



2019 Salary Survey
Please complete the following salary survey using current information and return it to the AMM office by May 31, 2019.

District Population Name of I	Municipality on Person completing Survey/Title dress to send the survey results to	
1. <u>Chi</u>	tef Administrative Officer	
a)	Annual Salary	<u> </u>
b)	Years of Service in a CAO Position	
c)	Is the CAO a Graduate of the CMMA program? Yes	No 🗌
d)	Has the CAO completed other Post-secondary education (or relevant business	experience)?
	Yes	No
	i) If yes, what type? Certificate (specify) Diploma (specify) Degree (specify)	
e)	How many office employees does the CAO supervise?	
f)	How many of Management Staff within the organization? (incl. Assist. CAO, Officers, Managers & Direction)	ectors)
g)	Method of determining an increase in salary for CAO (check all that apply) Cost of living Merit program Negotiated Other Other	
h)	When is the CAO eligible for Retirement? Less than 5 yrs 5-10 yrs 10-15yrs	More than 15 years
i)	OPTIONAL: For the purpose of analyzing pay equity, please indicate if the CA	O identifies as:
	MALE FEMALE_	NON-GENDER
2. Munici	cipal Office Gross Expenditure Budget (as stated in the 2019 Financial Plan)	
a)	What is the Municipality's General Fund (Page 1 Total Expenditure) \$	
b)	What is the Net Municipal Taxes and Grants in Lieu of Taxes (Page 1) \$	
c)	What is the Utility Fund (Page 9 Total Expenditure) - Total for all utilities \$	
	i) What is the number of Utilities	
d)	What is the number of separate entities the municipality provides (ie. bookkeepin services)	ng and management

2. Municipal Office Employees

Job Title	FT/ PT/ Casual/	Do they supervise other staff Yes or No?	The number of years of service with any Municipal Office	Annual Salary or Hourly wage	Number of hours per week	Method in determining an increase in salary? (Cost of living/merit/ negotiated/ other)
1.						
2.						
3.						
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15.						

3. <u>Municipal Employees</u> – Non office staff (Public Works, Recreation, Emergency Services, etc.)

Job Title	Number of positions	FT/ PT/ Casual	The number of years of service with any Municipal Office	Annual Salary or Hourly Wage range	Number of hours per week	Method in determining an increase in salary? (Cost of living/merit/negotiated/other)
		4 FT/ 4		\$20.00 -	50 FT/	
Example: Labourer	8	PT	0-15 years	25.50	25 PT	COL
1.						
2.						
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Title	Monthly indemnity	Daily per diem	Hourly per diem	Mileage per km.	Meals (is this paid by receipt or a set dollar amount per meal)	Technology allowance Yes or No?	Other type of indemnities paid (Conference calls)
Mayor/ Reeve/ Head of Council							
Deputy Mayor/ Deputy Reeve							
Councillor							
issue?	enue Canada c us quo 🔲 R				per diem, how di	_	pality address this
issue? Left it as stat 5. <u>Employee</u> a) How	us quo 🗌 R	aised the p	er diem 1/3	3 ☐ Rai	sed the per diem	_	_
issue? Left it as stat 5. Employee a) How - If a b) Are s	us quo R Benefits many sick day ny, what is the lick days paid of the lick days paid	aised the p	ch are empl maximum?	Rai Oyees allocan leaving/re	sed the per diem	% □ C	
issue? Left it as stat 5. Employee a) How - If a b) Are s - If y c) Does - If y	Benefits many sick day ny, what is the ick days paid of es, what rate a	aised the person of the banking report to emplore sick day	ch are emplemaximum? loyees uponys paid out,	Rai oyees allocate n leaving/re, (paid equate	sed the per diem atted? tirement? I rate, % of banke to work overtime	%	Other[
issue? Left it as stat 5. Employee a) How - If a b) Are s - If y c) Does - If y time) d) Is a r	Benefits many sick day ny, what is the ick days paid of es, what rate a your municipa es, please speces	aised the part of the banking report to employer sick day allow cify how your sage offere	ch are emple naximum? loyees upor ys paid out, municipal our municipal our d?	oyees allocated a Raid oyees allocated a Raid equalemployees pality mana	sed the per diem atted? tirement? I rate, % of banke to work overtime	% ☐ C	es

f) How many years of service do you need for the following vacation allotment?

2 We	eks	3 Weeks	4 Weeks	5 Weeks	6 Weeks

6. Health & Dental Benefits	
a) What percentage of Health & Dental benefits does the municipality	y cover?
50% 80% 100% Other	<u></u>
b) What health benefit program does your municipality participate in	
☐ Western Financial ☐ Broker ☐ Other	
c) With the most recent enhancements done to the AMM health and of	lental program, does this provide your
Municipality with plan flexibility?	Yes 🗌 No 🗌
d) Is the AMM retiree program first choice offered to retiring employ	yees and/or Councilors?
	Yes No Other
e) On a scale of 1-10, 1 being poor and 10 being exceptional, how wo	ould you rate the level of service you
have been receiving from Western Financial Group?	
Would you like to elaborate on your rating?	
f) Would you recommend the AMM health and dental program to the	at may not yet be on the program?
	Yes No No
g) The AMM health and dental program is a unique member-owned p	program, has this had any impact on the
number of employees being enrolled into this benefits program?	Yes 🗌 No 🗌
7. Trading Company	
a) Which major purchases does the Municipality purchase through the	ne Trading Company (check all that apply)?
☐ Culverts ☐ Tires and/or	
	ading Program
☐ Fuel ☐ Other ☐ Office Supplies	
b) What additional services have been used by your municipality (ch	
	icial Health and Dental Benefit Program
People First HR consultations Other	
Western Financial Insurance Program	
WIL: 1 - 11'4' 1 1 1 11 1'l- 4 Off	:-1 C1:0
Which additional vendors/programs would you like to see as an Offic	iai Supplier?
Is your Municipality receiving Trading Company emails?	Yes No
Email for Administration Orders: Name, Email Email for Public Works: Name, Email	1
Email for Public Works: Name, Email	

c)

d)