



# Kentucky Rural Water Association

Helping water and wastewater utilities help themselves

March 8, 2017

RECEIVED

MAR 13 2017

Public Service  
Commission

Ms. Talina R. Mathews, Executive Director  
Public Service Commission  
P. O. Box 615  
Frankfort, KY 40602-0615

Re: **Case No. 2016-00439**  
Kentucky Rural Water Association's 2016 Management Conference

Dear Ms. Mathews:

Kentucky Rural Water Association (KRWA) hosted its **2017 Management Conference** at the Sloan Convention Center/Holiday Inn University Plaza in Bowling Green, Kentucky on February 15-16. On behalf of Kentucky Rural Water Association, I hereby attest that the program herein referenced as **Case No. 2016-00439**, approved for 12 credit hours by the Commission, was performed as submitted.

As required, a list of water district commissioners who attended the classes and earned continuing education credit is included as part of this filing. A copy of the approval issued by the Kentucky Board of Certification of Water Treatment and Distribution System Operators is also enclosed. Only three speakers provided handouts for attendees (copies enclosed).

Kentucky Rural Water Association would like to thank the Kentucky Public Service Commission for their leadership and support in approving the training offered at our **2017 Management Conference**.

Sincerely,

Janet Cole  
Education Coordinator  
j.cole@krwa.org

Enclosures (5)

**Hours Earned by Water District Commissioners attending  
Kentucky Rural Water Association's  
2017 Management Conference  
February 15-16, 2017  
Sloan Convention Center - Bowling Green, Kentucky**

**Case #2016-00439**

<b>Organization</b>	<b>First Name</b>	<b>Last Name</b>	<b>PSC Hrs.</b>
East Clark Co. Water District	Ron	Toler	9
East Laurel Water District	Bobby	Anders	7
East Laurel Water District	Doug	Day	8
East Laurel Water District	Dennis	Minton	7
Edmonson Co. Water District	Barry	Rich	8
Edmonson Co. Water District	N.E.	Reed	9
Edmonson Co. Water District	Jimmy	Mills	2
Grayson Co. Water District	Nancy	Cain	9
Grayson Co. Water District	Kenneth	Sharp	6
Grayson Co. Water District	John	Tomes	12
Grayson Co. Water District	Kirby	Johnson	12
Grayson Co. Water District	Tim	Purcell	5
Laurel Co. Water District #2	David	Moore	7
Laurel Co. Water District #2	Tom	Baker	7
McCreary Co. Water District	Coy	Taylor	6
Meade Co. Water District	Mickey	Chism	6
Meade Co. Water District	Wesley	Prather	6
Meade Co. Water District	Keith	Boothe	6
Oldham Co. Water District	Mel	Milburn	6
Oldham Co. Water District	J.W.	Hall	6
South Hopkins Water District	Robert	Tucker	12
South Hopkins Water District	Roy	McGregor	6
South Hopkins Water District	Ruby	Poe	6
Southern Madison Water District	Leonard	Bratcher	9
Warren Co. Water District	Glen	Johnson	9
Warren Co. Water District	Joe	Taylor	9
Warren Co. Water District	Henry	Honaker	6
Warren Co. Water District	Tad	Donnelly	6
Warren Co. Water District	R. Harvey	Johnston, III	6
Wood Creek Water District	Jim	Keller	6
Wood Creek Water District	Earl	Bailey	8



MATTHEW G. BEVIN  
GOVERNOR

CHARLES G. SNAVELY  
SECRETARY

**ENERGY AND ENVIRONMENT CABINET**  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

AARON B. KEATLEY  
COMMISSIONER

300 SOWER BOULEVARD  
FRANKFORT, KENTUCKY 40601

January 17, 2017

Kentucky Rural Water Assoc  
Attn: Janet Cole  
3251 Spring Hollow Ave  
Bowling Green, Kentucky 42104-4486

Agency Interest Number: 108571  
RE: Operator Certification Training Approval for Continuing Education Hours

To Whom It May Concern:

Your training request has been received by the Division of Compliance Assistance, Certification and Licensing Branch. Course approvals are reviewed and approved based on core content outlined by the cabinet and the Kentucky Board of Certification of Wastewater System Operators and the Kentucky Board of Certification of Drinking Water Treatment and Distribution System Operators. The core content lists can be located on our website, [dca.ky.gov/certification](http://dca.ky.gov/certification).

Your request was reviewed by the Kentucky Board of Certification of Wastewater System Operators and/or the Kentucky Board of Certification of Water Treatment and Distribution System Operators at their most recent board business meeting. This letter serves as notification of the board and/or cabinet determination for continuing education credit.

Course Title	Date	Hours & Type Approved	DCA Event ID#	Comments
2017 Management Conference	02/15/2017	DW - 12.0 Hours approved WW - 11.0 Hours approved	16406 16405	One time Approval
Northeast and Western Regional Meetings	1/10/2017	DW - 2.0 Hours approved	16404	One time Approval
Green River Regional Meeting	1/12/2017	DW - 2.0 Hours approved	16407	One time Approval
Water and Wastewater Operator Training – Henderson	1/25/2017	DW - 12.0 Hours approved WW - 12.0 Hours approved	16403 16403	One time Approval
Wastewater Operator Training – Mt. Sterling	1/11/2017	WW - 6.0 Hours approved	16408	One time Approval

Upon completion of the approved training, the provider shall submit to the cabinet a completed Continuing Education Activity Report form. This form can be located on the program's website at [dca.ky.gov/certification](http://dca.ky.gov/certification). The program will no longer accept rosters that are not submitted on the cabinet's Continuing Education Activity Report form or electronically through the cabinet's website. If a continuing education activity report was attached to the training approval request, please be aware that the operators will only receive credit for the number of hours approved by the board(s).

If you have any questions or need additional information, please contact the Division of Compliance Assistance, Certification and Licensing Branch at (502) 564-0323.

Sincerely,

E-Signed by Veronica Roland  
/VERIFY authenticity with e-Sig  
*Veronica Roland*

Veronica Roland  
Certification and Licensing Branch

**SUBMIT ORIGINAL AND FIVE ADDITIONAL COPIES, UNLESS FILING ELECTRONICALLY**

**APPLICATION FOR RATE ADJUSTMENT  
 BEFORE THE PUBLIC SERVICE COMMISSION**

For Small Utilities Pursuant to 807 KAR 5:076  
 (Alternative Rate Filing)

\_\_\_\_\_  
*(Name of Utility)*

\_\_\_\_\_  
*(Business Mailing Address - Number and Street, or P.O. Box)*

\_\_\_\_\_  
*(Business Mailing Address - City, State, and Zip)*

\_\_\_\_\_  
*(Telephone Number)*

**BASIC INFORMATION**

NAME, TITLE, ADDRESS, TELEPHONE NUMBER and E-MAIL ADDRESS of the person to whom correspondence or communications concerning this application should be directed:

\_\_\_\_\_  
*(Name)*

\_\_\_\_\_  
*(Address - Number and Street or P.O. Box)*

\_\_\_\_\_  
*(Address - City, State, Zip)*

\_\_\_\_\_  
*(Telephone Number)*

\_\_\_\_\_  
*(Email Address)*

**(For each statement below, the Applicant should check either "YES", "NO", or "NOT APPLICABLE" (N/A))**

- |   | YES                      | NO                       | N/A |
|---|--------------------------|--------------------------|-----|
| 1. a. In its immediate past calendar year of operation, Applicant had \$5,000,000 or less in gross annual revenue.  | <input type="checkbox"/> | <input type="checkbox"/> |     |
| b. Applicant operates two or more divisions that provide different types of utility service. In its immediate past calendar year of operation, Applicant had \$5,000,000 or less in gross annual revenue from the division for which a rate adjustment is sought. | <input type="checkbox"/> | <input type="checkbox"/> |     |
| 2. a. Applicant has filed an annual report with the Public Service Commission for the past year.  | <input type="checkbox"/> | <input type="checkbox"/> |     |
| b. Applicant has filed an annual report with the Public Service Commission for the two previous years.  | <input type="checkbox"/> | <input type="checkbox"/> |     |
| 3. Applicant's records are kept separate from other commonly-owned enterprises.   | <input type="checkbox"/> | <input type="checkbox"/> |     |

YES NO N/A

4. a. Applicant is a corporation that is organized under the laws of the state of \_\_\_\_\_, is authorized to operate in, and is in good standing in the state of Kentucky.
- b. Applicant is a limited liability company that is organized under the laws of the state of \_\_\_\_\_, is authorized to operate in, and is in good standing in the state of Kentucky.
- c. Applicant is a limited partnership that is organized under the laws of the state of \_\_\_\_\_, is authorized to operate in, and is in good standing in the state of Kentucky.
- d. Applicant is a sole proprietorship or partnership.
- e. Applicant is a water district organized pursuant to KRS Chapter 74.
- f. Applicant is a water association organized pursuant to KRS Chapter 273.
5. a. A paper copy of this application has been mailed to Office of Rate Intervention, Office of Attorney General, 1024 Capital Center Drive, Suite 200, Frankfort, Kentucky 40601-8204.
- b. An electronic copy of this application has been electronically mailed to Office of Rate Intervention, Office of Attorney General at [rateintervention@ag.ky.gov](mailto:rateintervention@ag.ky.gov).
6. a. Applicant has 20 or fewer customers and has mailed written notice of the proposed rate adjustment to each of its customers no later than the date this application was filed with the Public Service Commission. A copy of this notice is attached to this application. **(Attach a copy of customer notice.)**
- b. Applicant has more than 20 customers and has included written notice of the proposed rate adjustment with customer bills that were mailed by the date on which the application was filed. A copy of this notice is attached to this application. **(Attach a copy of customer notice.)**
- c. Applicant has more than 20 customers and has made arrangements to publish notice once a week for three (3) consecutive weeks in a prominent manner in a newspaper of general circulation in its service area, the first publication having been made by the date on which this Application was filed. A copy of this notice is attached to this application. **(Attach a copy of customer notice.)**
7. Applicant requires a rate adjustment for the reasons set forth in the attachment entitled "Reasons for Application." **(Attach completed "Reasons for Application" Attachment.)**

YES NO N/A

8. Applicant proposes to charge the rates that are set forth in the attachment entitled "Current and Proposed Rates." (Attach completed "Current and Proposed Rates" Attachment.)
9. Applicant proposes to use its annual report for the immediate past year as the test period to determine the reasonableness of its proposed rates. This annual report is for the 12 months ending December 31,                     .
10. Applicant has reason to believe that some of the revenue and expense items set forth in its most recent annual report have or will change and proposes to adjust the test period amount of these items to reflect these changes. A statement of the test period amount, expected changes, and reasons for each expected change is set forth in the attachment "Statement of Adjusted Operations." (Attach a completed copy of appropriate "Statement of Adjusted Operations" Attachment and any invoices, letters, contracts, receipts or other documents that support the expected change in costs.)
11. Based upon test period operations, and considering any known and measurable adjustments, Applicant requires additional revenues of \$                      and total revenues from service rates of \$                     . The manner in which these amounts were calculated is set forth in "Revenue Requirement Calculation" Attachment. (Attach a completed "Revenue Requirement Calculation" Attachment.)
12. As of the date of the filing of this application, Applicant had                      customers.
13. A billing analysis of Applicant's current and proposed rates is attached to this application. (Attach a completed "Billing Analysis" Attachment.)
14. Applicant's depreciation schedule of utility plant in service is attached. (Attach a schedule that shows per account group: the asset's original cost, accumulated depreciation balance as of the end of the test period, the useful lives assigned to each asset and resulting depreciation expense.)
15. a. Applicant has outstanding evidences of indebtedness, such as mortgage agreements, promissory notes, or bonds.
- b. Applicant has attached to this application a copy of each outstanding evidence of indebtedness (e.g., mortgage agreement, promissory note, bond resolution).
- c. Applicant has attached an amortization schedule for each outstanding evidence of indebtedness.

- |   | YES                      | NO                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 16. a. Applicant is not required to file state and federal tax returns.   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| b. Applicant is required to file state and federal tax returns.   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| c. Applicant's most recent state and federal tax returns are attached to this Application. (Attach a copy of returns.)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Approximately _____ (Insert dollar amount or percentage of total utility plant) of Applicant's total utility plant was recovered through the sale of real estate lots or other contributions. | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 18. Applicant has attached a completed Statement of Disclosure of Related Party Transactions for each person who 807 KAR 5:076, §4(h) requires to complete such form.                             | <input type="checkbox"/> | <input type="checkbox"/> |                          |

By submitting this application, the Applicant consents to the procedures set forth in 807 KAR 5:076 and waives any right to place its proposed rates into effect earlier than six months from the date on which the application is accepted by the Public Service Commission for filing.

I am authorized by the Applicant to sign and file this application on the Applicant's behalf, have read and completed this application, and to the best of my knowledge all the information contained in this application and its attachments is true and correct.

Signed \_\_\_\_\_  
Officer of the Company/Authorized Representative

Title \_\_\_\_\_

Date \_\_\_\_\_

COMMONWEALTH OF KENTUCKY

COUNTY OF \_\_\_\_\_

Before me appeared \_\_\_\_\_ who after being duly sworn, stated that he/she had read and completed this application, that he/she is authorized to sign and file this application on behalf of the Applicant, and that to the best of his/her knowledge all the information contained in this application and its attachments is true and correct.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**LIST OF ATTACHMENTS**  
**(Indicate all documents submitted by checking box)**

- Customer Notice of Proposed Rate Adjustment
- "Reasons for Application" Attachment
- Current and Proposed Rates" Attachment
- "Statement of Adjusted Operations" Attachment
- "Revenue Requirements Calculation" Attachment
- Attachment Billing Analysis" Attachment
- Depreciation Schedules
- Outstanding Debt Instruments (i.e., Bond Resolutions, Mortgages, Promissory Notes, Amortization Schedules.)
- State Tax Return
- Federal Tax Return
- Statement of Disclosure of Related Party Transactions - ARF Form 3



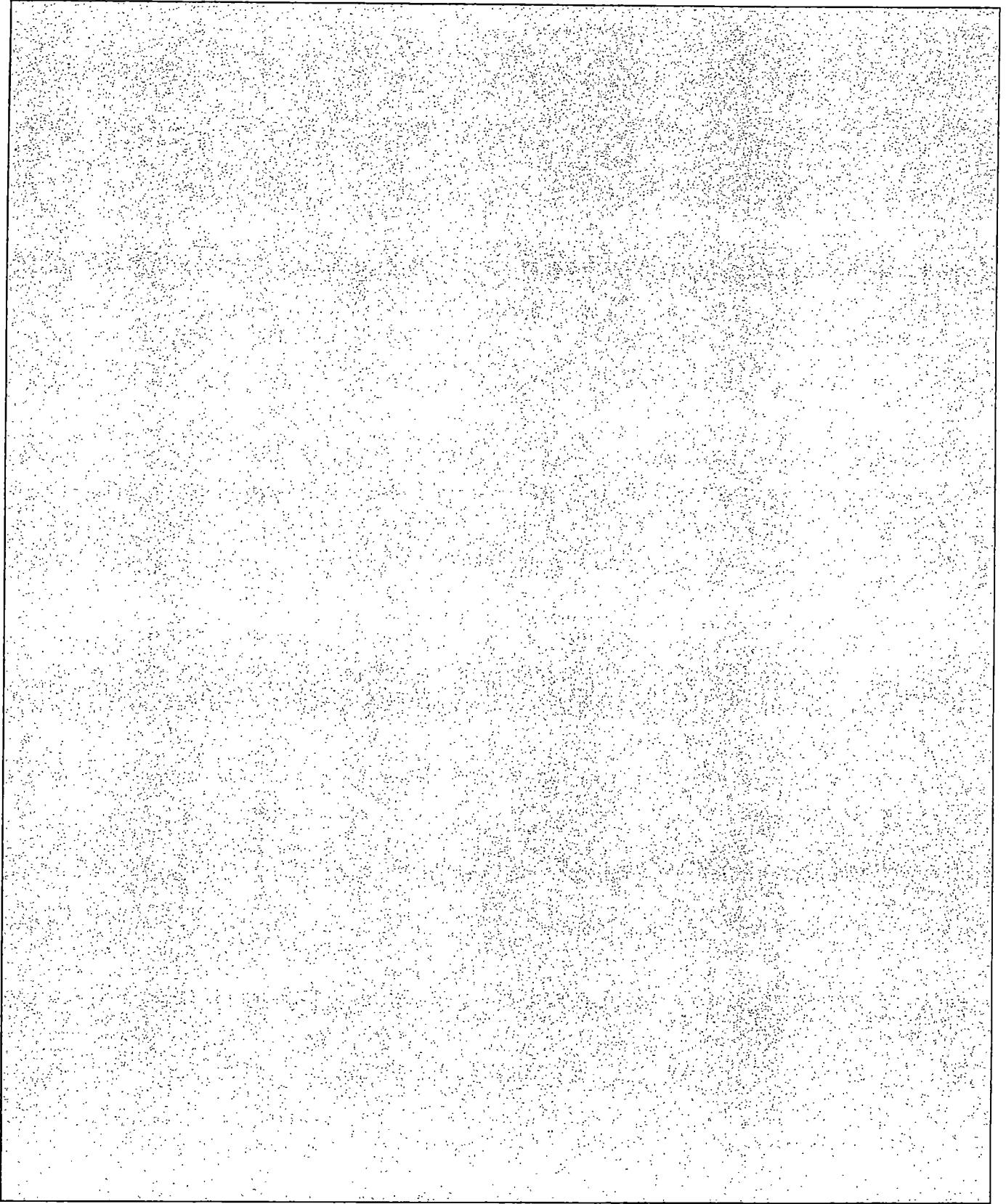
**SCHEDULE OF ADJUSTED OPERATIONS - WATER UTILITY**

TYE 12/31/20

	Test Year	Adjustment	Ref.	Pro Forma
<b>Operating Revenues</b>				
<b>Sales of Water</b>				
Unmetered Water Sales				0.00
Metered Water Sales				0.00
Bulk Loading Stations				0.00
Fire Protection Revenue				0.00
Sales for Resale				0.00
<b>Total Sales of Water</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>
<b>Other Water Revenues</b>				
Forfeited Discounts				0.00
Miscellaneous Service Revenues				0.00
Rents from Water Property				0.00
Other Water Revenues				0.00
<b>Total Other Water Revenues</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>
<b>Total Operating Revenues</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>
<b>Operating Expenses</b>				
<b>Operation and Maintenance Expenses</b>				
Salaries and Wages - Employees				0.00
Salaries and Wages - Officers				0.00
Employee Pensions and Benefits				0.00
Purchased Water				0.00
Purchased Power				0.00
Fuel for Power Production				0.00
Chemicals				0.00
Materials and Supplies				0.00
Contractual Services				0.00
Water Testing				0.00
Rents				0.00
Transportation Expenses				0.00
Insurance				0.00
Regulatory Commission Expenses				0.00
Bad Debt Expense				0.00

Miscellaneous Expenses				0.00
<b>Total Operation and Maintenance Expenses</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>
Depreciation Expense				0.00
Amortization Expense				0.00
Taxes Other Than Income				0.00
Income Tax Expense				0.00
<b>Total Operating Expenses</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>
<b>Utility Operating Income</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>

References



**REVENUE REQUIREMENT CALCULATION - DEBT COVERAGE METHOD**

(This method is used commonly by non-profits that have long-term debts outstanding.)

Pro forma Operating Expenses	0.00
Plus: Average Annual Debt Principal and Interest Payments*	0.00
Debt Coverage Requirement**	0.00
<b>Total Revenue Requirement</b>	<b>0.00</b>
Less: Other Operating Revenue	0.00
Non-operating Revenue	0.00
Interest Income	0.00
<b>Revenue Required from Rates</b>	<b>0.00</b>
Less: Revenue from Sales at Present Rates	0.00
<b>Required Revenue Increase</b>	<b>\$0.00</b>

Required Revenue Increase stated as a Percentage of Revenue at Present Rates 0.00%

\* This should be a 3 year average calculated using the debt principal and interest payments for the three years following the test year.

\*\* This amount is calculated by multiplying the average annual debt principal and interest payments by the debt service requirement of the utility's lending agency.

Revenue from Present/Proposed Rates  
 Test Period from 01-01- to 12-31-

**USAGE TABLE**  
Usage by Rate Increment

**Class:** \_\_\_\_\_

(1)	(2) Bills	(3) Gallons/Mcf	(4)	(5)	(6)	(7)	(8)	(9) Total
<b>Totals</b>								

**REVENUE TABLE**  
Revenue by Rate Increment

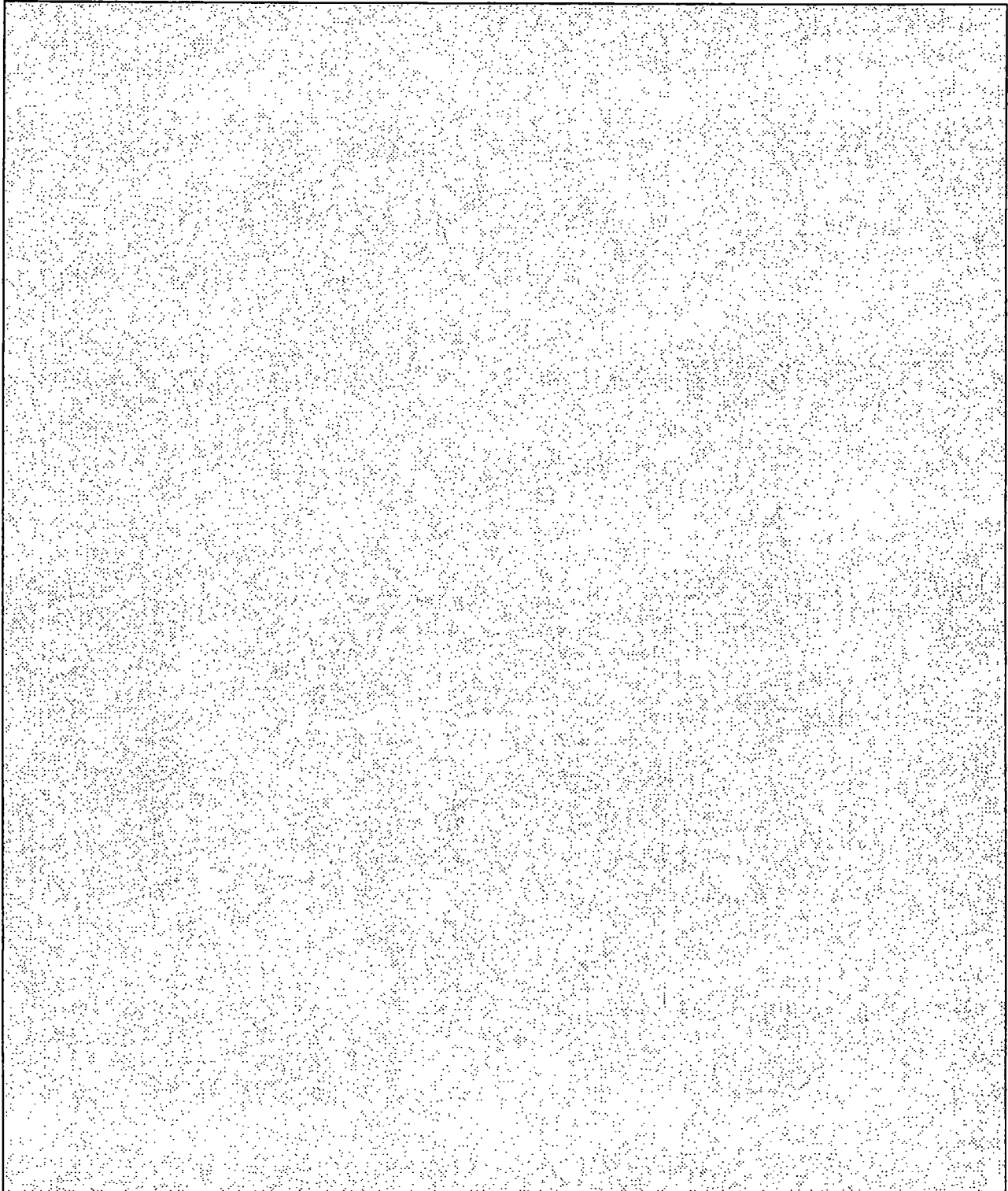
(1)	(2) Bills	(3) Gallons/Mcf	(4) Rates	(5) Revenue
<b>Totals</b>				

**Instructions for Completing Revenue Table:**

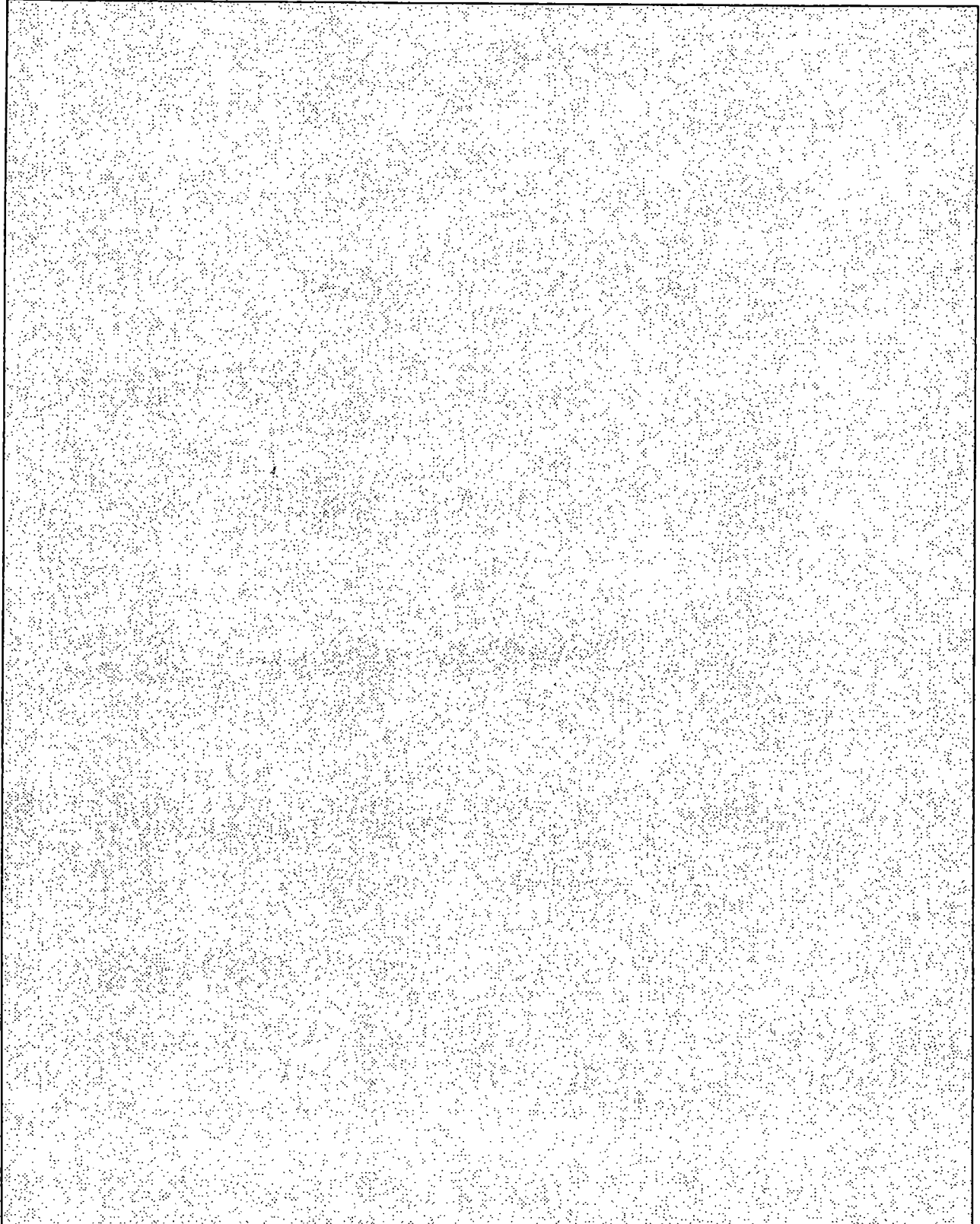
- (9) Complete Columns No. 1, 2, and 3 using information from Usage Tables.
- (10) Complete Column No. 4 using rates either present or proposed.
- (11) Column No. 5 is completed by first multiplying the bills times the minimum charge.  
 Then, starting with the second rate increment, multiply Column No. 3 by Column No. 4 and total.

**REASONS FOR APPLICATION**

**(In the space below list all reasons why the Applicant requires a rate adjustment. Describe any event or occurrence of significance that may affect the Applicant's present or future financial condition, including but not limited to excessive water line losses, regulatory changes, major repairs, planned construction, and increases in wholesale water costs.)**



**CURRENT AND PROPOSED RATES**  
**(List Applicant's Current and Proposed Rates)**



**STATEMENT OF DISCLOSURE OF  
RELATED PARTY TRANSACTIONS**

I swear or affirm to the best of my knowledge and belief the information set forth below represents all present transactions and those transactions occurring within the past twenty-four (24) months between \_\_\_\_\_ ("Utility") and related parties that exceed \$25.00 in value. For the purpose of this statement, "related party transactions" include, all transactions and payments in excess of \$25.00, except regular salary, wages and benefits, made directly to or on behalf of: 1) the Utility's current or former employees; 2) current or former members of the Utility's board of commissioners or board of directors; 3) persons who have a 10 percent or greater ownership interest in the Utility; 4) family members\* of any current Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility or 5) a business enterprise in which any current or former Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility or a family member of such person has an ownership interest.

Name of Related Party (Individual or Business)	Type of Service Provided By Related Party	Amount of Compensation

- Check this box if the Utility has no related party transactions.
- Check box if additional transactions are listed on the supplemental page.
- Check box if any employee of the Utility is a family member of the Utility's chief executive officer, a Utility commissioner, or any person with a 10 percent or greater ownership interest in the Utility. The name of each employee and the official to whom they are related and the nature of the relationship are listed on the supplemental page entitled "Employees Related to Utility Officials."

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Position/Office)

\* "Family Member" means any person who is the spouse, parent, sibling, child, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparent, or grandchild of any current Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility; or is a dependent for tax purposes of any Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility or his or her spouse; or who is a member of the household of any Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility.



COMMONWEALTH OF KENTUCKY

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me by \_\_\_\_\_  
*(Name)*

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
State-at-Large

**BASIC INFORMATION NEEDED TO APPLY FOR AN ALTERNATE STAFFING PLAN**

**Information on the Public Water System requesting an alternate staffing plan:**

PWS Name: PWSID: PWS Contact: PWS Contact Phone and Email:

Treatment Plant Classification: Distribution System Classification:

Current Operation:

Number of shifts per day

Length of each shift

Number of operators per shift

Weekend and holiday staffing

Current staffing (by operator name and current certification—indicate if the individual listed is in a management position that does not actually work a shift):

**Information on the Operator under consideration for an alternate staffing plan**

Name:

Current Drinking Water License:

When eligible for testing and at what classification:

Any eligible experience or education available for substitution:

**Information to be submitted with the alternate staffing plan request**

Description of the on-site training provided to the operator named in this alternate staffing plan

Days and shifts the operator named in this alternate staffing plan will be working

Description or Standard Operating Procedure (SOP) on how staff will be designated in "direct responsible charge" for those shifts not properly staffed under alternate staffing .

For those designated in "direct responsible charge", the distance in miles and time from residence to the treatment plant and how those designated will be notified should the operator named in this plan need assistance

Detailed description of in-plant SCADA or telemetry that monitors and controls critical processes

Detailed description of any remote monitoring and control of the treatment processes (example: off-site computers or lap tops used by on-call staff)

Description or Standard Operating Procedure (SOP) on how the operator named in this alternate staffing plan will react to situations beyond his experience or control while operating the plant

**Stipulations for Maintaining the Alternate Staffing Plan**

Semi-annual progress reports

Successful attainment of the necessary operator certification license

No Safe Drinking Water Act (SDWA) or 401 KAR Chapter 8 violations occur that can be attributed to any action or inaction of the operator named in the alternate staffing plan

To apply for alternative staffing, contact:

Division of Water  
ATTN: Drinking Water Program  
Coordinator  
200 Fair Oaks Lane, 4th Floor  
Frankfort, KY 40601

***What amount of increase from your current salary would entice you to relocate?***

	\$2 more an hour	\$5 more an hour	\$7 more an hour	\$10 more an hour	\$12 more an hour	None of these would persuade me to relocate	Total
Move 50 miles away	4.06% 11	26.94% 73	20.30% 55	18.82% 51	16.24% 44	13.65% 37	271
Move 100 miles away	1.19% 3	3.56% 9	13.83% 35	24.51% 62	24.51% 62	32.41% 82	253
Move 150 miles away	0.00% 0	1.56% 4	3.52% 9	16.02% 41	33.98% 87	44.92% 115	256

***Health Insurance Benefits***

	A downgrade from your current situation (disadvantage)	About the same as your current situation (neutral)	Better than your current situation (advantage)	Insurance is not a major decision factor for you	Total
NO ins but subsidy to buy own	78.44% 211	11.15% 30	5.58% 15	4.83% 13	269
100% you 0% family	35.96% 96	41.20% 110	18.35% 49	4.49% 12	267
90% you 50% family	39.00% 101	25.87% 67	31.66% 82	3.47% 9	259
100% you 75% family	18.39% 48	18.39% 48	59.00% 154	4.21% 11	261
100% you & family	3.02% 8	13.21% 35	78.49% 208	5.28% 14	265

**How would each of the benefits below would influence your decision about accepting a new job?**

	Major factor in decision	Moderately important in decision	Minor factor in decision	Not important to me	Total
Company car	32.61% 90	27.54% 76	22.83% 63	17.03% 47	276
Mileage paid your car	29.26% 78	37.78% 102	22.96% 62	10.00% 27	270
Cell phone	23.36% 64	29.93% 82	26.64% 73	20.07% 55	274
Tablet/lpad/laptop	15.33% 42	29.93% 82	33.21% 91	21.53% 59	274
Gym / wellness Ctr.	9.18% 25	25.00% 68	37.87% 103	27.94% 76	272
7 vac days /yr	36.12% 95	21.67% 57	25.48% 67	16.73% 44	263
10 vac days /yr	37.93% 99	33.33% 87	16.48% 43	12.26% 32	261
15 vac days/yr	65.82% 181	20.73% 57	8.00% 22	5.45% 15	275
Onsite daycare/paid daycare	7.69% 21	14.65% 40	19.05% 52	58.61% 160	273
100% tuition paid	38.01% 103	26.94% 73	14.76% 40	20.30% 55	271
50% tuition paid	14.55% 39	32.09% 86	26.12% 70	27.24% 73	268

	A major PLUS in your decision	A minor PLUS in your decision	Does not make much difference to you	A minor NEGATIVE in your decision	A major NEGATIVE in your decision	Total
Offered OT 2-3X mo.	25.45% 70	31.64% 87	33.45% 92	5.09% 14	4.36% 12	275
Mandatory OT weekly	8.76% 24	22.99% 63	44.16% 121	15.33% 42	8.76% 24	274
4 10 hr days	42.70% 117	27.37% 75	22.63% 62	4.74% 13	2.55% 7	274
3 12-hr/4 12-hr	28.99% 60	25.36% 70	21.74% 60	11.59% 32	12.32% 34	276
5 8-hr days	17.41% 47	25.19% 68	46.30% 125	8.62% 23	2.59% 7	170
Work 1 wkend day/wk	3.66% 10	7.33% 20	23.44% 64	26.37% 72	38.19% 107	273
Work 1 wkend day/biweekly	3.66% 10	10.99% 30	30.77% 84	30.04% 82	24.54% 67	273
Work 1 wkend day/mo	6.25% 17	14.34% 39	40.44% 110	25.00% 68	13.97% 38	272
Perm. day shift	63.14% 173	20.80% 57	13.50% 37	1.62% 4	0.79% 2	174
Perm night shift	6.19% 17	6.59% 18	15.38% 42	19.78% 54	63.11% 171	273
Rotate days/nights	6.51% 18	4.04% 11	13.60% 37	19.85% 54	56.99% 155	272
Always same plant/role	21.61% 59	19.78% 54	47.25% 127	8.06% 22	3.30% 9	272
Rotate plants/roles	7.36% 20	23.18% 63	43.75% 118	5.53% 15	16.81% 46	272
Only person onsite	6.62% 18	15.81% 43	56.25% 153	12.50% 34	8.82% 24	171
Supvst. onsite w/you	6.13% 17	16.12% 44	68.50% 187	7.33% 20	2.93% 8	272

**How would each of these schedules influence your decision about accepting a new job?**

	A major PLUS in your decision	A minor PLUS in your decision	Does not make much difference to you	A minor NEGATIVE in your decision	A major NEGATIVE in your decision	Jobs
KRS / CERS	71.78% 127	14.65% 40	12.48% 34	0.70% 2	0.37% 1	270
401K 457b or IRA available	53.99% 149	30.80% 80	11.96% 33	1.45% 4	1.81% 5	270
Company match 401k 457b	57.82% 159	26.95% 73	11.64% 32	1.45% 4	2.55% 7	270
Vested pension NOT KRS / CERS	34.67% 91	29.20% 78	18.61% 51	9.12% 25	8.38% 23	270
Potential to merge w/larger unit	12.69% 34	20.74% 56	47.04% 127	12.36% 33	6.67% 18	270
Potential to absorb smaller unit	16.38% 42	29.67% 81	47.42% 129	8.13% 22	2.20% 6	270
Stay in same position long-term	24.45% 67	30.28% 83	20.07% 55	19.60% 53	11.65% 32	270
Advise of Promotional opp	54.71% 146	26.84% 72	8.09% 22	0.00% 0	0.37% 1	177
Salaries frozen/cut recently	6.25% 17	2.21% 6	5.99% 16	23.63% 64	61.03% 164	270
Annual raise past 5 yrs	65.33% 179	30.28% 83	4.01% 11	0.00% 0	0.36% 1	270
Awards / Reg. Comp. Good	60.85% 164	31.60% 85	16.12% 44	0.37% 1	1.47% 4	270
Reg. Comp. Poor	6.20% 17	6.11% 16	14.60% 40	30.66% 84	43.43% 116	270
Plant < 10 yrs old	22.63% 62	37.96% 104	37.96% 104	0.36% 1	1.09% 3	270
No upgrades >20 yrs	6.18% 16	9.83% 27	33.08% 90	34.66% 94	17.28% 47	270

**What long-term factors are important to you when considering a new job offer?**

**Maybe you can't offer the highest salary...**

**Emphasize what you CAN offer:**

- Significant amounts of vacation
- Any flexibility you can offer with scheduling
- Career advancement potential
- Tuition reimbursement
- Specific benefits negotiated with a particular employee (be fair to all employees, but recognize individual differences as far as your policies permit)

## Public Service Loan Forgiveness Program (Updates Dec 2016)

### **What is the Public Service Loan Forgiveness (PSLF) Program?**

The PSLF Program is intended to encourage individuals to enter and continue to work full-time in public service jobs. Under this program, you may qualify for forgiveness of the remaining balance due on your William D. Ford Federal Direct Loan (Direct Loan) Program loans after you have made 120 qualifying payments on those loans while employed full-time by certain public service employers. **Since you must make 120 qualifying payments on your eligible federal student loans after Oct. 1, 2007, before you can qualify for the loan forgiveness, the first forgiveness of loan balances will not be granted until October 2017.**

### **What federal student loans are eligible for forgiveness under the PSLF Program?**

Any nondefaulted Direct Loan is eligible for loan forgiveness. (See below for information on how non-Direct Loans may become eligible.) The Direct Loan Program includes the following loans:

- Direct Subsidized Loans
- Direct Unsubsidized Loans
- Direct PLUS Loans—for parents and graduate or professional students
- Direct Consolidation Loans

**NOTE: Parents** who received a Direct PLUS Loan may qualify for forgiveness of the PLUS loan, if the parent borrower—not the student on whose behalf the loan was obtained—is employed by a public service organization (*additional conditions apply*).

### **Where can I find additional information about the PSLF Program?**

For detailed information read the PSLF Questions and Answers document at [studentaid.gov/publicservice](http://studentaid.gov/publicservice) or contact your federal loan servicer. This information was updated in the fall of 2015. For updates or additional information on federal student aid, visit [StudentAid.gov](http://StudentAid.gov).

***Interested in taking the Operator Job Values survey?***

***Go to [https://www.surveymonkey.com/r/KY\\_OPERATOR\\_SURVEY\\_2](https://www.surveymonkey.com/r/KY_OPERATOR_SURVEY_2)***

***Survey will remain open through April 2017***

***Interested in more data from survey results?***

***Contact Ruth Lancaster (502) 418 1384 (call or text) or [rlancaster@lwcky.com](mailto:rlancaster@lwcky.com)***

**How to Attract and Keep Great Employees – Facilitated Discussion**

1. What is it like to work for you? With you?

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2. What do your customers think/say it is like to work with you?

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3. What words would you use to describe your workplace mentality?

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4. How is conflict handled in your workplace?

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5. What are the chances for advancement in your workplace?

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6. What are the chances for pay raises in your workplace?

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7. What do you do to show staff you appreciate their work? Is this enough?

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8. What are free or low-budget things you could do to show your appreciation?

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**How to Attract and Keep Great Employees – Facilitated Discussion – Additional Notes**

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