

TRINOME

- CONSEILS -

PRELIMINARY ASSESSMENT QUESTIONNAIRE TO IMPLEMENT A PAY EQUITY PROGRAM OR TO MAINTAIN PAY EQUITY

Company name:

1	Have you already developed a pay equity program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the year of it's implementation : Be sure to attach a copy of your last DEMES (Déclaration de l'Employeur en Matière d'Équité Salariale)	
2	If you have never completed your pay equity program, specify: a) year of creation of the company? b) the year in which the company grew to 10 or more employees?	a) b)
3	Presence of one or more trade unions ?	<input type="checkbox"/> One union <input type="checkbox"/> Multiple unions <input type="checkbox"/> No
4	Number of job categories (e.g., secretary, driver = 2 categories)	
5	Do you have written descriptions of positions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Do you have a formal salary structure in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Do you have a pension plan? ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it for all employees or for certain categories? Please specify:	
8	Do you have group insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it for all employees or for certain categories? Please specify:	
9	Do you have a bonus system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it for all employees or for certain categories? Please specify:	
10	Do you have employees who are paid by commission? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it for all employees or for certain categories? Please specify:	

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Attach internal documents if you deem it appropriate.

Once completed, please save a copy of the document and return it by email to
sylvie.brassard@trinomeconseils.com