

Workforce Development Wage Survey

Option 2

Please complete the following Weatherization Wage Survey for your agency to the best of your ability. The state WAP Manager will have access to all completed wage survey data.

Your agency name will remain anonymous on any information shared from this wage survey. Only your state WAP Manager will know what information came from a particular agency. This survey is being conducted for the purpose of workforce development and retention.

You may only submit one wage survey per agency. Once you submit you cannot resubmit. Please call your state WAP Manager with questions regarding the survey prior to submission.

* 1. Agency Name * 2. Type of Agency
* 2. Type of Agency
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^ 2. Type of Agency
Community Action Agency
Cocal government
Nonprofit
Tribal entity
* 3. Weatherization (DOE, LIHEAP, and other) funding amount in dollars for the current Program Year. <i>Please</i>
enter a whole number without commas, decimals, or other symbols. Example: 5100500
* 4. County of Primary WAP Office
* 5. State
\Delta

Both				
Agency Fringe Rate	(Fringe is employer-	oaid benefits, not taxe	es. Fringe includes health	/life/disability
	does not include FIC		=	,
0%		50%	100%	ó
How long does it to	ake, on average, for y	our agency to fill WAI	P jobs?	
1 month	6	months	12 months	S
Minor (somewhat	of an issue)			
Low (not an issue		your agency.		
Low (not an issue	2)	your agency.		
Low (not an issue	2)	your agency.		
Low (not an issue	e) ue of employee turnover at	your agency.		
Low (not an issue	e) ue of employee turnover at uation		Current # of employees in	Current vacancies
Low (not an issue	e) ue of employee turnover at uation Minimum hourly wage	Maximum hourly wage	this role	
Low (not an issue	e) ue of employee turnover at uation			Current vacancies
Low (not an issue	e) ue of employee turnover at uation Minimum hourly wage	Maximum hourly wage	this role	Current vacancies
Low (not an issue Please describe the issue Job position inform Retrofit Installer	e) ue of employee turnover at uation Minimum hourly wage	Maximum hourly wage	this role	
Low (not an issue Please describe the issue Job position inform Retrofit Installer Crew Lead	e) ue of employee turnover at nation Minimum hourly wage	Maximum hourly wage	this role	\$
Low (not an issue Please describe the issue Job position inform Retrofit Installer Crew Lead Energy Auditor	e of employee turnover at the station Minimum hourly wage	Maximum hourly wage	this role	\$ \$ \$ \$
Low (not an issue Please describe the issue Please describe the issue Job position information Retrofit Installer Crew Lead Energy Auditor Pality Control Inspector	eation Minimum hourly wage	Maximum hourly wage	this role this role this role	\$

* 11. Please rank the positions by difficulty to retain and only use one rank per position. 1 = most difficult to retain, 6 = least difficult.					
,	Difficulty to retain				
Retrofit Installer	•				
Crew Lead	•				
Energy Auditor	•				
Quality Control Inspector	•				
WAP Program Manager	\$				
WAP Intake Specialist	\$				
* 12. Any successful hiring strategies? Innovati	ve practices, partnerships, etc? Any additional feedback?				