

## Instructions

**The Aim Salary Survey gathers information on the annual compensation of municipal employees. The survey results are used by fellow municipal officials to create budgets and provides Aim with valuable information throughout the year for research, policy and media relations purposes. Municipalities responding to this survey will receive a copy of the publication upon its completion.**

**Thank you in advance for your participation!**

### Common Questions

**1. What do you mean by current salary?**

The current salary should reflect the 2021 salary.

**2. What if the position is part-time?**

Please type "PT" after the salary to indicate a part-time position or less than 30 hours per week.

**3. What if positions are filled by the same person?**

Please show the total salary under one job title, preferably the primary position, and then reference the primary position when asked for salaries for other positions.

**4. What should we do not have a position listed on the salary survey?**

Please leave the response space blank. We will assume you do not have this position in your municipality.

**5. We have a position filled that is not listed on the salary survey. Where do we add it?**

Please add the titles and salaries for any positions not listed on the survey on the last page. We will add a page of miscellaneous positions in the results.

**6. Can I save the survey online and return to it later?**

Yes! Survey Monkey will automatically save your survey. You do not need to push a "save" button. It does this automatically on the computer you are using. Therefore, to view your survey responses again, you must use the same computer. To go back to your survey, simply click on the survey link again and it will take you to the page where you were last!

\* 1. Please answer the following for the person completing this survey.

**Name:**

**Title:**

**Address:**

**Address 2:**

**City:**

**State:**

**ZIP:**

**Email Address:**

**Phone Number:**

Town Demographics

The Aim Salary Survey gathers information on the annual compensation of municipal employees. The survey results are used by fellow municipal officials to create budgets and it provides Aim with valuable information throughout the year for research, policy and media relations purposes. Municipalities responding to this survey will receive a copy of the publication immediately upon its completion. Thank you in advance for your participation!

Please note: The survey is set up to automatically save your responses. However, you must use the same computer each time you login for your responses to be saved and retrieved. Technical glitches do sometimes occur with this system. Aim recommends completing the survey in one sitting to ensure responses are submitted accurately.

\* 2. What is the name of your city?

\* 3. In what county is your municipality?

\* 4. What is the population of your city?

\* 5. What is the status of your city?

- 1st Class City (Indianapolis)
- 2nd Class City
- 3rd Class City

6. Check all that apply to indicate which utilities are municipally owned.

For example, if your municipality owns a water utility, check that box. Or, if your municipality does not own the gas utility, leave that box unchecked.

- Water Utility
- Sewer Utility
- Electric Utility
- Gas Utility

**\* 7. Please select the total number of council members (including council president).**

- 3
- 5
- 7
- 9

**8. Number of Full Time Employees by Department**

Please enter the number of **FULL TIME** employees (full time employees work 30 hours or greater weekly) in the space provided.

Total Full Time Employees, Currently	
Total Number of Authorized Positions (Including Those That Are Not Filled)	
Police, Uniform (Excluding Reserves)	
Police, Civilian (Excluding Reserves)	
Fire, Uniform (Excluding Reserves)	
Fire, Civilian (Excluding Reserves)	
Mayors Office	
Clerk-Treasurer / Clerk / Controllers Office	
Human Resources / Personnel	
Planning / Community Development	
Economic Development	
Street Department	
Legal Department	
Sanitation / Trash	
Sewer / Wastewater	
Waterworks	
Parks / Recreation	
Engineering	
All Others	

**9. Number of Part Time, Seasonal or Contractual Employees by Department**

Please enter the number of **PART TIME, SEASONAL, or CONTRACTUAL** employees (part-time employees work less than 30 hours per week) in the space provided.

Total Part Time / Seasonal / Contractual Employees, Currently	<input type="text"/>
Total Number of Authorized Positions (Including Those That Are Not Filled)	<input type="text"/>
Police, Uniform (Excluding Reserves)	<input type="text"/>
Police, Civilian (Excluding Reserves)	<input type="text"/>
Fire, Uniform (Excluding Reserves)	<input type="text"/>
Fire, Civilian (Excluding Reserves)	<input type="text"/>
Mayors Office	<input type="text"/>
Clerk-Treasurer / Clerk / Controllers Office	<input type="text"/>
Human Resources / Personnel	<input type="text"/>
Planning / Community Development	<input type="text"/>
Economic Development	<input type="text"/>
Street Department	<input type="text"/>
Legal Department	<input type="text"/>
Sanitation / Trash	<input type="text"/>
Sewer / Wastewater	<input type="text"/>
Waterworks	<input type="text"/>
Parks / Recreation	<input type="text"/>
Engineering	<input type="text"/>
All Others	<input type="text"/>

**10. Please list all the departments under collective bargaining.**

**11. Please list all departments that have a merit system.**

Elected Officials

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2021 salary numbers.

Indicate a position is part-time or less than 30 hours per week by typing "PT" after the salary.

If one person fills multiple positions, please enter the total salary under one job title, preferably the primary position, and then reference the primary position when asked for the salaries for other positions.

If your municipality does not have the position, please leave the response blank.

12. Mayor

13. Council President

14. Council Member

15. Clerk-Treasurer

16. City Clerk (1st & 2nd Class Cities)

General Employees

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2021 salary numbers.

Indicate a position is part-time or less than 30 hours per week by typing "PT" after the salary.

If one person fills multiple positions, please enter the total salary under one job title, preferably the primary position, and then reference the primary position when asked for the salaries for other positions.

If your municipality does not have the position, please leave the response blank.

17. City Controller (1st & 2nd Class Cities)

18. Is your City Controller (1st & 2nd Class Cities) a Certified Public Accountant?

- Yes
- No

19. City Manager

20. Which best describes your City Attorney?

You may select more than one option.

- Full Time, Municipal Employee
- Part Time, Municipal Employee
- Retainer, Contractual Agreement
- Hourly, Contractual Agreement

21. City Attorney (if they are a municipal employee)

22. City Attorney Fee (if they are contracted)

Department Heads

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2021 salary numbers.

Indicate a position is part-time or less than 30 hours per week by typing "PT" after the salary.

If one person fills multiple positions, please enter the total salary under one job title, preferably the primary position, and then reference the primary position when asked for the salaries for other positions.

If your municipality does not have the position, please leave the response blank.

23. City Engineer

24. Parks / Recreation Superintendent

25. Sanitation Superintendent

26. Street Superintendent

27. Utilities Superintendent

28. Personnel / Human Resources Director

29. Public Safety Director

30. Public Works Director



**31. Community Development / Planning Director**

**32. Economic Development Director**

**33. Building Commissioner / Zoning Administrator**

**34. Information Systems / Technology Manager**

Administrative Employees

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2021 salary numbers.

Indicate a position is part-time or less than 30 hours per week by typing "PT" after the salary.

If one person fills multiple positions, please enter the total salary under one job title, preferably the primary position, and then reference the primary position when asked for the salaries for other positions.

If your municipality does not have the position, please leave the response blank.

35. Deputy Mayor

36. Mayor's Assistant

37. Deputy Controller / Clerk-Treasurer

38. Deputy Clerk (1st & 2nd Class Cities)

39. Administrative Assistant

40. Office Project Manager

41. Assistant City Attorney

42. Assistant City Engineer

**43. Accounts Payable Clerk**

**44. Payroll Clerk**

**45. Benefits Administrator**

**46. Accounting Supervisor / Accounting Clerk**

**47. Purchasing Manager**

**48. Purchasing Clerk**

**49. Secretary / Receptionist**

Specialized Fields

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2021 salary numbers.

Indicate a position is part-time or less than 30 hours per week by typing "PT" after the salary.

If one person fills multiple positions, please enter the total salary under one job title, preferably the primary position, and then reference the primary position when asked for the salaries for other positions.

If your municipality does not have the position, please leave the response blank.

50. Construction Inspector / Building Commissioner

51. Surveyor

52. Staff Engineer

53. City Planner

54. Community Development Coordinator

55. Grants Specialist

56. Data Analyst, Information Technology (IT)

57. Computer Technician, Information Technology (IT)

**58. Systems Administrator, Information Technology (IT)**

**59. Systems Analyst, Information Technology (IT)**

**60. GIS Technician**

Police Department

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2021 salary numbers.

Indicate a position is part-time or less than 30 hours per week by typing "PT" after the salary.

If one person fills multiple positions, please enter the total salary under one job title, preferably the primary position, and then reference the primary position when asked for the salaries for other positions.

If your municipality does not have the position, please leave the response blank.

61. Police Chief

62. Assistant (Deputy) Police Chief

63. Major

64. Captain

65. Lieutenant

66. Sergeant

67. Patrol 1st Class

68. Patrol 2nd Class

**69. Probationary Patrol Officer**

**70. Parking Enforcement**

**71. Police Department Mechanic**

**72. Animal Control Officer**

**73. Evidence Technician**

**74. Neighborhood Coordinator**

**75. Police Executive Secretary**

**76. Crossing Guard**

Fire Department

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2021 salary numbers.

Indicate a position is part-time or less than 30 hours per week by typing "PT" after the salary.

If one person fills multiple positions, please enter the total salary under one job title, preferably the primary position, and then reference the primary position when asked for the salaries for other positions.

If your municipality does not have the position, please leave the response blank.

77. Fire Chief

78. Assistant (Deputy) Fire Chief

79. Battalion Chief

80. Captain

81. Lieutenant

82. Inspector

83. Engineer

84. Firefighter 1st Class



**85. Probationary Firefighter**

**86. Deputy Chief of Prevention**

**87. Deputy Chief of Training**

**88. Fire Department Executive Secretary**

**89. Arson Investigator**

**90. Emergency Medical Paramedic**

**91. Emergency Medical Technician (EMT)**

**92. Police / Fire Dispatcher**

Parks / Recreation Department

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2021 salary numbers.

Indicate a position is part-time or less than 30 hours per week by typing "PT" after the salary.

If one person fills multiple positions, please enter the total salary under one job title, preferably the primary position, and then reference the primary position when asked for the salaries for other positions.

If your municipality does not have the position, please leave the response blank.

93. Director of Administration and/or Special Projects

94. Community Recreation Coordinator

95. Recreation Division Director

96. Park Director

97. Special Facilities Laborer

98. Supervisor

99. Senior Services Coordinator

100. Floral Division / Horticulturalist Supervisor

101. **Parks / Recreation Mechanic**

102. **Parks / Recreation Maintenance Technician**

103. **Parks / Recreation Laborer**

104. **Golf Professional**

105. **Golf Course Superintendent**

106. **Greenskeeper**

Labor, Trades, and Crafts

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2021 salary numbers.

Indicate a position is part-time or less than 30 hours per week by typing "PT" after the salary.

If one person fills multiple positions, please enter the total salary under one job title, preferably the primary position, and then reference the primary position when asked for the salaries for other positions.

If your municipality does not have the position, please leave the response blank.

107. Heavy Equipment Operator

108. Caretaker Custodian / Janitor

109. General Maintenance Laborer

110. Head Mechanic

111. Assistant Mechanic

112. Sanitation Driver

113. Truck Driver

114. Crew Leader

**115. Equipment Operator**

**116. Working Leader Foreman**

Municipal Utility Office

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2021 salary numbers.

Indicate a position is part-time or less than 30 hours per week by typing "PT" after the salary.

If one person fills multiple positions, please enter the total salary under one job title, preferably the primary position, and then reference the primary position when asked for the salaries for other positions.

If your municipality does not have the position, please leave the response blank.

117. Office Manager

118. Cashier

119. Computer Operator

120. Billing / Account Clerk

121. Secretary / Receptionist

122. Meter Reader

Waterworks Filtration Employees (Municipal Utility)

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2021 salary numbers.

Indicate a position is part-time or less than 30 hours per week by typing "PT" after the salary.

If one person fills multiple positions, please enter the total salary under one job title, preferably the primary position, and then reference the primary position when asked for the salaries for other positions.

If your municipality does not have the position, please leave the response blank.

123. Superintendent / Manager (Certified Only)

124. Assistant Superintendent

125. Foreperson

126. Certified Operator (other than Superintendent or Manager)

127. Non-Certified Equipment Operator

128. General Maintenance Laborer

Sewage Treatment Plant / Collection System Employees (Municipal Utility)

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2021 salary numbers.

Indicate a position is part-time or less than 30 hours per week by typing "PT" after the salary.

If one person fills multiple positions, please enter the total salary under one job title, preferably the primary position, and then reference the primary position when asked for the salaries for other positions.

If your municipality does not have the position, please leave the response blank.

129. Superintendent / Manager (Certified Only)

130. Assistant Superintendent

131. Foreperson

132. Certified Equipment Operator (other than Superintendent or Manager)

133. Non-Certified Equipment Operator

134. Lab Technician

135. General Maintenance Laborer



Health Benefits

**136. Does your municipality offer health benefits?**

If your answer is no, you will skip this section.

- Yes
- No

**137. What healthcare benefits do you offer the Mayor?**

Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Long-Term Disability  |
| <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Short-Term Disability |
| <input type="checkbox"/> Vision Insurance | <input type="checkbox"/> Wellness Program      |
| <input type="checkbox"/> Life Insurance   |  |

**138. What healthcare benefits do you offer the Clerk-Treasurer?**

Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Long-Term Disability  |
| <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Short-Term Disability |
| <input type="checkbox"/> Vision Insurance | <input type="checkbox"/> Wellness Program      |
| <input type="checkbox"/> Life Insurance   |  |

**139. What healthcare benefits do you offer Council Members?**

Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Long-Term Disability  |
| <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Short-Term Disability |
| <input type="checkbox"/> Vision Insurance | <input type="checkbox"/> Wellness Program      |
| <input type="checkbox"/> Life Insurance   |  |

**140. What healthcare benefits do you offer Municipal Employees?**

Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Long-Term Disability  |
| <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Short-Term Disability |
| <input type="checkbox"/> Vision Insurance | <input type="checkbox"/> Wellness Program      |
| <input type="checkbox"/> Life Insurance   |  |

**141. Is your municipality self-insured or fully-insured?**

- Self-Insured
- Fully-Insured

**142. What type of healthcare plan does your municipality provide?**

Select all the plans your municipality offers.

- PPO (Preferred Provider Organization)
- HDHP (High Deductible Health Plan) combined with a Health Savings Account (HSA)
- HRA (Health Reimbursement Arrangement)

**143. Is your municipality part of the Aim Medical Trust?**

- Yes
- No

**144. Does your municipality utilize spousal carve-out for health plan enrollment?**

- Yes
- No

**145. If your municipality offers a wellness program, please select the components you offer.**

- Exercise programs and activities
- Health risk assessments
- Health screenings
- Nutrition education
- Smoking cessation programs
- Stress reduction programs
- Vaccination clinics
- Weight loss programs

Health Benefits - PPO (Preferred Provider Organization)

The following questions are regarding a **PPO (Preferred Provider Organization) Plan**. If you do not offer this plan, please skip this section.

**146. If you have a PPO plan, what is the deductible and out of pocket maximums for your the PPO plan?**

The deductible is the amount an insured must pay before the insurance company begins to pay medical claims. The "out of pocket max" is the amount an insured must pay out in a year, before the insurance company will begin paying 100% of the medical claims.

Individual Deductible	<input type="text"/>
Individual Out of Pocket Max	<input type="text"/>
Family Deductible	<input type="text"/>
Family Out of Pocket Max	<input type="text"/>

**147. If you have a PPO plan, what are your monthly premium rates by tier for the PPO plan?**

If your municipality does not offer a PPO, please skip this question.

Employee, No Dependents	<input type="text"/>
Employee and Spouse	<input type="text"/>
Employee and Child(ren)	<input type="text"/>
Employee and Family	<input type="text"/>

**148. If you had an increase in premiums for a PPO Plan, what was the increase in premiums for 2021?**

**149. Do employees contribute a percentage or flat rate dollar amount of the total healthcare coverage premium for a PPO?**

If your municipality does not offer a PPO, please skip this question.

- Percentage
- Flat Rate Dollar Amount
- Varies by Tier

**150. What percentage or dollar amount does the employee contribute of the total healthcare coverage premium for a PPO?**

If your municipality does not offer a PPO, please skip this question.

Employee, No Dependents

Employee and Spouse

Employee and Child(ren)

Employee and Family

**Health Benefits - HDHP (High Deductible Health Plan) & HRA (Health Reimbursement Arrangement)**

The following questions are regarding a **HDHP (High Deductible Health Plan)** or **HRA (Health Reimbursement Arrangement)** . If you do not offer either of these plans, please skip this section.

**151. If you have a HDHP or HRA, what is the deductible and out of pocket maximums for your HDHP or HRA?**

The deductible is the amount an insured must pay before the insurance company begins to pay medical claims. The "out of pocket max" is the amount an insured must pay out in a year, before the insurance company will begin paying 100% of the medical claims.

Individual Deductible	<input type="text"/>
Individual Out of Pocket Max	<input type="text"/>
Family Deductible	<input type="text"/>
Family Out of Pocket Max	<input type="text"/>

**152. If you have a HDHP or HRA, what are your monthly premium rates by tier for the HDHP or HRA?**

If your municipality does not offer a PPO, please skip this question.

Employee, No Dependents	<input type="text"/>
Employee and Spouse	<input type="text"/>
Employee and Child(ren)	<input type="text"/>
Employee and Family	<input type="text"/>

**153. If you had an increase in premiums for a HDHP or HRA, what was the increase in premiums for 2021?**

**154. Do employees contribute a percentage or flat rate dollar amount of the total healthcare coverage premium for a HDHP or HRA?**

If your municipality does not offer a HDHP or HRA, please skip this question.

- Percentage
- Flat Rate Dollar Amount
- Varies by Tier

**155. What percentage or dollar amount does the employee contribute of the total healthcare coverage premium for a HDHP or HRA?**

If your municipality does not offer a HDHP or HRA, please skip this question.

Employee, No Dependents	<input type="text"/>
Employee and Spouse	<input type="text"/>
Employee and Child(ren)	<input type="text"/>
Employee and Family	<input type="text"/>

**156. If your municipality has a HDHP combined with a HSA, how much does your municipality contribute to the employee's HSA annually?**

If your municipality does not offer a HDHP, please skip this question.

Employee, No Dependents	<input type="text"/>
Employee and Spouse	<input type="text"/>
Employee and Child(ren)	<input type="text"/>
Employee and Family	<input type="text"/>

Leave Time

157. What type of leave do you offer employees?

- Sick Days
- Personal / Vacation Days
- PTO (Paid Time Off) - Do not distinguish between sick and personal days.
- Other (please specify)

158. If you offer sick days, what is the maximum number of sick days allowed per year with pay?

Police

Fire

Utility

Other Municipal Employees

159. If you offer personal days, what is the maximum number of personal days allowed per year with pay?

Police

Fire

Utility

Other Municipal Employees

160. If you offer PTO (do not distinguish between types of time off), what is the maximum number of PTO days allowed per year with pay?

Police

Fire

Utility

Other Municipal Employees

**161. Can sick, personal, or PTO days be carried over from one year to the next?**

Check all apply, which can be carried over from one year to the next.

	Sick Days	Personal Days	PTO Days
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Municipal Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**162. If you allow sick, personal, or PTO days to be carried over, what is the maximum allowed for Police Department?**

If there is no limit on the number of days, enter "unlimited."

Sick Days	<input type="text"/>
Personal Days	<input type="text"/>
PTO Days	<input type="text"/>

**163. If you allow sick, personal, or PTO days to be carried over, what is the maximum allowed for the Fire Department?**

If there is no limit on the number of days, enter "unlimited."

Sick Days	<input type="text"/>
Personal Days	<input type="text"/>
PTO Days	<input type="text"/>

**164. If you allow sick, personal, or PTO days to be carried over, what is the maximum allowed for Utility Departments?**

If there is no limit on the number of days, enter "unlimited."

Sick Days	<input type="text"/>
Personal Days	<input type="text"/>
PTO Days	<input type="text"/>

**165. If you allow sick, personal, or PTO days to be carried over, what is the maximum allowed for Municipal Employees Not Listed Above ?**

If there is no limit on the number of days, enter "unlimited."

Sick Days	<input type="text"/>
Personal Days	<input type="text"/>
PTO Days	<input type="text"/>



**166. Police Paid Vacation/Personal Days**

How many paid vacation or personal days per year are provided? Please note if vacation days are specific to "duty days" versus "calendar days." If not noted, we will assume "calendar days."

Police - After 1 Year	<input type="text"/>
Police - After 5 Years	<input type="text"/>
Police - After 10 Years	<input type="text"/>
Police - After 15 Years	<input type="text"/>
Police - After 20 Years	<input type="text"/>

**167. Fire Department Paid Vacation/Personal Days**

How many paid vacation or personal days per year are provided? Please note if vacation days are specific to "duty days" versus "calendar days." If not noted, we will assume "calendar days."

Fire - After 1 Year	<input type="text"/>
Fire - After 5 Years	<input type="text"/>
Fire - After 10 Years	<input type="text"/>
Fire - After 15 Years	<input type="text"/>
Fire - After 20 Years	<input type="text"/>

**168. Utility Departments Paid Vacation/Personal Days**

How many paid vacation or personal days per year are provided? Please note if vacation days are specific to "duty days" versus "calendar days." If not noted, we will assume "calendar days."

Utility - After 1 Year	<input type="text"/>
Utility - After 5 Years	<input type="text"/>
Utility - After 10 Years	<input type="text"/>
Utility - After 15 Years	<input type="text"/>
Utility - After 20 Years	<input type="text"/>

**169. Municipal Employee Paid Vacation/Personal Days**

How many paid vacation or personal days per year are provided?

Other - After 1 Year	<input type="text"/>
Other - After 5 Years	<input type="text"/>
Other - After 10 Years	<input type="text"/>
Other - After 15 Years	<input type="text"/>
Other - After 20 Years	<input type="text"/>

**170. Holidays**

How many holidays per year are paid holidays (whether worked or not)?

Police

Fire

Utility

Other Municipal Employees

Department Allowances

171. Indicate any department allowance that applies.

	Shift Premium	Take Home Auto	Longevity Pay	Clothing/Uniform Allowance
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Municipal Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

172. For each department applicable, please enter the amount per person per year that you allow for a **clothing/uniform allowance**. If you do not give any clothing/uniform allowances, leave the box blank.

Police	<input type="text"/>
Fire	<input type="text"/>
Utility	<input type="text"/>
Other Departments	<input type="text"/>

173. For each department applicable, please enter the **mileage reimbursement rate for personal vehicles**. If you provide the federal mileage reimbursement rate, please write "federal rate." If you do not provide reimbursement, leave the box blank.

Police	<input type="text"/>
Fire	<input type="text"/>
Utility	<input type="text"/>
Other Departments	<input type="text"/>

Longevity Pay

174. Please enter the **Police Department Longevity Pay** (additional salary amount per year with years of service). If you do not provide longevity pay, leave the box blank.

10 Years of Service

15 Years of Service

20 Years of Service

175. Please enter the **Fire Department Longevity Pay** (additional salary amount per year with years of service). If you do not provide longevity pay, leave the box blank.

10 Years of Service

15 Years of Service

20 Years of Service

176. Please enter the **Utility Department Longevity Pay** (additional salary amount per year with years of service). If you do not provide longevity pay, leave the box blank.

10 Years of Service

15 Years of Service

20 Years of Service

177. Please enter the **Longevity Pay for Other Departments** (additional salary amount per year with years of service). If you do not provide longevity pay, leave the box blank.

10 Years of Service

15 Years of Service

20 Years of Service

Thank you!

**178. Are there any positions we missed?**

Please write in any other positions and salaries in the space provided below.

**179. Do you have any comments or suggestions for future surveys?**

**You did it! Thank you, your survey is complete. We appreciate your time and all you do.**

**Results will be emailed to you at the end of May.**

**Please click "Done" to submit your survey.**