficulty hiring and/or retaining qualified employees for this job?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

ADDITIONAL QUESTIONS FOR PROFESSIONAL-LEVEL JOBS

Please answer these questions if you are reporting any employees at least one of the professional-level survey jobs.

Do you provide a company car for itinerant personnel?

Yes No Not applicable

Please state the number of additional vision-specific professionals you expect your agency will need to hire due to increases in services or due to retirement in:

1 year	_____	additional vision-specific professionals
2 years	_____	additional vision-specific professionals (cumulative: include the number for 1 year above)
3 years	_____	additional vision-specific professionals (cumulative: include the numbers for 1 year and 2 years above)

GLOSSARY OF TERMS

Across-the-board salary increase	A general pay increase, usually of a certain percent, given to every eligible employee in an organization. The increase may be linked to cost of living or other economic indicators; see Cost of Living Allowance.
Actual base salary	The wages paid for a specific job, not including benefits and incentive pay, such as bonuses.
Cafeteria plan	Benefit plans that allow employees to choose the benefits they want from a predetermined list. Employers provide a certain number of credits or dollars to each worker to ensure core coverage, and additional benefits may be purchased at an individual employee's expense.
Cost of living allowance (COLA)	Periodic, across-the-board increases in base pay, designed to keep employees' salaries in line with the rising cost of living. COLA increases are usually linked to price indexes published by the Bureau of Labor Statistics.
Defined benefit plan	A retirement plan in which a retired employee receives a specific amount based on salary history and years of service, and in which the employer bears the investment risk. Contributions may be made by the employee, the employer, or both.
Defined contribution plan	A retirement plan that specifies the amount of an agency's contribution, but may not have a formula for determining eventual benefits. The agency's contribution is usually a certain percentage of the worker's salary, and a vesting period - specific length of employment - may be required. See Individual retirement account (IRA), Tax-sheltered annuity 401(k), Tax-sheltered annuity 403(b).
Dependent Care Spending Account (DCSA)	One of the two types of FSA's (Flexible Spending Accounts), which holds pre-tax dollars set aside by employees for their dependent care expenses. No amount may be left in the DCSA by the end of the year, or it will be lost.
Exempt vs. nonexempt employees	Employees are classified as "exempt" or "nonexempt" in reference to the FLSA (Fair Labor Standards Act). An exempt employee is paid a salary and is not compensated for overtime hours worked. The three categories under which an employee may be considered exempt are administrative, executive, and professional. These categories generally define an exempt employee as one who customarily and regularly exercises discretion and independent judgment in the performance of his/her duties. Exempt employees must pass a Salary Basis Test, i.e., they must be compensated at a minimum weekly salary of at least \$455. A nonexempt employee is paid for all overtime hours worked. Non-exempt employees generally perform operational functions such as routine clerical duties, maintenance work, and checking and inspecting equipment.
Flexible Spending Account (FSA)	A type of Section 125 account, an FSA holds pre-tax dollars set aside by employees for their health care or dependent care expenses. No amount may be left in the FSA by the end of the year, or it will be lost. There are two types of FSA's: Health Care Spending Account (HCSA) and Dependent Care Spending Account (DCSA).
Full-time equivalent (FTE)	Either one full-time position (as defined by an organization's policy regarding the hours required for a full-time workweek), or two or more part-time positions that, when taken together, make up the work schedule of one full-time position.
Health Care Spending Account (HCSA)	One of the two types of FSA's (Flexible Spending Account), which holds pre-tax dollars set aside by employees for their health care expenses. No amount may be left in the HCSA by the end of the year, or it will be lost.
Health Reimbursement Arrangement (HRA)	An arrangement in which the employer contributes a certain amount per employee per year for health care expenses. This money may be rolled from one year to the next, but is not portable if an employee leaves his/her job.

Health Savings Account (HSA)	Employee and/or employer make pre-tax contributions that are used by the employee for future medical, retirement, or long-term care premium expenses. These accounts are used in conjunction with a high-deductible health insurance policy. The funds can roll over from year to year and the account is portable.
Incentive or bonus pay	A periodic or one-time financial reward that compensates employees for outstanding job performance. Bonuses may be given for specific instances of employee achievement or initiative or when a worker meets or exceeds preset performance goals.
Individual retirement account (IRA)	A defined contribution benefit plan which allows employees to make tax-deductible contributions to their own retirement accounts.
Merit or performance-based increases	Salary increases based on employee merit or performance, over a given period of time.
Paid time off benefits	Employer-paid time off the job, i.e. vacation, sick days and holidays.
Paid Time Off (PTO) program	In a Paid Time Off program, employees are given a set number of days off each year to be taken at their discretion (as opposed to separate time off for vacation days, sick days and holidays).
Personal days	Days off taken at the discretion of the employee, also called floating holidays.
Section 125 plan	A plan in which certain employee benefits are paid with pre-tax dollars. Section 125 plans include premium-only plans, Flexible Spending Accounts, and cafeteria plans.
Tax-sheltered annuity 401(k)	A defined contribution retirement plan that allows workers to make pre-tax contributions through salary reduction agreements with their employers. Following a change in tax regulations in 1997, 401(k) plans can now be offered by nonprofit organizations.
Tax-sheltered annuity 403(b)	A defined contribution plan, similar to a 401(k), but specifically designed for use by nonprofit and public organizations.