



Safety Training Reimbursement Request

As a KDOT contractor or subcontractor, your company may qualify for reimbursement of expenses incurred for skills & safety training that has been conducted in Kansas between July 1, 2023 and June 30, 2024. To request reimbursement for in-house or third-party training, please return this form along with the required documentation.

PLEASE COMPLETE SEPARATE FORM FOR EACH CLASS.

COMPANY CONTACT INFORMATION

Company Requesting Reimbursement:

Contact Person:

Phone:

Email:

TRAINING CLASS DETAILS

Class:

Date Held:

Instructor Name:

Instructor's Company:

Start Time:

End Time:

Number of Class Participants:

Address Where Training Took Place:

TRAINING CLASS COSTS

Facility: \$

Food: \$

Third-Party Instructor Fee: \$

Third-Party Instructor Travel: \$

Third-Party Instructor Lodging: \$

Curriculum: \$

Total Amount Requested for Reimbursement: \$

REQUIRED DOCUMENTATION TO BE SUBMITTED WITH THIS FORM:

- Official CIT Sign-In Sheet with each participating employee's name printed or typed along with each participating employee's signature, (OR) copies of certificates or completion cards with a list of each participating employee
- Instructor's credentials (required if instructor is an employee of your company or hired from outside)
- Class agenda
- Receipts for all claimed expenses

PLEASE NOTE:

- Reimbursement is for skills and safety training offered to craft workers who work on KDOT road and bridge projects.
- Employee wages, lodging and travel are NOT eligible for reimbursement. This includes employee(s) who may serve as the instructor.
- Training must be completed in Kansas.

ALL REIMBURSEMENT REQUESTS MUST BE SUBMITTED BY JUNE 30, 2024

Submit form and required documentation to:
KCA, 800 SW Jackson, Suite 100, Topeka, KS 66612
Fax (785) 266-6191 or Email KCACIT@WeBuildKansas.com

Questions? Contact KCA at (785) 266-4152

FOR KCA OFFICE USE

- Roster
- Expense Receipts
- Credentials
- Class Info in Excel
- Agenda
- Invoice KDOT



CIT Attendance Roster

Instructor Name:

Date of Class:

Class Name:

City Where Class Held:



This sign-in sheet should be used for all courses for which company is requesting CIT reimbursement.

#	EMPLOYEE NAME	GENDER & ETHNICITY FOR KDOT	EMPLOYER	EMPLOYEE SIGNATURE
1		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
2		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
3		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
4		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
5		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
6		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
7		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
8		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
9		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
10		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
11		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
12		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		

#	EMPLOYEE NAME	GENDER & ETHNICITY FOR KDOT	EMPLOYER	EMPLOYEE SIGNATURE
13		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
14		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
15		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
16		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
17		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
18		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
19		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
20		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
21		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
22		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
23		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
24		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
25		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
26		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
27		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
28		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		
29		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> AfricanAm <input type="checkbox"/> NativeAm <input type="checkbox"/> Other		