



## Kansas Department of Transportation



### Request for Additional Classifications and Wage Rates

When a work classification is **NOT** included in the Davis-Bacon wage rate decision that is incorporated into the contract, the work classification and wage rate, including any fringe benefit amounts, **MUST** be conformed (added) **after the contract has been awarded**.

This means the awarded contractor **MUST** submit a proposed work classification and base hourly rate, plus any fringe benefits to the Kansas Department of Transportation (KDOT), Bureau of Construction & Materials. The awarded contractor must also submit this additional work classification request for any sub-contractors they intend to use. **A separate additional classification request form must be submitted for approval for each additional classification requested and for each contract awarded to the contractor.**

Do not submit any of the required documents directly to the U.S. Department of Labor (DOL). KDOT will forward the awarded contractor's request to the DOL for approval, as appropriate.

City

Included with the awarded contractor's request **MUST** be the following supporting documentation:

1. A completed DOT Form No. 0294.
2. If the contractor belongs to a union, a copy of the current collective bargaining agreement showing the required rate of pay and any appropriate fringe benefit amounts for the proposed work classification and the project area; and
3. If the individual employee(s) who will be working in the proposed work classification is known and disagrees with the proposed work classification, documentation from the employee(s) demonstrating why the employee disputes the work classification and documentation showing why the employee(s) believes another work classification and/or wage rate, including fringe benefits where appropriate, should be used.

A proposed work classification and wage rate must meet the following criteria:

1. The proposed rate cannot be less than the lowest rate already established for the applicable category (skilled craft, laborer, power equipment operator, truck driver) in the wage determination that is established for the county in which the project is located.
2. If the established rate for the applicable category (skilled craft, laborer, power equipment operator, truck driver) includes a fringe benefit amount, the proposed rate does not have to specify an amount for fringe benefits. The fringe benefit amount could be added to the hourly wage. In other words, the proposed rate must be equal to or higher than the total of the established hourly rate plus the amount designated for fringe benefits.

KANSAS DEPARTMENT OF TRANSPORTATION  
**ADDITIONAL CLASSIFICATION REQUEST FORM**

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Date: \_\_\_\_\_

Prime Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Subcontractor (if applicable): \_\_\_\_\_

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**I request the following classification be added to General Decision No. KS \_\_\_\_\_ ,**

**Modification Number \_\_\_\_\_, Publication Date \_\_\_\_\_ for the following project:**

State Project Number: \_\_\_\_\_ Award Date: \_\_\_\_\_

Federal Aid Project Number: \_\_\_\_\_ Contract Number: \_\_\_\_\_

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

Project Description: \_\_\_\_\_

**Proposed Classification Title:** \_\_\_\_\_

**Job Description & Duties:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Signature of Prime Contractor Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Subcontractor Representative

\_\_\_\_\_  
Print Name

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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

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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.

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\_\_\_\_\_  
Signature of City Representative

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date Submitted

**DOT Form No. 0294**