ModernThink
Workplace Recognition & Benchmarking

Infrastructure and Practices Inventory

The Infrastructure and Practices Inventory (IPI) is administered online. It is completed one time by an organization's human resources representative or the main contact for the program. Sections of this survey include:

- **Background**
- **Leadership**
- **Compensation and Benefits**
- **People Practices**
- **Communication Practices**
- **Corporate Citizenship**
- **Additional Information**

Background

1. Organization name: (As you would like it to appear on reports and public communications)

2. U.S. Corporate Headquarters Address:

3. Website URL:

4. Survey Administrator Contact Information

   First Name:
   Last Name:
   Title:
   Phone number:
   Email address:
   Address:

5. Please provide an overview of your organization and your products and/or services.

Compensation and Benefits

1. Do you have a formally documented Compensation Philosophy? *(Yes/No)*
   If yes, please describe:

2. What is the average annual salary for non-exempt employees?

3. What is the average annual salary for exempt employees?

4. Briefly describe any Bonus or Merit Programs offered:

5. Do you have an Employee Stock Participation plan? *(Yes/No)*
   If yes, please describe:

6. Do you offer Profit Sharing? *(Yes/No)*
 If yes, please describe:

7. Please describe the matching percentage and maximum contribution of your 401K or 403B
   Plan.

Please note whether or not you provide the following programs and benefits:

8. Professional Development
   Mentoring Programs *(Yes/No)*
   Professional Association Membership Fee Reimbursement *(Yes/No)*
   Tuition Reimbursement *(Yes/No)*
   Please share relevant information about your professional development benefits:

9. Family Support
   Eldercare Programs *(Yes/No)*
   Paid Maternity Leave *(Yes/No)*
   Paid Paternity Leave *(Yes/No)*
   Domestic Partner Benefits *(Yes/No)*
   Adoption Assistance *(Yes/No)*
   Subsidized Childcare Assistance *(Yes/No)*
   On-site Childcare *(Yes/No)*
   Please share relevant information about your family support benefits:

People Practices

1. What is the average number of training and development hours completed annually by full-time
employees? (average hours per employee)

2. What is the length of your orientation program? (number of hours)

3. What were the voluntary rates of turnover for the below in the last fiscal year?
   U.S. Total:
   Colorado Total:

Communication Practices

Please note whether you provide the following programs and practices:

1. Organizational Newsletter *(Yes/No)*
   If yes, please describe:

2. Organizational Intranet *(Yes/No)*
   If yes, please describe:

3. Regular Organizational Meetings *(Yes/No)*
   If yes, please describe:

4. Regular Meeting Opportunities with Executive Team Members *(Yes/No)*
   If yes, please describe:

5. Regular Employee Surveys *(Yes/No)*
   If yes, please describe: