

2015 Landscape Architect Compensation & Benefits Survey

Introduction

Welcome to the inaugural CSLA Landscape Architect Compensation and Benefits Survey! This survey will collect data on the compensation and benefits for landscape architects at all levels and career stages in Canada. The objective of this project is to undertake a survey and provide a report containing comprehensive documentation of compensation and benefits currently provided to landscape architects employed across Canada, providing a base of quantifiable resources and information on the profession of landscape architecture.

All individual information is confidential and only aggregate information will be reported.

Completed surveys will be accepted until May XX, 2015.

What's In It For Me?

As a thank you for participating in the study, you will receive a copy of the study.

How Long Will the Survey Take?

The survey should take between 10 to 12 minutes to complete.

Can't Complete the Survey All at Once?

No problem! Simply use the survey link in the email that was sent to you to re-access your survey later and you will be taken back to where you left off after clicking [Next] on this screen. Your responses are saved automatically as you advance through the survey.

Thank You for Your Input

Your input is critical to making this extremely valuable research initiative a success. Thank you in advance for your participation in this important project.

Demographic Profile

To begin, please tell us a bit about yourself.

Q1) Which of the following best describes your current landscape architecture position?

- ☐ Owner **[PN: SKIP TO Q2]**
- ☐ Full-time employee **[PN: SKIP TO Q2]**
- ☐ Permanent part-time employee **[PN: SKIP TO Q2]**
- ☐ Casual part-time employee **[PN: SKIP TO Q2]**
- ☐ Contract employee **[PN: SKIP TO Q2]**
- ☐ Retired
- ☐ Unemployed
- ☐ Not currently working as a Landscape Architect

Employment Status Definitions:

Owner:	<i>Full or partial owner of the company.</i>
Full-time employee:	<i>Employee whose standard work week is 35 hours or more. Typically paid a salary.</i>
Permanent Part-time employee:	<i>Employee who works a set number of hours per week that is less than 35 hours. Typically paid a salary.</i>
Casual Part-time employee:	<i>Employee whose hours vary from week to week. Typically paid by the hour.</i>
Contract employee:	<i>Is not an employee of the organization, but serves as a staff member for an agreed upon fee.</i>

NQ) Thank you for your interest in the Landscape Architect Compensation and Benefits Survey. This survey is intended to be completed by those currently employed as a landscape architect. Based on your answer to the previous question, you do not meet this criteria.

Thank you for your time. Please click [Close Survey] below to exit and ensure you don't receive any reminder emails.

Q2) In which province do you currently reside? **[PN: DROPDOWN]**

- ☐ Alberta
- ☐ British Columbia
- ☐ Manitoba
- ☐ New Brunswick
- ☐ Newfoundland & Labrador
- ☐ Northwest Territories
- ☐ Nova Scotia
- ☐ Nunavut
- ☐ Prince Edward Island
- ☐ Ontario
- ☐ Quebec
- ☐ Saskatchewan
- ☐ Yukon

Q3) What are the first three digits of your residential postal code? For example, if the postal code of your residence is K2P 7X6, then the response to this question would be 'K2P'.

First 3 digits of residential postal code ____

☐ Prefer not to answer

Q4) Which of the following best describes the size of community/city in which you live?

- ☐ Rural (nearest town is more than 30 km away)
- ☐ Small town (population of 10,000 or less)
- ☐ Small city (population between 10,000 to 100,000)
- ☐ Medium city (population between 100,000 to 500,000)
- ☐ Large city (population between 500,001 to 1,500,000)
- ☐ Major city (population greater than 1,500,000)
- ☐ Don't know

Q5) Are you...

- ☐ Male
- ☐ Female
- ☐ Prefer not to answer

Q6) In what year were born?

[PN: DROP DOWN 1998 to 1940 or earlier plus Prefer not to answer]

Q7) What is the highest level of education you have completed within the landscape architecture discipline?

- ☐ Undergraduate degree in Landscape Architecture
- ☐ Master's degree in Landscape Architecture
- ☐ PhD in Landscape Architecture
- ☐ None
- ☐ Prefer not to answer

Q8) What is the highest level of education you have completed outside of the landscape architecture discipline?

- ☐ Less than high school
- ☐ High school graduate
- ☐ Some college, technical school or university
- ☐ College graduate
- ☐ University undergraduate degree
- ☐ Master's degree (e.g., MBA)
- ☐ Doctorate/PhD
- ☐ Prefer not to answer

Q9) What is your current membership category in the CSLA or your component association?

- ☐ Registered Landscape Architect
- ☐ Landscape Architect **[PN: SKIP TO Q11]**
- ☐ Intern **[PN: SKIP TO Q11]**
- ☐ Retired **[PN: SKIP TO Q12]**

Q10) In what year did you first become registered as a landscape architect?

[PN: DROPDOWN OF YEARS]

Q11) Have you successfully completed the LARE exam?

- ☐ Yes
- ☐ No

Company Profile/Work Profile

Q12) In which province do you currently work? [PN: DROPDOWN]

- ☐ Alberta
- ☐ British Columbia
- ☐ Manitoba
- ☐ New Brunswick
- ☐ Newfoundland & Labrador
- ☐ Northwest Territories
- ☐ Nova Scotia
- ☐ Nunavut
- ☐ Prince Edward Island
- ☐ Ontario
- ☐ Quebec
- ☐ Saskatchewan
- ☐ Yukon

Q13) What are the first three digits of the postal code for your place of work?

First 3 digits of work postal code ____

- ☐ Don't know

Q14) Which of the following best describes the size of community/city in which you work?

- ☐ Rural (nearest town is more than 30 km away)
- ☐ Small town (population of 10,000 or less)
- ☐ Small city (population between 10,000 to 100,000)
- ☐ Medium city (population between 100,000 to 500,000)
- ☐ Large city (population between 500,001 to 1,500,000)
- ☐ Major city (population greater than 1,500,000)
- ☐ Don't know

Q15) Which of the following best describe the organization that currently employs you?

- ☐ Sole practitioner
- ☐ Partnership/corporation
- ☐ Local government
- ☐ Provincial Government
- ☐ Federal Government
- ☐ University or college
- ☐ Other – please specify _____
- ☐ Prefer not to answer

Q16) How many people does your organization employ (paid staff)...?

In total ____

Landscape architecture ____

- ☐ Don't know

Current Position

Q17) Which of the following best describes your current position?

- ☐ Partner
- ☐ Principal
- ☐ Associate
- ☐ Senior Landscape Architect
- ☐ Landscape Architect
- ☐ Landscape Intern
- ☐ Assistant Professor
- ☐ Associate Professor
- ☐ Professor
- ☐ Sessional Faculty
- ☐ Adjunct Faculty
- ☐ Other – please specify _____

Experience Profile

Q18) How many years of experience do you have...

Related to the Current Employer

- a) In current position ____ **[PN: DROPDOWNS]**
 b) With current organization/employer ____

Related to All Organizations Ever Worked For

- c) At your current seniority level ____
 d) In field of landscape architecture ____

Definitions:

In current position	Years in their current staff position at your organization/employer.
With current organization	Total years spent working at your organization/employer.
At seniority level	Total years at their current level (e.g., [PN: INSERT TITLE]) in all organizations you have worked for.
In field of landscape architecture	Total years spent working in field of landscape architecture in all organizations they have worked for.

Compensation

Q19) Which of the following best describes how you are paid?

- ☐ Salary
- ☐ Hourly
- ☐ Other – please specify _____

Q20) Do you have a performance bonus or incentive component to your cash compensation?

- ☐ Yes
☐ No

Q21) Do you participate in a profit sharing plan?

- ☐ Yes
☐ No

Q22) Which of the following best describes how you are compensated for overtime hours/

- ☐ No reward for overtime
☐ Time off in lieu
☐ Paid at regular hourly rate
☐ Paid an enhanced hourly rate

Q23) What are the standard and actual (typical) hours worked per week?

Standard hours per week (i.e., excluding overtime) _____

Average hours actually worked per week _____

- ☐ Don't Know [PN: ONE FOR EACH LINE]

Q24) How many **paid** vacation days are you entitled to each year? (*Note: 1 week of vacation equals 5 vacation days*)

Number of paid vacation days: _____

- ☐ Don't Know

Q25) How many **paid** personal days are you entitled to each year? (*personal days include time off for reasons such as sickness, medical appointments, family reasons, etc.*)

Number of paid personal days: _____

- ☐ Don't Know

Q26) Please fill in the following details about your cash compensation. [PN: SHOW APPROPRIATE BASED ON PREVIOUS QUESTIONS]

Base Compensation:

[PN: IF "Other" SELECTED IN Q20 SHOW: For the Annual Base Salary, please enter you total annual cash compensation [PN: IF BONUSSES: less any cash compensation reported under Bonus Pay].]

a) Annual base salary _____

a) Hourly wage _____/hr

b) Overtime wage _____/hr

Bonus or Incentive Compensation:

c) Actual bonus or incentive paid (*note: please base response on most recent bonus cycle and report either actual dollar amount or as a percentage of base salary*) – \$_____ or Percent of Base Salary _____%

d) Actual profit share paid (*note: please base response on most recent profit share cycle and report either actual dollar amount or as a percentage of base salary*) – \$_____ or Percent of Base Salary _____%

Q27) In the past 12 months, has your **[PN: INSERT PAY TYPE]** ...

- ☐ Increased – what was the percentage increase? _____
- ☐ No Change
- ☐ Decreased – what was the percentage decrease? _____
- ☐ Don't Know

Benefits

Q28) Which, if any, of the following **retirement benefits** does your employer provide to you? *Check all that apply.*

- ☐ None - no retirement benefits provided
- ☐ Group RSP
- ☐ Employer contributions to RSP
- ☐ Company or group pension plan
- ☐ Employer contribution to pension plan
- ☐ Purchase of company stock
- ☐ Other – please specify _____
- ☐ Don't know

Q29) Which of the following **health benefits** do you receive from your employer? *Please select "none" if no health benefits are provided.*

No health benefits offered Don't know Life insurance Survivor insurance Travel insurance Extended health care/major medical insurance Critical illness insurance Prescription drug insurance Dental insurance Vision insurance Short term disability insurance Long term disability insurance Alternative therapy insurance (i.e., chiropractic, massage therapy, naturopathic, acupuncture) Employee Assistance Program (E.A.P.) Other – please specify _____	<input type="radio"/> Employer paid <input type="radio"/> Partially employer paid <input type="radio"/> Employee paid <input type="radio"/> Not provided
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Continuing Education

Q30) For each of the following types of continuing education, please indicate the extent to which your employer supports you through time off and/or financial support. **[PN: DROPDOWNS, HIDE FINANCIAL IF NOT APPROPRIATE]**

	Time Off	Financial Support
a) Conference attendance	<input type="radio"/> Paid Time Off	<input type="radio"/> Employer pays full cost
b) Studying for LARE exams	<input type="radio"/> Unpaid Time Off	<input type="radio"/> Employer pays partial cost
c) Taking LARE exams	<input type="radio"/> No Time Off	<input type="radio"/> No financial support
d) Landscape architecture courses	<input type="radio"/> Don't Know	<input type="radio"/> Don't Know
e) Landscape architecture lectures and seminars		

Automobile Benefits

Q31) Does your organization provide free parking at the office?

- ☐ Yes
- ☐ Parking is already free
- ☐ No
- ☐ Not applicable
- ☐ Don't know

Q32) Which, if any, automobile benefits does your organization provide to you?

- ☐ Organization owned or leased vehicle – for business only
- ☐ Organization owned or leased vehicle – personal use covered
- ☐ Monthly/annual vehicle allowance
- ☐ No automobile benefits provided
- ☐ Other - please specify: _____
- ☐ Don't Know

Q33) Does your organization reimburse you a per kilometer allowance for using your own vehicle for work related travel?

- ☐ Yes
- ☐ No
- ☐ Don't know

Q34) Which, if any, of the following **fringe benefits** does your employer provide? *(check all that apply)*

- ☐ No fringe benefits
- ☐ CSLA membership dues
- ☐ Other professional dues
- ☐ CSLA conference registration and travel
- ☐ Other conference registration and travel
- ☐ Cell phone – provided for business
- ☐ Cell phone – personal use covered
- ☐ Other PDA (i.e., iPad, tablet) provided
- ☐ Laptop computers
- ☐ Internet connection at home for telecommuting

- ☐ Home office equipment (i.e., computer, printer, fax or other peripherals - exclusively for home office use)
- ☐ Flexible work hours
- ☐ Educational assistance/reimbursement (e.g., MBA)
- ☐ Wellness/fitness subsidy
- ☐ Public transit pass or allowance
- ☐ Financial/retirement planning
- ☐ Legal counselling
- ☐ Day care assistance
- ☐ Maternity/paternity enhancements (e.g., top up EI)
- ☐ Other (please specify): _____
- ☐ Don't know

That is all the questions we have. As a thank you for participating, CSLA will send you a complimentary copy of the report. To receive your copy of the report, please provide your name and email address.

Name: _____

Email address: _____