

KANSAS DEPARTMENT OF TRANSPORTATION
ADDITIONAL CLASSIFICATION REQUEST FORM

Date: 8/30/19

Prime Contractor: Hamm, Inc.

Address: 609 Perry Place, Perry, KS 66073

Phone Number: (785) 218-4359 Email Address: ryan.blosser@nrhamm.com

Subcontractor (if applicable): Capital Electric Line Builders, Inc.

I request the following classification be added to General Decision No. KS KS18009 01/05/2018 KS9,
Modification Number 0, Publication Date 1/05/2018 for the following project:

State Project Number: 46 N-0648-01 Award Date: April 2, 2018

Federal Aid Project Number: STP-N-064(801) Contract Number: _____

Location (City and County(s)): Overland Park, KS Johnson County

Project Description: Metcalf Ave (159th to 167th): Thoroughfare reconstruction to a four lane divided roadway

Proposed Classification Title: Groundman

Job Description & Duties: Can operate any truck with or without winch, D-4 Cat or equivalent farm tractor, Ditch Witch, dump truck and/or flat beds, truck mounted cranes (front end), combination trencher/backhoe, directional boring machine and skid steer. They shall assist lineman in the performance of their work and shall work under the supervision of the foreman or journeyman, but cannot perform lineman work.

Hourly Rate: \$ 29.46 Fringe Benefit: \$ 15.72 Check box if wage set by collective bargaining unit

Signature of Prime Contractor Representative

Print Name

Signature of Subcontractor Representative

Print Name

To be completed by employee:

Employee not available at this time.

- I agree with the hourly rate and fringe benefit for the classification proposed above.
 I disagree with the hourly rate and/or fringe benefit for the classification proposed above. I suggest the following:

Hourly Rate \$ _____ Fringe Benefit \$ _____

Signature of Employee

Print Name

To be completed by City (only projects with Federal funds):

- The interested parties agree and City recommends approval by the Wage and Hour Division. Available information and recommendations are attached.
 The interested parties cannot agree on the proposed classification and wage rate. A determination of the Hour and Wage Division is therefore requested. Available information and recommendations are attached.

Bruce L Wacker
Signature of City Representative

(913) 895-6027
Phone Number

9/30/19
Date Submitted
DOT Form No. 0294