

**2016 METROPOLITAN PGA COMPENSATION SURVEY**  
**- EXPENSES -**

**PAYROLL** (ESTIMATES OR PROVIDING A RANGE IS ACCEPTABLE)

Total Payroll ..... \$ \_\_\_\_\_  
 Total Payroll Taxes ..... \$ \_\_\_\_\_

	Weekly Expense	Seasonal Expense	Please circle who pays the staff person listed to the left - Pro, Club or Both		
First Assistant	_____	_____	Pro	Club	Both
Second Assistant	_____	_____	Pro	Club	Both
Third Assistant	_____	_____	Pro	Club	Both
Caddie Master	_____	_____	Pro	Club	Both
Shop Manager	_____	_____	Pro	Club	Both
Shop Helper	_____	_____	Pro	Club	Both
Bag Room/Carts	_____	_____	Pro	Club	Both
Rangers	_____	_____	Pro	Club	Both
Cashiers	_____	_____	Pro	Club	Both
Others	_____	_____	Pro	Club	Both

**OVERHEAD** (ESTIMATES OR PROVIDING A RANGE IS ACCEPTABLE)

Insurance ..... \$ \_\_\_\_\_  
 Telephone ..... \$ \_\_\_\_\_  
 Office Supplies ..... \$ \_\_\_\_\_  
 Club Care Supplies ..... \$ \_\_\_\_\_  
 Fixtures ..... \$ \_\_\_\_\_  
 Various Association Dues ..... \$ \_\_\_\_\_  
 Interest ..... \$ \_\_\_\_\_  
 Accountant/Legal ..... \$ \_\_\_\_\_  
 Capital Improvements ..... \$ \_\_\_\_\_  
 Job Related Tournaments (ie - Pro-Presidents, etc.) ..... \$ \_\_\_\_\_  
 Education ..... \$ \_\_\_\_\_  
 Travel & Entertainment ..... \$ \_\_\_\_\_  
 Automobile ..... \$ \_\_\_\_\_  
 PGA Merchandise Show(s) Expenses ..... \$ \_\_\_\_\_  
 Range Balls & Equipment ..... \$ \_\_\_\_\_  
 Other ..... \$ \_\_\_\_\_

# 2016 METROPOLITAN PGA COMPENSATION SURVEY

## - REVENUES -

### **BACKGROUND INFORMATION**

Course Name: \_\_\_\_\_  
 Number of Members \_\_\_\_\_  
 Number of Rounds of Golf: \_\_\_\_\_  
 Do you have a contract? Yes No Length of contract \_\_\_\_\_  
 Is this position determined by a bid procedure? Yes No  
 Are you considered an \_\_\_\_\_ independent contractor; \_\_\_\_\_ employee; \_\_\_\_\_ both

### **COMPENSATION** (ESTIMATES OR PROVIDING A RANGE IS ACCEPTABLE)

Head Professional's Salary ..... \$ \_\_\_\_\_

Head Professional's Club Care Income ..... \$ \_\_\_\_\_

Receive all revenue or a % All \_\_\_\_\_ %  
 Club Care Rate \_\_\_\_\_  
 Number of Bags in storage \_\_\_\_\_

Head Professional's Cart Rental Income ..... \$ \_\_\_\_\_

Own carts/Lease carts Own Lease  
 Receive all revenues or a % All \_\_\_\_\_ %

Head Professional's Driving Range Income ..... \$ \_\_\_\_\_

Receive all revenue or a % All \_\_\_\_\_ %  
 Range Plan Yes No  
 Range Plan Rate \_\_\_\_\_  
 Number of members on plan \_\_\_\_\_

Head Professional's Lesson Income ..... \$ \_\_\_\_\_

Lesson Rate per 1/2 hour \_\_\_\_\_

Head Professional's Shop Sales Income ..... \$ \_\_\_\_\_

Receive all revenue or a % All \_\_\_\_\_ %  
 Pro owns merchandise Yes No  
 Merchandise plan? Yes No  
 Merchandise Plan Fee \_\_\_\_\_

Head Professional's Outing Income ..... \$ \_\_\_\_\_

Do you receive income from outings other than from sales? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Outing rate per player or flat fee? Rate \$ \_\_\_\_\_ Flat Fee \$ \_\_\_\_\_  
 Services included in that rate: Scoring Bag Handling Range Balls Shop Credit Other \_\_\_\_\_

Head Professional's Other Income ..... \$ \_\_\_\_\_

Please list sources \_\_\_\_\_

### **BENEFITS**

Estimated total monetary value of benefits ..... \$ \_\_\_\_\_

Major Medical	Yes	No	Estimated value	\$ _____
Dental	Yes	No		\$ _____
Pension	Yes	No		\$ _____
IRA Contribution	Yes	No		\$ _____
Year End Bonus	Yes	No		\$ _____
Housing for Head Pro	Yes	No		\$ _____
Housing for Assistants	Yes	No		\$ _____
Reimbursement of:				
Educational Expenses	Yes	No		\$ _____
Tournament Expenses	Yes	No		\$ _____
Supplies & Office Expenses	Yes	No		\$ _____
Other (Please indicate) _____				\$ _____