

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

REVISION NO.: 26

DATE REQUESTED: June 12, 2025

REPRINT: _____

REQUESTED BY: Brad Webb

NEW: _____

REVISED POLICIES

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following revised policies in the <i>General Administration and Personnel (GAP) Manual</i> . This revision also includes twenty-six exhibit and three index updates.		
GAP-00	Table of Contents Alphabetical Index	GAP-01 GAP-02	GAP-01
GAP-200	Outside Employment	GAP-209	GAP-209
GAP-500	Bridging Opportunities Training Program (BOTP)	GAP-511	GAP-511
GAP-800	Employee Conduct – General Workplace Violence Antiharassment / Antidiscrimination Drug-Free Workplace Employee Dress	GAP-801 GAP-802 GAP-803 GAP-804 GAP-806	GAP-801 GAP-802 GAP-803 GAP-804 GAP-806
GAP-900	Employee Discipline EEO/Civil Rights Complaint Procedures	GAP-901 GAP-902	GAP-901 GAP-902
GAP-1000	Printing	GAP-1006	GAP-1006
GAP-1100	State-Owned Vehicles & Equipment – Administration State-Owned Vehicles & Equipment – User Requirements, Assignments, & Responsibilities	GAP-1104-1 GAP-1104-2	GAP-1104-1 GAP-1104-2
GAP-1200	TCOB Access, ID Badges, & AVI Tokens TCOB Access & ID Badges TCOB Parking TCOB Conference Center Lot Acquisition New Cabinet Facilities Construction	GAP-1201 GAP-1202 GAP-1204 GAP-1210 GAP-1211	 GAP-1201 GAP-1202 GAP-1204 GAP-1210 GAP-1211
GAP-1300	Procuring & Requesting Printing & Engraving Supplies Tracking Fixed Assets Repairing Office, Engineering, Laboratory, & Photographic Equipment	GAP-1301-1 GAP-1303 GAP-1304	GAP-1301-1 GAP-1303 GAP-1304
(Continued)			

	General Administration & Personnel Manual, Rev. 26 (Continued)		
GAP-9000 (cont.)	Table of Exhibits	GAP-9000	GAP-9000
	Request for Corrective or Major Disciplinary Action, TC 12-227	GAP-9040	GAP-9040
	Personal Protective Equipment Acknowledgement, TC 25-3	GAP-9042	GAP-9042
	Bridging Opportunities Training Program Application – Certificate Program, TC 18-14	GAP-9048	
	Bridging Opportunities Training Program – Expectation & Participation Acknowledgment, TC 18-22		GAP-9048
	Bridging Opportunities Training Program – Intern Self-Assessment, TC 18-27		GAP-9050
	Bridging Opportunities Training Program – Intern Exit Survey, TC 18-28		GAP-9051
	COT Internet & Electronic Mail Acceptable Use Policy, CIO-060	GAP-9052	GAP-9052
	COT Social Media Policy, CIO-061	GAP-9053	GAP-9053
	Employee & Agent Privacy & Security of Confidential or Sensitive Information Agreement, TC 12-263	GAP-9054	GAP-9054
	Bridging Opportunities Training Program – Work Area Supervisor Intern-Exit Survey, TC 18-29		GAP-9055
	Notice of Request for Corrective Action or Major Disciplinary Action, TC 12-228	GAP-9056	GAP-9056
	EEO Complaint, TC 18-6	GAP-9057	GAP-9057
	Form Design Request, TC 12-222	GAP-9071	GAP-9071
	Kentucky Design & Print Services Request	GAP-9072	GAP-9072
	Reasonable Suspicion Checklist, TC 12-23	GAP-9073	GAP-9073
	Truth & Confidentiality Agreement for Equal Employment Opportunity (EEO) Investigations, TC 18-21		GAP-9074
	State-Owned Personal Property Declared Surplus, TC 77-1	GAP-9076	GAP-9076
	Identification Badge Acknowledgment, TC 77-30	GAP-9083	
	Employee Building Security Access, TC 77-31	GAP-9085	GAP-9085
	Relocation Request	GAP-9086	GAP-9086
	Conference Center Room Information Request, TC 77-23	GAP-9087	
	Room Information & Lease Agreement, TC 77-24	GAP-9088	GAP-9088
	Rental Information & Lease Agreement – Non-State Agencies, TC 77-25	GAP-9089	
	Requisition, TC 77-10	GAP-9094	GAP-9094
	Agency Request for Quotation, TC 73-102	GAP-9095	GAP-9095
	New Office, Engineering, & Laboratory Equipment Assignment, TC 77-6	GAP-9096	GAP-9096
	Equipment Transfers – Office, Engineering, & Laboratory, TC 77-3	GAP-9097	GAP-9097
Produced & Distributed by Organizational Management Branch			

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

REVISION NO.: 25

DATE REQUESTED: January 22, 2025

REPRINT: _____

REQUESTED BY: Brad Webb

NEW: _____

<h2>REVISED PROCEDURES</h2>

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following revised policies in the <i>General Administration and Personnel (GAP) Manual</i> .		
GAP-00	Table of Contents	GAP-01	GAP-01
GAP-200	Telecommuting	GAP-212	GAP-212
GAP-500	Commercial Driver's License (CDL)	GAP-507	GAP-507
GAP-9000	Telecommuting Safety Checklist, TC 12-284 Telecommuting Agreement, TC 12-283 Local Occupational Tax Withholding Information, TC 12-8		GAP-9010 GAP-9011 GAP-9013
Produced & Distributed by Organizational Management Branch			

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

REVISION NO.: 24

DATE REQUESTED: November 20, 2024

REPRINT: _____

REQUESTED BY: Brad Webb

NEW: _____

REVISED PROCEDURES

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following revised policies in the <i>General Administration and Personnel (GAP) Manual</i> .		
GAP-00	Table of Contents Alphabetical Index	GAP-01 GAP-02	GAP-01 GAP-02
GAP-200	Central Office Procedures (Time Reporting) District Office Procedures (Time Reporting)	GAP-206-1 GAP-206-2	GAP-206-1 GAP-206-2
GAP-300	Compensation & Benefits: Overview Employee Suggestion System Workers' Compensation: Responsibilities & Procedures Temporary Modified Duty Plan / Return to Work Americans with Disabilities Act (ADA)	GAP-301 GAP-302 GAP-303-1 GAP-303-2 GAP-304	GAP-301 GAP-302 GAP-303-1 GAP-303-2 GAP-304
GAP-500	Commercial Driver's License (CDL) Minority Internship Program (MIP) Bridging Opportunities Training Program (BOTP)	GAP-507 GAP-511	GAP-507 GAP-511
GAP-9000	Table of Exhibits	GAP-9000	GAP-9000
	Written Notice to Employer of Work-Related Injury License Expense Reimbursement Request, TC 31-50 Workers' Compensation Liaison Memorandum Workers' Compensation Explanation Letter Position Description Worksheet Position Demands Statement, TC 12-253 Minority Internship Program Application—College Program, TC18-15 Bridging Opportunities Training Program Application—College Program, TC 18-15 Minority Internship Program Application—Certificate Program, TC 18-14 Bridging Opportunities Training Program Application—Certificate Program, TC 18-14	GAP-9006 GAP-9010 GAP-9011 GAP-9012 GAP-9013 GAP-9043 GAP-9048	GAP-9006 GAP-9012 GAP-9043 GAP-9048
Produced & Distributed by Organizational Management Branch			

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

REVISION NO.: 23

DATE REQUESTED: May 1, 2024

REPRINT: _____

REQUESTED BY: Kim Jasper

NEW: _____

REVISED PROCEDURES

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following revised policies in the <i>General Administration and Personnel (GAP) Manual</i> .		
GAP-00	Table of Contents	GAP-01	GAP-01
GAP-200	Selection & Hiring Work Schedules Time Reporting – Central Office Procedures Temporary Assignments	GAP-202 GAP-205 GAP-206-1 GAP-207	GAP-202 GAP-205 GAP-206-1 GAP-207
GAP-700	Safety & Health Program Authority & Reference	GAP-701	GAP-701
GAP-800	Antiharassment/Antidiscrimination Drug-Free Workplace	GAP-803 GAP-804	GAP-803 GAP-804
GAP-9000	Personalized Work Schedule Agreement, TC 12-206 Application for Compensatory Time or Overtime, TC 12-240 Outside Employment Employee Request & Agency Response Voting & Election Leave Verification	GAP-9001 GAP-9003 GAP-9005 GAP-9049	GAP-9001 GAP-9003 GAP-9005 GAP-9049
Produced & Distributed by Organizational Management Branch			

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

REVISION NO.: 22

DATE REQUESTED: April 2024

REPRINT: _____

REQUESTED BY: Kim Jasper

NEW: _____

<h2>REVISED PROCEDURES</h2>

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following revised policies in the <i>General Administration and Personnel (GAP) Manual</i> .		
GAP-00	Table of Contents	GAP-01	GAP-01
GAP-400	Family & Medical Leave Act (FMLA)	GAP-409	GAP-409
GAP-1000	Phone & Document Translation Services		GAP-1008
GAP-1100	State-Owned Vehicles & Equipment - Administration State-Owned Vehicles & Equipment – User Requirements, Assignments, & Responsibilities	GAP-1104-1 GAP-1104-2	GAP-1104-1 GAP-1104-2
Produced & Distributed by Organizational Management Branch			

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

REVISION NO.: 21

DATE REQUESTED: June 1, 2023

REPRINT: _____

REQUESTED BY: Kim Jasper

NEW: _____

<h2>REVISED PROCEDURES</h2>

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following revised policies in the <i>General Administration and Personnel (GAP) Manual</i> .		
GAP-00	Table of Contents	GAP-01	GAP-01
GAP-200	Selection & Hiring Employee Orientation	GAP-202 GAP-204	GAP-202 GAP-204
GAP-500	Advanced Leadership Academy STAR Program	GAP-503 GAP-504	GAP-503 GAP-504
GAP-9000	Advanced Leadership Application, TC 12-208 STAR Program Enrollment, TC 12-269	GAP-9033 GAP-9044	GAP-9033 GAP-9044
Produced & Distributed by Organizational Management Branch			

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

REVISION NO.: 20

DATE REQUESTED: October 26, 2022

REPRINT: _____

REQUESTED BY: Kim Jasper

NEW: _____

REVISED PROCEDURES

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following revised policies in the <i>General Administration and Personnel (GAP) Manual</i> .		
GAP-00	Table of Contents	GAP-01	GAP-01
GAP-200	Central Office Procedures (Time Reporting) District Office Procedures (Time Reporting) Telecommuting	GAP-206-1 GAP-206-2 GAP-212	GAP-206-1 GAP-206-2 GAP-212
GAP-400	Annual Leave Regulations Sick Leave Regulations Compensatory Leave Voting & Election Leave	GAP-402-1 GAP-403-1 GAP-404 GAP-405	GAP-402-1 GAP-403-1 GAP-404 GAP-405
GAP-500	Leadership Character Program Leadership Influence Program		GAP-512 GAP-513
GAP-800	General Conduct	GAP-801	GAP-801
GAP-900	Employee Discipline Employee Grievances	GAP-901 GAP-903	GAP-901 GAP-903
GAP-1100	User Requirements, Assignments, & Responsibilities	GAP-1104-2	GAP-1104-2
GAP-9000	Table of Exhibits	GAP-9000	GAP-9000
	Termination of Employee Telecommuting Agreement, TC 12-287		GAP-9099
	Leadership Character Program Application, TC 12-288		GAP-9100
	Leadership Influence Program Application, TC 12-289		GAP-9101
Produced & Distributed by Organizational Management Branch			

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

REVISION NO.: 19

DATE REQUESTED: July 14, 2021

REPRINT: _____

REQUESTED BY: Brad Webb

NEW: _____

<h2>REVISED PROCEDURES</h2>

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following revised policies in the <i>General Administration and Personnel (GAP) Manual</i> .		
GAP-00	Table of Contents	GAP-01	GAP-01
GAP-200	Telecommuting	GAP-212	GAP-212
GAP-1000	Open Records	GAP-1001	GAP-1001
Produced & Distributed by Organizational Management Branch			

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

REVISION NO.: 18

DATE REQUESTED: December 15, 2020

REPRINT: _____

REQUESTED BY: Brad Webb

NEW: _____

<h2>REVISED PROCEDURES</h2>

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following revised policies in the <i>General Administration and Personnel (GAP) Manual</i> .		
GAP-00	Table of Contents	GAP-01	GAP-01
GAP-200	Telecommuting	GAP-212	GAP-212
Produced & Distributed by Organizational Management Branch			

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

REVISION NO.: 17

DATE REQUESTED: December 2020

REPRINT: _____

REQUESTED BY: Brad Webb

NEW: _____

<h2>REVISED PROCEDURES</h2>

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following revised policies in the <i>General Administration and Personnel (GAP) Manual</i> .		
GAP-00	Table of Contents	GAP-01	GAP-01
GAP-800	Antiharassment / Antidiscrimination	GAP-807	GAP-807
Produced & Distributed by Organizational Management Branch			

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

REVISION NO.: 16

DATE REQUESTED: November 17, 2020

REPRINT: _____

REQUESTED BY: Brad Webb

NEW: _____

<h2>REVISED PROCEDURES</h2>

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following revised policies in the <i>General Administration and Personnel (GAP) Manual</i> .		
GAP-00	Table of Contents	GAP-01	GAP-01
GAP-800	Antiharassment / Antidiscrimination	GAP-803	GAP-803
GAP-900	EEO / Civil Rights Complaint Procedures	GAP-902	GAP-902
Produced & Distributed by Organizational Management Branch			

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

REVISION NO.: 15

DATE REQUESTED: November 1, 2019

REPRINT: _____

REQUESTED BY: Brad Webb

NEW: _____

<h2>REVISED PROCEDURES</h2>

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following revised policies in the <i>General Administration and Personnel (GAP) Manual</i> . This revision also includes one index and one exhibit update.		
GAP-00	Table of Contents	GAP-01	GAP-01
GAP-400	Family & Medical Leave Act (FMLA)	GAP-409	GAP-409
GAP-700	Safety & Health Program: Authority & Reference	GAP-701	GAP-701
GAP-800	Employee Dress	GAP-806	GAP-806
GAP-1100	Property Loss Control	GAP-1103	GAP-1103
GAP-9000	Application & Designation for Family & Medical Leave, TC 12-239	GAP-9026	GAP-9026
Produced & Distributed by Organizational Management Branch			

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

REVISION NO.: 14

DATE REQUESTED: May 18, 2018

REPRINT: _____

REQUESTED BY: Brad Webb

NEW: _____

REVISED PROCEDURES

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following revised policies in the <i>General Administration and Personnel (GAP) Manual</i> . This revision also includes two index and three exhibit updates.		
GAP-00	Table of Contents	GAP-01	GAP-01
GAP-400	Voting & Election Leave	GAP-405	GAP-405
GAP-500	Minority Internship Program (MIP)	GAP-511	GAP-511
GAP-9000	Table of Exhibits	GAP-9000	GAP-9000
	Minority Internship Program Application, TC 12-277	GAP-9043	
	Minority Internship Program Application—College Program, TC 18-15		GAP-9043
	Minority Internship Program Application—Certificate Program, TC 18-14		GAP-9048
	Voting and Election Leave Verification Form		GAP-9049
Produced & Distributed by Organizational Management Branch			

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

REVISION NO.: 13

DATE REQUESTED: January 2, 2018

REPRINT: _____

REQUESTED BY: Brad Webb

NEW: _____

<h2>REVISED PROCEDURES</h2>

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following revised policy in the <i>General Administration and Personnel (GAP) Manual</i> . This revision also includes one index update.		
GAP-00	Table of Contents	GAP-01	GAP-01
GAP-500	Commercial Driver's License (CDL)	GAP-507	GAP-507
Produced & Distributed by Organizational Management Branch			

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

REVISION NO.: 12

DATE REQUESTED: December 4, 2017

REPRINT: _____

REQUESTED BY: Kim Jasper

NEW: _____

<h2>REVISED PROCEDURES</h2>

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following revised policies in the <i>General Administration and Personnel (GAP) Manual</i> . This revision also includes one index update.		
GAP-00	Table of Contents	GAP-01	GAP-01
GAP-500	Professional Licenses & Certifications	GAP-506	GAP-506
Produced & Distributed by Organizational Management Branch			

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

REVISION NO.: 11

DATE REQUESTED: August 14, 2017

REPRINT: _____

REQUESTED BY: Brad Webb

NEW: _____

REVISED PROCEDURES

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following revised policies in the <i>General Administration and Personnel (GAP) Manual</i> . This revision also includes one index update.		
GAP-00	Table of Contents	GAP-01	GAP-01
GAP-200	Time Reporting: Central Office Procedures Time Reporting: District Office Procedures	GAP-206-1 GAP-206-2	GAP-206-1 GAP-206-2
GAP-1100	Monitoring Subrecipients of Federal Awards	GAP-1105	GAP-1105
Produced & Distributed by Organizational Management Branch			

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

REVISION NO.: 10

DATE REQUESTED: July 26, 2017

REPRINT: _____

REQUESTED BY: Brad Webb

NEW: _____

<h2>REVISED PROCEDURE</h2>

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following revised policy in the <i>General Administration and Personnel (GAP) Manual</i> . This revision also includes one index update and one exhibit update.		
GAP-00	Table of Contents	GAP-01	GAP-01
GAP-800	Confidential or Sensitive Information	GAP-807	GAP-807
GAP-9000	Employee & Agent Privacy & Security of Confidential or Sensitive Information Agreement, TC 12-263	GAP-9054	GAP-9054
Produced & Distributed by Organizational Management Branch			

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

REVISION NO.: 9

DATE REQUESTED: June 2, 2017

REPRINT: _____

REQUESTED BY: Brad Webb

NEW: _____

<h2>REVISED PROCEDURES</h2>

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following new and revised policies in the <i>General Administration and Personnel (GAP) Manual</i> . This revision also includes two index updates.		
GAP-00	Table of Contents Alphabetical Index	GAP-01 GAP-02	GAP-01 GAP-02
GAP-200	Temporary Labor Services	GAP-208	GAP-208
GAP-400	Sick Leave: Regulations Funeral & Bereavement Leave	GAP-403-1	GAP-403-1 GAP-414
GAP-800	Employee Dress Political Activity	GAP-806 GAP-809	GAP-806 GAP-809
Produced & Distributed by Organizational Management Branch			

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

REVISION NO.: 8

DATE REQUESTED: March 23, 2017

REPRINT: _____

REQUESTED BY: Brad Webb

NEW: _____

REVISED POLICIES

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following revised policies in the <i>General Administration and Personnel (GAP) Manual</i> . This revision also includes two index and four exhibit updates.		
GAP-00	Table of Contents	GAP-01	GAP-01
GAP-200	Temporary Labor Services	GAP-208	GAP-208
GAP-600	Overview Transferees Supervisor Responsibilities Interim Meetings Year-End Review Reconsideration Process	GAP-601 GAP-603 GAP-604 GAP-606 GAP-607 GAP-608	GAP-601 GAP-603 GAP-604 GAP-606 GAP-607 GAP-608
GAP-1100	State-Owned Vehicles & Equipment: User Requirements, Assignments, & Responsibilities	GAP-1104-2	GAP-1104-2
GAP-1200	TCOB Conference Center	GAP-1204	GAP-1204
GAP-9000	Table of Exhibits Medical Examination Report for Commercial Driver Fitness Determination, 649-F (6045) Medical Examiner's Certificate (for Commercial Driver Medical Certification), MCSA-5876 Travel Reimbursement Request, TC 31-21 Annual Employee Performance Evaluation Waver & Release for Ride-Along in KYTC-Owned Vehicles & Equipment	GAP-9000 GAP-9034 GAP-9035 GAP-9037	GAP-9000 GAP-9034 GAP-9035 GAP-9037 GAP-9047
Produced & Distributed by Organizational Management Branch			

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

REVISION NO.: 7

DATE REQUESTED: October 24, 2016

REPRINT: _____

REQUESTED BY: Brad Webb

NEW: _____

<h2>REVISED POLICIES</h2>

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following revised policies in the <i>General Administration and Personnel (GAP) Manual</i> . This revision also includes one index update.		
GAP-00	Table of Contents	GAP-01	GAP-01
GAP-500	Minority Internship Program (MIP)	GAP-511	GAP-511
GAP-800	Employee Dress	GAP-806	GAP-806
Produced & Distributed by Organizational Management Branch			

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: *General Administration & Personnel Manual*

REVISION NO.: 6

DATE REQUESTED: October 10, 2016

REPRINT: _____

REQUESTED BY: Brad Webb

NEW: _____

NEW & REVISED POLICIES

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following new and revised policies in the <i>General Administration and Personnel (GAP) Manual</i> . This revision also includes twenty-three exhibit and three index updates.		
GAP-00	Table of Contents Alphabetical Index	GAP-01 GAP-02	GAP-01 GAP-02
GAP-200	Temporary Labor Services	GAP-208	GAP-208
GAP-500	Requests for Training STAR Program Professional Licenses & Certifications Commercial Driver's License (CDL) Notary Public Commission Fees Professional Organization Fees Professional Organization Fees (Membership Dues, Meetings, Conferences) Guiding Potential Supervisors (GPS) Program Minority Internship Program (MIP)	GAP-501 GAP-504 GAP-506 GAP-507 GAP-508 GAP-509 GAP-510	GAP-501 GAP-504 GAP-506 GAP-507 GAP-508 GAP-509 GAP-510 GAP-511
GAP-1100	Monitoring Subrecipients of Federal Awards	GAP-1105	GAP-1105
GAP-1200	TCOB Access, ID Badges, & AVI Tokens TCOB Parking TCOB Conference Center	GAP-1201 GAP-1202 GAP-1204	GAP-1201 GAP-1202 GAP-1204
GAP-9000	Table of Exhibits Request for Temporary Employment, TC 12-238 Request for Temporary Employment, TC 30-128 Outside Employment Employee Request & Agency Response Position Description Worksheet Application & Designation for Family & Medical Leave, TC 12-239 Internal Training Request, TC 12-243 External Training Request, TC 12-242 Advanced Leadership Academy Application, TC 12-208	GAP-9000 GAP-9004 GAP-9005 GAP-9012 GAP-9026 GAP-9031 GAP-9032 GAP-9033	GAP-9000 GAP-9004 GAP-9005 GAP-9012 GAP-9026 GAP-9031 GAP-9032 GAP-9033
	(Continued)		

	General Administration & Personnel Manual, Rev. 6 (Continued)		
GAP-9000 (cont.)	Employee Acknowledgment Form—Employee Performance Evaluation System	GAP-9036	GAP-9036
	Minority Internship Program Application, TC 12-277		GAP-9043
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**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

REVISION NO.: 5

DATE REQUESTED: April 11, 2016

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<h2>NEW & REVISED POLICIES</h2>

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following new and revised policies in the <i>General Administration and Personnel (GAP) Manual</i> . This revision also includes one index update.		
GAP-00	Table of Contents	GAP-01	GAP-01
GAP-200	Work Schedules	GAP-205	GAP-205
GAP-400	Compensatory Leave	GAP-404	GAP-404
GAP-1100	Surplus Property	GAP-1102	GAP-1102
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**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

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NEW & REVISED POLICIES

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following new and revised policies in the <i>General Administration and Personnel (GAP) Manual</i> . This revision also includes fifteen exhibit and three index updates.		
GAP-00	Table of Contents Alphabetical Index	GAP-01 GAP-02	GAP-01 GAP-02
GAP-500	Scholarship Programs Advanced Leadership Academy STAR Program Roadmap Program Guiding Potential Supervisors (GPS) Program	GAP-502 GAP-503 GAP-504 GAP-505 GAP-510	GAP-502 GAP-503 GAP-504 GAP-505 GAP-510
GAP-1100	Inventory	GAP-1101	GAP-1101
GAP-1200	TCOB Access, ID Badges, & AVI Tokens	GAP-1201	GAP-1201
GAP-1300	Inventory of Office, Engineering, Laboratory, & Photographic Equipment Tracking Fixed Assets	GAP-1303	GAP-1303
GAP-9000	Table of Exhibits Personalized Work Schedule Agreement, TC 12-206 Request for Temporary Employment, TC 12-238 Overtime Compensation, TC 12-72 Advanced Leadership Academy Application, TC 12-208 STAR Program Enrollment Request, TC 12-269 Roadmap Program Enrollment Request, TC 12-270 GPS Program Enrollment Request, TC 12-275 Kentucky Design and Print Services Request Reasonable Suspicion Checklist, TC 12-23 General Policy Acknowledgment, TC 12-262 AVI Token Acknowledgment, TC 77-29	GAP-9000 GAP-9001 GAP-9004 GAP-9021 GAP-9033 GAP-9044 GAP-9045 GAP-9046 GAP-9072 GAP-9073 GAP-9081 GAP-9084	GAP-9000 GAP-9001 GAP-9004 GAP-9021 GAP-9033 GAP-9044 GAP-9045 GAP-9046 GAP-9072 GAP-9073 GAP-9081
Produced & Distributed by Organizational Management Branch	Rental Information & Lease Agreement—State Agencies Rental Information & Lease Agreement—Non-State Agencies Requisition, TC 77-10 Employee Performance Self-Evaluation, TC 12-274	GAP-9088 GAP-9089 GAP-9094 GAP-9098	GAP-9088 GAP-9089 GAP-9094 GAP-9098

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

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REVISED POLICIES

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following revised policies in the <i>General Administration and Personnel (GAP) Manual</i> . This revision also includes one exhibit and one index update.		
GAP-00	Table of Contents	GAP-01	GAP-01
GAP-400	Annual Leave Sharing Program Regulations Sick Leave Sharing Program Military Leave	GAP-402-2 GAP-403-1 GAP-403-2 GAP-406	GAP-402-2 GAP-403-1 GAP-403-2 GAP-406
GAP-600	Employee Performance Evaluation Program - Overview Supervisor Responsibilities Performance Planning Year-End Review Reconsideration Process	GAP-601 GAP-604 GAP-605 GAP-607 GAP-608	GAP-601 GAP-604 GAP-605 GAP-607 GAP-608
GAP-9000	Annual Employee Performance Evaluation	GAP-9037	GAP-9037
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**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

REVISION NO.: 2

DATE REQUESTED: July 17, 2015

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REQUESTED BY: Brad Webb

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REVISED POLICIES

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following revised policies in the <i>General Administration and Personnel (GAP) Manual</i> . This revision also includes five exhibit and three index updates.		
GAP-00	Table of Contents Alphabetical Index	GAP-01 GAP-02	GAP-01 GAP-02
GAP-200	Time Reporting Time Reporting: Central Office Procedures Time Reporting: District Office Procedures	GAP-206	GAP-206-1 GAP-206-2
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GAP-500	Requests for Training	GAP-501	GAP-501
GAP-800	Employee Dress	GAP-806	GAP-806
GAP-1103	Property Loss Control		GAP-1103
GAP-9000	Table of Exhibits Daily Attendance & Project Report, TC 12-261 Notice of Eligibility, Rights, and Responsibilities for Family and Medical Leave, TC 12-245 Docking Pay for Tardiness Internal Training Authorization and Registration, TC 12-243 Internal Training Request, TC 12-243 External Training Authorization and Registration, TC 12-242 External Training Request, TC 12-242 Personal Protective Equipment Acknowledgment, TC 25-3	GAP-9000 GAP-9002 GAP-9030 GAP-9031 GAP-9032	GAP-9000 GAP-9002 GAP-9030 GAP-9031 GAP-9032 GAP-9042
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**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: General Administration & Personnel Manual

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REQUESTED BY: Brad Webb

NEW: _____

<h2>REVISED PROCEDURES</h2>

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
	The purpose of this printing is to include the following revised policies in the <i>General Administration and Personnel (GAP) Manual</i> . This revision also includes one exhibit and one index update.		
GAP-00	Table of Contents	GAP-01	GAP-01
GAP-500	ROADMAP Program Professional Licenses & Certifications Commercial Driver's License (CDL) Grooming Potential Supervisors (GPS) Program	GAP-505 GAP-506 GAP-507 GAP-510	GAP-505 GAP-506 GAP-507 GAP-510
GAP-600	Maintaining Documents	GAP-609	GAP-609
GAP-9000	STAR Program Enrollment Request, TC 12-269	GAP-9044	GAP-9044
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*G*ENERAL *A*DMINISTRATION & *P*ERSONNEL *M*ANUAL



ISSUED BY

COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET



DECEMBER 2014

Produced and Distributed by
Organizational Management Branch





TRANSPORTATION CABINET

Frankfort, Kentucky 40622
www.transportation.ky.gov/

Steven L. Beshear
Governor

Michael W. Hancock, P.E.
Secretary

OFFICE OF THE SECRETARY
OFFICIAL ORDER 109220

SUBJECT: *General Administration and Personnel Guidance Manual*

This manual has been prepared to provide information and guidance to personnel of the Kentucky Transportation Cabinet. Its purpose is to establish uniformity in the interpretation and administration of laws, regulations, policies, and procedures applicable to the general administrative operations, including those related to the management of human resources, of the Cabinet.

The policies and procedures set forth herein are hereby approved and declared effective unless officially changed.

All previous instructions, written and oral, relative to or in conflict with this manual are hereby superseded.

Signed and approved this 2nd day of December 2014.


Michael Hancock
Secretary

Approved as to Legal Form


Office of Legal Services



An Equal Opportunity Employer M/F/D



"focusing on our employees"

GENERAL ADMINISTRATION & PERSONNEL

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 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>INTRODUCTION</p>
	<p><i>Subject</i></p> <p>Design of This Guidance Manual</p>

ORGANIZATION & NUMBERING

Chapters—The subject matter in the manual is divided into chapters (100, 200, 300, etc.). The chapter title appears in the upper right corner of the first page of a subject and in the upper left corner of subsequent pages.

Sections—Some chapters are divided into sections. Each section title, instead of chapter title, appears in the upper right corner of the first page of a subject and in the upper left corner of subsequent pages.

Subjects—Chapters and sections are arranged by subjects.

Subject Number—Each subject is assigned a number, which appears in the upper right corner of each page of the subject. For example, Chapter 700 includes Subject 701 followed by Subject 702, which is divided into Sections 702-1 through 702-4.

"GAP" Prefix—Preceding each subject number, this prefix stands for the manual title *General Administration & Personnel Guidance Manual*.

Subject Title—The subject title appears in the upper right corner of the first page of a subject and in the upper left corner of subsequent pages.

Date—The latest issuance date of a subject appears at the bottom of each page of the subject. This date agrees with the latest issuance date shown for the subject in the "Table of Contents" (GAP-01).

Page Numbering—Each subject has its own page numbering, which appears at the bottom of each page.

LOCATING INFORMATION

One index appears at the front of the manual, and two indexes appear at the back:

Table of Contents (GAP-01)—This index at the front lists the titles of the manual's chapters and sections and their subjects, as well as other information, in numerical order. It includes the latest issuance dates of all the subjects. As the manual matures, these dates change.

LOCATING

INFORMATION (CONT.) **Alphabetical Index (GAP-02)**—This index at the back lists key information in alphabetical order. Generally, it directs the user to subject titles and to margin, paragraph, and subparagraph headings within subjects.


Table of Exhibits (GAP-9000)—This index at the back lists the manual’s exhibits, including forms, worksheets, diagrams, etc., by number and title.

CROSS-REFERENCES A boldfaced subject number that appears within the text references the location of more information about the subject.

QUESTIONS For additional copies of this manual, contact

Organizational Management Branch
Office of Human Resource Management
Transportation Cabinet Office Building, 6th Floor West
200 Mero Street
Frankfort, KY 40622



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>INTRODUCTION</p> <hr/> <p><i>Subject</i></p> <p>Manual Purpose & Overview</p>
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PURPOSE The purpose of the *General Administration and Personnel (GAP) Manual* is to provide uniformity and guidance in the interpretation of laws, regulations, policies, and procedures governing the administration of the personnel of the Kentucky Transportation Cabinet and their operational relationship with one another and their customers.

OVERVIEW In essence, the *GAP Manual* addresses the policies, procedures, and guidelines that affect all Transportation Cabinet personnel, not any particular programmatic or administrative area.


Statutory and regulatory authorities governing the policies, procedures, and guidelines herein are the Kentucky Revised Statutes (KRS) and the Kentucky Administrative Regulations (KAR).

KRS: <http://www.lrc.ky.gov/krs/TITLES.HTM>

KAR: <http://www.lrc.ky.gov/kar/frntpage.htm>

Specific statutes or regulations are cited throughout the *GAP Manual* to provide further guidance in understanding the basis and intent of the policies, procedures, and guidelines herein.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>EMPLOYMENT PROCEDURES</p>
	<p><i>Subject</i></p> <p>Overview</p>

STATUTORY &**REGULATORY****AUTHORITY**

KRS 18A, 101 KAR

POSITION ACTIONS

The Office of Human Resource Management (OHRM) provides technical assistance to ensure compliance with regulations, statutes, and Personnel Cabinet guidelines for all Transportation Cabinet personnel position actions, including but not limited to:

- Appointments
- Promotions
- Reclassifications
- Transfers
- Demotions
- Reemployment
- Reinstatement
- Detail to Special Duty
- Leave by Personnel Action (Sick or Military Leave)
- Terminations and Separations


The Personnel Cabinet's *Employee Handbook* provides a summary of each personnel position action and may be accessed online at:

<https://hr.personnel.ky.gov/Documents%20Anonymous/Employee%20Handbook.pdf>

OHRM human resource generalists (HRGs) are assigned to assist designated organizational units within the Transportation Cabinet. Employees may access this assignment listing online at:

<https://intranet.kytc.ky.gov/org/OHRM/pm/Pages/PAContacts.aspx>



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>EMPLOYMENT PROCEDURES</p> <hr/> <p><i>Subject</i></p> <p>Selection & Hiring</p>
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STATUTORY &**REGULATORY****AUTHORITY**

KRS 18A.0751; 101 KAR 1:400

OVERVIEW

The Transportation Cabinet is committed to a fair and equitable hiring and promotion process that reinforces the Cabinet's affirmative action and equal opportunity efforts. All hiring managers within the Cabinet shall evaluate selected applicants by considering the five criteria as mandated by 101 KAR 1:400:

1. Seniority
2. Qualifications
3. Performance Evaluations
4. Record of Performance
5. Conduct

HIRING MANAGER

The term *hiring manager* refers to the employee who will supervise the new employee. The Cabinet requires all hiring managers to complete the following required training prior to participating in the selection and hiring process:

- Instructor-led Selection and Hiring Process course

Note: Course dates may be found on the Professional Development Branch's website at:

<https://business.kytc.ky.gov/apps/kytcu/Pages/Home.aspx>

- Personnel Cabinet's "Position Description Training – Supervisors" available in MyPurpose

**SELECTION & HIRING
PROCEDURES**


Hiring managers should follow the selection and hiring procedures detailed in the Cabinet's *Selection & Hiring Process Training Guide*, available online at:

<https://intranet.kytc.ky.gov/org/OHRM/pdom/Documents/Selection%20and%20Hiring%20Process%20Participant%20Guide.pdf>

This guide (utilized in the required training course discussed above):

- Details Cabinet selection and hiring procedures
- Provides guidance concerning proper behavioral interviewing techniques
- Offers sample documents and forms involved in the selection and hiring process



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>EMPLOYMENT PROCEDURES</p>
	<p><i>Subject</i></p> <p>Nepotism in the Workplace</p>

STATUTORY**AUTHORITY**

KRS 11A.010(4); KRS 11A.020(1); KRS 11A.045(1); Executive Branch Ethics Commission's Advisory Opinions 04-34, 06-14, 07-19

EMPLOYMENT**PROCEDURE**

In compliance with statutory authority of the Commonwealth of Kentucky and upon recommendation set forth by the Advisory Opinions issued by the Executive Branch Ethics Commission, the Transportation Cabinet prohibits employees from advocating or influencing in any way the selection and hiring process (employment, appointment, promotion, transfer, or advancement) of a family member or of anyone who in substance has a family-like relationship (for example, unmarried employees sharing a household) with another employee. Such a relationship presents a potential conflict of interest, thereby resulting in the perception of providing undue advantages, financial gain, and other benefits.

Note: *Family* means "spouse and children, as well as a person who is related to a public servant as any of the following, whether by blood or adoption: parent, brother, sister, grandparent, grandchild, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, or half sister."

SUPERVISION OF**EMPLOYEES**

Cabinet employees shall not directly supervise a member of their family or family-like arrangement, evaluate the member's job performance, or generate an action relating to the discipline of the member. Such involvement presents a potential conflict between the public servant's private interest and his or her duties in the public interest in many ways.

SUPERVISION OF**EMPLOYEES (CONT.)**

For example, some could observe the involvement as advantageous or beneficial to the subordinate employee due to the perception of, for example, his or her receiving special favors or having lower job expectations. Conversely the subordinate employee, as well as others, may perceive the involvement as disadvantageous and detrimental because of the supervisor's undue pressure or unfair expectations placed on the subordinate. In any case, the involvement has the potential to disrupt Cabinet operations and create an antagonistic workplace.


EXCEPTIONS

In rare situations where such involvement is unavoidable due to specialized knowledge, skills, etc., of employees, Cabinet management personnel shall place a level of supervision between the supervisor and the family or family-like member to ensure that the supervisor does not directly supervise, evaluate, or generate an action relating to the discipline of the member.

**VIOLATION OF
POLICY**

Employees shall immediately inform their first-line supervisor of any familial relationship that violates this policy. The supervisor shall report the situation to his or her office or department head, who shall, in turn, contact the Office of Human Resource Management to determine the resolution. Any attempt by an employee to circumvent the provisions of this policy (for example, an employee's failure to disclose a family or family-like relationship) is subject to disciplinary action, up to and including dismissal.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>EMPLOYMENT PROCEDURES</p>
	<p><i>Subject</i></p> <p>Employee Orientation</p>

INTRODUCTION

The Personnel Cabinet requires state agencies to conduct orientation programs for all new employees. The Transportation Cabinet has developed a program that includes information applicable to all new state government employees, as well as information relating specifically to the Transportation Cabinet.

New employee orientation is conducted on the 1st and 16th of each month (or on the following Monday when either date falls on a weekend) in each district office by training liaisons and at the Central Office by staff from the Office of Human Resource Management's (OHRM's) Professional Development Branch.

To ensure uniformity, the Professional Development Branch develops orientation training materials, handouts, and checklists to be used in all orientation trainings. These resources are available to training liaisons here:

<https://intranet.kytc.ky.gov/org/OHRM/pdom/Pages/New-Employee-Orientation.aspx>

Note: The KYTC *Safety & Health Administration Guide* (**SHA-302**) details required safety training for new employee orientation and is available on the KYTC Internet Policy Manuals Library:

<https://transportation.ky.gov/Organizational-Resources/Pages/Policy-Manuals-Library.aspx>

DOCUMENTATION**SUBMISSION****REQUIREMENTS**

Regardless of hiring status, all new employees shall complete the I9 form, *Employment Eligibility Verification*, on the initial date of hire and shall complete all other onboarding documentation within ten business days from the date of hire.

DOCUMENTATION**SUBMISSION****REQUIREMENTS****(CONT.)**

In the district offices, supervisors shall provide completed onboarding documentation to their training liaisons to ensure the timely submission of all documentation to OHRM by required deadlines. Central Office supervisors shall submit all completed onboarding documentation to OHRM by required deadlines.

OHRM will notify employees, or supervisors, when necessary, to collect missing documents or to correct incomplete documents.

ASSIGNED TRAINING**COMPLETION****REQUIREMENTS**

Regardless of hiring status, all new employees shall complete required onboarding training within fifteen business days from the date of hire. Employees may either be assigned online trainings in the MyPurpose system or receive in-person (offline) versions of the same trainings. Regardless of the mode of training, supervisors shall ensure new employees complete these trainings by the deadline.

In the district offices, training liaisons shall ensure completed offline trainings are appropriately entered on employee transcripts within MyPurpose.

TRAINING**AUDITS**

The Professional Development Branch performs monthly audits to ensure employees have completed required trainings. OHRM staff or other offices' training liaisons or personnel, as necessary, will notify employees and their supervisors of incomplete or past due required trainings. Employees who fail to complete all required New Employee Orientation training are in direct violation of this policy.

SUPERVISOR**RESPONSIBILITIES**

Supervisors shall provide ample assistance, time, and resources for new employees to complete onboarding paperwork and required training by assigned deadlines.

Note: Some forms require signatory approval from office or department heads. Supervisors should be mindful of this when assisting employees with ensuring **fully completed** forms are submitted by due dates.

VIOLATION OF**POLICY**

Employees who fail to follow this policy or procedure may be subject to corrective or disciplinary action, up to and including dismissal. Supervisors and managers may also be subject to corrective or disciplinary action, up to and including dismissal, for failure to ensure adherence by their subordinates with this policy or procedure.

WEBSITE**RESOURCES**

As a supplement to the Cabinet's orientation program, employees are encouraged to visit the following websites:

- Personnel Cabinet's Internet site for links to the state *Employee Handbook*, Kentucky Revised Statutes, Kentucky Administrative Regulations, and other subjects of interest to all state employees:

<https://hr.personnel.ky.gov/Pages/EEHandbook.aspx>


- Transportation Cabinet's Internet site for links to Cabinet's programs and services for the public, including policy manuals, organizational charts, contact information, and other subjects of interest to Cabinet employees and their customers:

<http://transportation.ky.gov/Pages/default.aspx>

- Transportation Cabinet's Intranet site for links to the operations and services of the Cabinet's organizational units, including personnel, technology, budget, facilities, and other information beneficial to Cabinet employees:

<https://intranet.kytc.ky.gov/Pages/Home.aspx>



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>EMPLOYMENT PROCEDURES</p> <hr/> <p><i>Subject</i></p> <p>Work Schedules</p>
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REGULATORY &**STATUTORY**

AUTHORITY 101 KAR 2:095; KRS 337.355; KRS 337

OFFICIAL**WORKSTATION**

The official workstation of an employee is the address of the unit to which the employee is assigned.

OFFICIAL WORKWEEK

The official workweek for the Transportation Cabinet begins at 12:00 a.m. Sunday and ends at 11:59 p.m. on Saturday. Most employees are scheduled to work Monday through Friday; however, supervisors may direct some employees to work varying shifts, including Saturdays and Sundays. Pursuant to [101 KAR 2:095 Section 2\(4\)](#):

"An employee who works for an agency which requires more than one (1) shift or seven (7) days a week operation may be reassigned from one shift to another or from one post to another, or alternate days off by the agency to meet staffing requirements or to maintain security, or provide essential services of the agency."

OFFICIAL WORKDAY

Normal working hours for most full-time Cabinet employees are 8:00 a.m. to 4:30 p.m., Monday through Friday, unless the commissioner, executive director, or deputy executive director, or office head approves flextime. Some operational units may require schedules to provide 24-hour service. In the districts, the chief district engineers are responsible for approving the working hours for all their employees, giving consideration to the requirements of their employment service.

Excluding district operations (construction projects, snow-and-ice removal, etc.) and shift work, the official workday for an office shall begin no earlier than 7:00 a.m. and end no later than 6:00 p.m.

LUNCH PERIOD**REQUIREMENTS**

The length of the lunch period may vary from no less than ½ hour to no more than 1½ hours, depending upon the work schedule. Supervisors shall grant employees reasonable periods for lunch, as close to the middle of their scheduled work shifts as possible. Supervisors shall not require employees to take lunch periods sooner than 3 hours or later than 5 hours from the time their work shifts begin, unless by mutual written agreement with their supervisors.

Supervisors may direct employees to select alternative times for lunch to guarantee normal productivity and efficiency. Employees may change their lunch schedules on a particular day to accommodate special needs if they receive prior approval from their supervisors. Employees assisting customers, participating in a meeting, or conducting a similar activity shall complete the activity prior to taking lunch. Except for rare or infrequent emergency calls, employees shall be relieved of all duties during their lunch periods.

REST PERIOD (BREAK)**REQUIREMENTS**

Pursuant to [KRS 337.365](#), Cabinet employees are entitled to a paid rest period (break) of at least 10 minutes during each 4 hours worked. Supervisors shall establish employees' break times and monitor their use.

The Transportation Cabinet grants employees who work more than a 6-hour workday two paid 15-minute breaks, one before lunch and one after lunch. However, these breaks shall not be:

- Saved for future use
- Claimed as compensatory time if unused
- Routinely combined with an employee's lunch period to allow an employee to take an extended lunch break

Note: Occasionally, a supervisor may approve an employee's break immediately before or after the lunch period upon an employee's justifiable request.

Part-time employees who work 6 hours or less shall receive one paid 15-minute break.

In the event of overtime, employees shall receive an additional paid 15-minute break for every 3 hours and 45 minutes worked.

CONTINUOUS HOURS**WORKED BY CDL****EMPLOYEES**

CDL employees shall not work longer than 16 continuous hours. After a 16-hour shift, CDL employees shall be off duty for at least 8 hours before resuming duties.

PERSONALIZED**WORK SCHEDULE**

AGREEMENT (FLEXTIME) Personalized work schedule agreement (flextime) offers a variety of work schedules within a structure while ensuring normal work production. The Cabinet provides employees the opportunity to request flextime work schedules from their supervisors. **Each organizational unit may utilize flextime; however, the supervisor may alter an employee's work schedule to meet a business need. Flexible work schedules are a privilege that the Cabinet grants and may revoke if abused or if operating needs are not being met.** Authorized flexible work schedules shall comply with the following provisions:

- Employees who have received disciplinary action as a result of violations of time and attendance policies may not be initially eligible for a flextime work schedule but may be reevaluated every three months.
- The supervisor shall ensure that all staff is cross-trained in order to carry out the mission of the office. Effective and efficient completion of job functions is the primary consideration in all decisions pertaining to the use of flextime.
- Excluding district operations (construction projects, snow-and-ice removal, etc.) and shift work, the workday for an office shall begin between 7:00 a.m. and 9:00 a.m. and end between 3:00 p.m. and 6:00 p.m., respectively.
- **Since each district crew works as a unit, the members of that crew shall have the same work schedule.**
- The supervisor may require employees to work hours and days other than normal (including adverse-weather schedules) if the time is in the best interest of the Cabinet.
- All full-time employees shall be scheduled to work at least 7.5 or 8.0 hours per day, depending on approved personalized work schedule agreements.
- All employees shall document their work schedules by completing and submitting to their supervisors the TC 12-206 form, *Personalized Work Schedule Agreement* ([Exhibit 9001](#)). Supervisors shall retain the original of this form in the employees' files and provide a copy to the employees. Personalized work schedule agreements are subject to review by the Office of Human Resource Management at any time.
- Starting and ending times shall remain the same every workday in accordance with the approved personalized work schedule agreement. However, a supervisor may authorize an employee to deviate from his or her personalized work schedule agreement for the purpose of fulfilling a business need and meeting the operational requirements of the office.

**PERSONALIZED WORK
SCHEDULE AGREEMENT
(FLEXTIME) (CONT.)**

- Flextime hours may be staggered at the discretion of the office or department head to ensure coverage of all offices during normal prevailing work hours (8:00 a.m. to 4:30 p.m.).
- An employee may adjust an approved work schedule only on a quarterly basis and only upon prior written approval by his or her supervisor. The supervisor may grant exceptions for special circumstances. For time-reporting purposes, any adjustment shall occur at the beginning of the official workweek, which is 12:01 a.m. Sunday.
- The supervisor may stop the use of flextime immediately for any employee or group of employees if abuse occurs or if the flextime schedule is not meeting Cabinet needs.

**WORK SCHEDULE
OPTIONS**

The TC 12-206 form, *Personalized Work Schedule Agreement* ([Exhibit 9001](#)), shows the specific options for the 37.5-hour and the 40-hour workweek. For an exception to any one of the options, the requesting office or department head shall submit justification as to the business need to the Office of Human Resource Management for approval.

**REVIEW OF FLEXTIME
SCHEDULES**

Office or department heads shall review all flextime schedules to ensure that the arrangements conform to Cabinet policy and that flextime scheduling is not impairing Cabinet services and access to them. Supervisors shall modify or discontinue immediately any flextime schedules not in compliance with Cabinet policy.

**TARDINESS
OR ABSENCE**

Employees shall adhere to the working hours the Cabinet requires of them. Habitual tardiness or excessive absence from workstations constitutes grounds for disciplinary action.


TELECOMMUTING

[GAP-212](#) details telecommuting policies and procedures.

**TIME REPORTING
PROCEDURE**

[GAP-206](#) details time reporting procedures.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Section</i></p> <p>TIME REPORTING</p>
	<p><i>Subject</i></p> <p>Central Office Procedures</p>

OVERVIEW

All employees shall abide by their personalized work schedules as completed and approved on TC 12-206 form, *Personalized Work Schedule Agreement* ([Exhibit 9001](#)), which includes start and end of workday times, as well as an agreed-upon daily lunch schedule. No employee shall begin work earlier than 7:00 a.m. or end work later than 6:00 p.m. without receiving prior approval from their supervisors. [GAP-205](#), "Work Schedules," provides additional details.

KHRIS TIMESHEET

The official timesheet in the Central Office is the electronic KHRIS timesheet.

Employees shall record their hours of work and their hours of leave, according to established KHRIS attendance and absence codes. At the end of the pay period, employees shall sign the KHRIS timesheet, certifying the accuracy of the reported time, and submit the timesheet to their supervisor for signature approval.

Employees shall not deviate from their preapproved regular work schedule, earn compensatory time/overtime, or take planned leave without securing prior approval from their supervisors. Employees shall document evidence of that approval by writing in the Comments column in the row of the appropriate attendance or absence code of the KHRIS timesheet. Depending on the discretion of employees' supervisors or on their office's *Leave Request and Reporting Procedure*, comments on the KHRIS timesheet may include such evidence of approval as follows:

- Email or text approval
- Verbal approval
- Approval on TC 12-240 form, *Application for Compensatory Time/Overtime* ([Exhibit 9003](#)), or TC 12-1 form, *Application for Leave* ([Exhibit 9015](#))

If an employee is late reporting or returning to work, the supervisor has the discretion to do either of the following:

KHRIS**TIMESHEET (CONT.)**

- A. Not allow the employee to make up the time, having the employee record the exact amount of late time as unapproved leave without pay on the KHRIS timesheet

Note: Unapproved leave without pay (authorized [LNPA] or unauthorized [LNPU]) and time worked (1REG) are not limited to quarter-hour increments. [Exhibit 9030](#) shows the percentage of an hour to record per number of minutes of work missed.

- B. Allow the employee to make up the late time during the lunch hour or at the end of the day.

Note: Time must be recorded in quarter-hour increments.

For after-hours call-outs, employees shall claim only the actual time worked (from the time that they start their vehicle and depart for the after-hours call-out until they return home from working the call-out).

SUPERVISOR APPROVAL Supervisors shall sign the KHRIS timesheet certifying that all information reported by their employees is accurate, including all evidence of approved requests for deviation from regular work schedule, for planned leave, and for compensatory time/overtime. Supervisors may retain evidence of approval but are not required to attach any of the documentation to the KHRIS timesheet when they submit the approved timesheets to their time and attendance administrators (TAAs).

**DESIGNATION PROCESS
FOR TIME & ATTENDANCE
ADMINISTRATORS
(TAAs)**

Cabinet organizational units determine their needs for TAAs. Office or department heads shall contact the Office of Human Resource Management (OHRM) to request approval of a position to be designated as a TAA.

Upon approval by OHRM, prospective TAAs will be scheduled to attend the Personnel Cabinet's KHRIS time administrator training. The Personnel Cabinet will notify OHRM of the completed training, and OHRM will work with Central Office management to determine proper access.

**TAA LIMITATIONS FOR
EMPLOYEE RECORDS**

TAAs shall not make modifications to employee records in KHRIS SAP GUI beyond timesheet duties. If a non-time-entry modification is necessary, employees shall contact their assigned OHRM human resource generalist for assistance.

**TAA LIMITATIONS FOR
EMPLOYEE RECORDS
(CONT.)**

Any employee outside of OHRM who makes any type of modification within KHRIS SAP GUI to an employee record that does not pertain to the employee timesheet may be subject to disciplinary action up to dismissal.

OHRM has the discretion to remove timekeeping duties from an employee.

**DUTIES OF
TIME & ATTENDANCE
ADMINISTRATORS
(TAAs)**

Central Office TAAs ensure that time entry is completed accurately within designated timeframes. Each TAA shall have a designated backup. Designated backups not only serve as backups to the regular TAAs for time entry but are also responsible for entering TAAs' time into KHRIS, as well as for completing the time entry audit process after final payroll is executed (detailed below). HRGs serve as designated backups, as needed.

Central Office TAAs shall:

- Audit and complete the KHRIS timesheet for all organizational units in the Central Office no later than the second weekday immediately following payday
- Enter the data during designated time entry into KHRIS before payroll deadlines as outlined on the payroll calendar provided monthly by the Office of Human Resource Management

Note: TAAs shall not enter their own time into KHRIS. Backup TAAs shall perform this duty. Neither shall alter any reported times on the KHRIS timesheet without first notifying the employee who reported the time and securing signature approval from the employee's supervisor.

Note: Federal Highway Administration projects require the retention of time and attendance records for a minimum of 3 years after the completion of a project.

**TIMEKEEPER
TRAINING**

TAAs and backup TAAs shall attend timesheet update trainings as the Cabinet deems necessary. OHRM provides time and attendance resource materials online at:

<https://intranet.kytc.ky.gov/org/OHRM/pm/Pages/Time-and-Attendance-Resources.aspx>

**PERSONNEL CABINET
& OHRM AUDIT****PROCESS**

During time entry, the Personnel Cabinet and OHRM will run reports daily to identify time-entry errors. If errors are found, OHRM human resource generalists (HRGs) shall notify TAAs to correct the errors. All errors shall be corrected before prepayroll runs as designated on the payroll calendar.

Upon completion of time entry, Central Office TAAs and backup TAAs shall audit the KHRIS timesheets against the KHRIS system. If errors are found beyond the two previous pay periods, a corrected timesheet shall be submitted to the assigned HRG to update KHRIS.

TAAs and backup TAAs shall not enter into KHRIS any corrections found during the audit process and shall not audit or enter their own timesheets into KHRIS.

OHRM will perform random audits of payroll records each payroll cycle. The State Auditor's Office will perform random audits on a yearly basis of payroll records.

**SELF TIME ENTRY
CENTRAL OFFICE**

Employees shall record their hours of work and their hours of leave, according to established KHRIS attendance and absence codes. At the end of the pay period, employees shall enter their time into KHRIS Employee Self Service (ESS). Employees must have their time entered and submitted to their supervisor no later than close of business of the second workday immediately following the end of the pay period.

Supervisors are responsible for ensuring time has been entered accurately prior to approving employees' time in KHRIS Manager Self Service (MSS). Supervisors may choose how often they require their employees to enter time (daily, weekly, etc.).

Employees shall not deviate from their pre-approved regular work schedule, earn compensatory time/overtime, or take planned leave without securing prior approval from their supervisors. Employees shall document evidence of that approval by typing in the comments section in KHRIS ESS.

Depending on the discretion of employees' supervisors or on their office's *Leave Request and Reporting Procedure*, comments on the KHRIS ESS timesheet may include such evidence of approval as follows:

- Email or text approval
- Verbal approval

SUPERVISOR**APPROVAL**


Supervisors shall approve time in KHRIS MSS certifying that all information reported by their employees is accurate, including all evidence of approved requests for deviation from regular work schedule, for planned leave, and for compensatory time/overtime. Supervisors shall retain evidence of approval but are not required to attach any of the documentation to the KHRIS ESS timesheet.

Supervisors shall approve employee time before payroll deadlines as outlined in notifications provided by OHRM.

VIOLATION**OF POLICY**

Unauthorized absences, unreported absences, falsification of time records, and violations of any provision of the office *Leave Request and Reporting Procedure* as established by supervisors may result in denial of the use of paid leave and/or in disciplinary action, up to and including dismissal.



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OVERVIEW

All employees shall abide by their personalized work schedules as completed and approved on TC 12-206 form, *Personalized Work Schedule Agreement* ([Exhibit 9001](#)), which includes start and end of workday times, as well as an agreed-upon daily lunch schedule. No employee shall begin work earlier than 6:00 a.m. or end work later than 7:00 p.m. without receiving prior approval from their supervisors, except those involved in certain district operations. [GAP-205](#), "Work Schedules," provides additional details.

**DAILY ATTENDANCE &
PROJECT REPORT**

Each day, district employees shall report **their own times of arrival and departure**, including lunch times, on the TC 12-261 form, *Daily Attendance and Project Report* ([Exhibit 9002](#)), and sign the form certifying their reported time is accurate.

Example: If an employee's work schedule is 7:30 a.m.—4:30 p.m., with an hour for lunch beginning at 11:30 a.m., the employee would:

1. Sign in at 7:30 a.m.
2. Sign out for lunch at 11:30 a.m.
3. Sign in again at 12:30 p.m.
4. Sign out for the day at 4:30 p.m.
5. Note the total number of working hours on the TC 12-261
6. Sign the form in the signature box to indicate that the time reported is accurate

If employees are late reporting or returning to work, the employees shall document on the TC 12-261 form the actual time that they started work.

Example: If an employee is scheduled to begin work at 8:00 a.m. but arrives 8:05 a.m., the employee shall document the start time as 8:05 on the TC 12-261 form. The supervisor has two options:

**DAILY ATTENDANCE &
PROJECT REPORT (CONT.)**

- A. Not allow the employee to make up the time. Have the employee record the late time of 5 minutes as unapproved leave without pay on the TC 12-261 form

Note: Unapproved leave without pay (authorized [LNPA] or unauthorized [LNPU]) and time worked (1REG) are not limited to quarter-hour increments. [Exhibit 9030](#) shows the percentage of an hour to record per number of minutes of work missed.

- B. Allow the employee to make up the 5 minutes during the lunch hour or at the end of the day. Time must be recorded in quarter-hour increments.

For after-hours call-outs, employees shall claim only the actual time worked (from the time that they accept the call and depart for the after-hours call-out until they return home from working the call-out).

Employees shall not deviate from their preapproved regular work schedule, earn compensatory time/overtime, or take planned leave without securing prior approval from their supervisors. Employees shall document evidence of that approval by writing in the Comments column of the TC 12-261 form. Depending on the discretion of employees' supervisors or on their office's *Leave Request and Reporting Procedure*, comments on the TC 12-261 form may include such evidence of approval as follows:

- Email or text approval
- Verbal approval
- Approval on TC 12-1 form, *Application for Leave* ([Exhibit 9015](#)), or TC 12-240 form, *Application for Compensatory Time/Overtime* ([Exhibit 9003](#))

[Exhibit 9002](#) provides a sample TC 12-261 form and instructions that detail the requirements of its proper completion.

SUPERVISOR APPROVAL Supervisors shall sign the TC 12-261 form certifying that all information reported by their employees is accurate, including all evidence of approved requests for deviation from regular work schedule, for planned leave, and for compensatory time/overtime. Supervisors may retain evidence of approval but are not required to attach any of the documentation when they submit the TC 12-261 form to one of the following as applicable:

- District time and attendance contacts (TACs) for district section and unit offices
- Time and attendance administrators (TAAs) for district administrative offices

DISTRICT TIME &**ATTENDANCE****CONTACTS (TACs)**

TACs shall complete the remainder of the TC 12-261 form for all crews working in the district section offices, including county units, but shall not enter the data into KHRIS. TACs shall not alter any reported times on the TC 12-261 form without first notifying the employee who reported the time and securing signature approval from the employee's supervisor.

TACs shall audit the TC 12-261 and supporting documentation for accuracy.

TACs shall sign the TC 12-261 form, attesting to its accuracy, and then submit it and all supporting documentation (*Applications for Leave, Applications for Compensatory Time/Overtime*, emails of approval, etc.) to the TAAs for entry into KHRIS.

DESIGNATION PROCESS FOR**TIME & ATTENDANCE****ADMINISTRATORS****(TAAs)**

Cabinet organizational units determine their needs for TAAs. Chief district engineers shall contact the Office of Human Resource Management (OHRM) to request approval of a position to be designated as a TAA.

Upon approval by OHRM, prospective TAAs will be scheduled to attend the Personnel Cabinet's KHRIS time administrator training. The Personnel Cabinet will notify OHRM of the completed training, and OHRM will work with district management to determine proper access.

TAA LIMITATIONS FOR**EMPLOYEE RECORDS**

TAAs shall not make modifications to employee records in KHRIS SAP GUI beyond timesheet duties. If a non-time-entry modification is necessary, employees shall contact their assigned OHRM human resource generalist for assistance.

Any employee outside of OHRM who makes any type of modification within KHRIS SAP GUI to an employee record that does not pertain to the employee timesheet may be subject to disciplinary action up to dismissal.

OHRM has the discretion to remove timekeeping duties from an employee.

**DUTIES OF
TIME & ATTENDANCE
ADMINISTRATORS
(TAAs)**

District office TAAs shall ensure that time entry is completed accurately within designated timeframes. Each TAA shall have a designated backup. Designated backups not only serve as backups to the regular TAAs for time entry but are also responsible for entering TAAs' time into KHRIS, as well as for completing the time entry audit process after final payroll is executed (detailed below). HRGs serve as designated backups, as needed.

Except for the data that each employee is required to record on the TC 12-261 form, district office TAAs shall:

- Audit and complete the TC 12-261 form for all organizational units in the district offices no later than the second weekday immediately following payday

Note: Upon completing the initial audits, TACs shall forward the timesheets to the TAAs for entry into KHRIS CAT2.

- Enter the data during designated time entry into KHRIS, including the data from the TC 12-261 forms submitted to them by the TACs before payroll deadlines as outlined on the payroll calendar provided monthly by the Office of Human Resource Management

Note: TAAs shall not enter their own time into KHRIS. Backup TAAs shall perform this duty. Neither shall alter any reported times on the TC 12-261 form without first notifying the employee who reported the time and securing signature approval from the employee's supervisor.

- Sign the TC 12-261 form, attesting to its accuracy
- File the completed TC 12-261 forms in their offices to be retained for 5 years or longer, as required

Note: Federal Highway Administration projects require the retention of time and attendance records for a minimum of 3 years after the completion of a project.

**TIMEKEEPER
TRAINING**

TAAs, backup TAAs, and TACs shall attend timesheet update trainings as the Cabinet deems necessary. OHRM provides time and attendance resource materials online at:

<https://intranet.kytc.ky.gov/org/OHRM/pm/Pages/Time-and-Attendance-Resources.aspx>

**PERSONNEL CABINET
& OHRM AUDIT****PROCESS**

During time entry, the Personnel Cabinet and OHRM will run reports daily to identify time-entry errors. If errors are found, OHRM human resource generalists (HRGs) shall notify TAAs to correct the errors. All errors shall be corrected before prepayroll runs as designated on the payroll calendar.

Upon completion of time entry by TAAs, TACs shall audit the timesheets against the KHRIS system. If errors are found beyond the two previous pay periods, a corrected timesheet shall be submitted to the assigned HRG to update KHRIS.

TAAs and backup TAAs shall not enter into KHRIS any corrections found during the audit process and shall not audit or enter their own timesheets into KHRIS.

OHRM will perform random audits of payroll records each payroll. The State Auditor's Office will perform random audits on a yearly basis of payroll records.


**EXCEPTIONS TO
REPORTING
METHODS**

Chief District Engineers may request exceptions to reporting methods via memorandum to the Appointing Authority designee. Approved exceptions shall ensure work and leave time are properly and correctly recorded and certified. Regardless of the reporting method, all payroll records are subject to the auditing process detailed above. The Appointing Authority designee may alter or discontinue an approved exception at any time.

**VIOLATION
OF POLICY**

Unauthorized absences, unreported absences, falsification of time records, and violations of any provision of the office *Leave Request and Reporting Procedure* as established by supervisors may result in denial of the use of paid leave and/or in disciplinary action, up to and including dismissal.



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	<p><i>Subject</i></p> <p>Temporary Assignments</p>

OVERVIEW

When the services of an employee are needed in a position within the Transportation Cabinet other than the position the employee is regularly assigned, the employee may be temporarily assigned to the new position for a period not to exceed 60 calendar days. The executive office heads (executive directors, commissioners, directors, or chief district engineers) of both the regularly assigned and temporarily assigned positions shall be in agreement with the temporary assignment.

**REQUEST FOR
TEMPORARY
ASSIGNMENT**

To request an employee be temporarily assigned to another position in the Cabinet, the office head in need of the temporary assignment shall submit a written request to the Division of Personnel Management for Appointing Authority approval and to the head of the employee's regularly assigned position. The request shall include:

- Start date of the temporary assignment
- Name of the person to whom the employee is to report
- Brief justification for the temporary assignment

Upon approval by the Appointing Authority, the Division of Personnel Management shall notify the employee in writing of the temporary assignment, with copies sent to the heads of all affected offices, as well as to the Division of Accounts for notification of potential travel reimbursement.

The supervisor of the temporarily assigned employee shall approve the employee's time and attendance on the employee's sign-in/-out sheet and submit the sheet to the payroll contact in the employee's permanently assigned organizational unit for reporting purposes.

**EXTENSION OF
TEMPORARY
ASSIGNMENT**

When the head of the office to which the employee has been temporarily assigned foresees the need to extend the assignment beyond 60 days, the office head shall request, in writing, approval for the extension through the Division of Personnel Management to the Personnel Cabinet at least two weeks prior to the expiration date of the temporary assignment. The request shall include the length of time of the extension, along with a brief justification for it. If the assignment does not need to be extended, no further action is needed.

**TRAVEL
REIMBURSEMENT**

Employees temporarily assigned to a workstation in a county different from their regularly assigned workstations may be eligible for mileage and subsistence per current travel regulations. The *Accounts Manual* provides more details concerning travel reimbursement eligibility and procedures.


LOCAL TAXES

A temporary assignment may impact designations for local taxes. Supervisors shall contact their assigned human resource generalist in the Division of Personnel Management to determine if an updated TC 12-8 form, *Local Occupational Tax Withholding Information*, will be required.

**PERFORMANCE
EVALUATION IMPACT**

Temporary assignments can cause complicated impacts on performing employee performance evaluations. The normal and temporary supervisors must contact their office or district performance evaluation liaisons or the Office of Human Resource Management to ensure proper procedures are followed.



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	<p><i>Subject</i></p> <p>Temporary Labor Services</p>

**REQUESTING USE OF
TEMPORARY LABOR
SERVICES**

When an office or department sees the need to utilize employment agencies to find qualified individuals for temporary assignments, the Transportation Cabinet requires the following procedure to make the request:

1. The office or department head shall submit a written request for the temporary employment, along with the completed TC 30-128 form, *Request for Temporary Employment* ([Exhibit 9004](#)), to the Office of Budget and Fiscal Management (OBFM). The form requires the following information:

- Number of temporary positions needed
- Description of each temporary position
- Justification for each temporary position
- Length of time for use of each temporary position
- Name of employment agency recommended

Note: Requestors may locate current master agreements using the "Shopper" feature in eMARS or may contact the Division of Purchases for assistance.

- Cost for each temporary position

Note: Selection of a vendor/employment agency should be based on availability/coverage area and the overall lowest cost to the Cabinet.

Note: Each job classification has a low and high rate. High-rate areas correspond to Department of Highways Districts 5, 6, and 7.

**REQUESTING USE OF
TEMPORARY LABOR
SERVICES (CONT.)**


2. OBFM shall review the request and, upon approval, forward the decision to the requesting office or department.
3. To process the approved request, the requesting office or department shall:
 - a. Complete the delivery order document in eMARS, referencing the appropriate master agreement

Note: For assistance, refer to the [Purchases Manual](#) or contact the Division of Purchases.

- b. Attach the OBFM approval to the header of the delivery order
 - c. Secure approval of the delivery order from the requesting office or department in eMARS work list DEPTUNITSMPURCHAS
 - d. Submit the delivery order to the employment agency
 - e. Coordinate with the employment agency to ascertain the assignment and arrival time of the temporary employee
 - f. Maintain the timesheet for employees from the employment agency separately from the timesheet for Cabinet employees

Note: Before making payment against the delivery order, the requesting office or department shall carefully review invoices received from the employment agency to ensure that the invoices accurately reflect the number of hours worked each week.



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	<p><i>Subject</i></p> <p>Outside Employment</p>

STATUTORY &**REGULATORY****AUTHORITY**

KRS 11A.040(9) and 9 KAR 1:050

PURPOSE

An employee shall not accept outside employment, which includes self-employment, with any person or organization that does business with or is regulated by the Transportation Cabinet if the employee is involved in decisions or recommendations concerning the outside employer. A Cabinet employee who wishes to work jobs outside the Cabinet, which includes self-employment, shall comply with the provisions herein to ensure that the outside employment does not pose a real or perceived conflict of interest with state government positions. The *Guide to the Executive Branch Code of Ethics* explains the ethics laws in KRS Chapter 11A. All Cabinet employees are responsible for knowing and complying with the ethics laws.

REQUESTING**APPROVAL**

To ensure compliance with KRS Chapter 11A, the Cabinet requires the completion of the following procedure:

1. The employee shall complete in detail the Personnel Cabinet's *Outside Employment Employee Request and Agency Response Form* ([Exhibit 9005](#)) and submit the form to his or her immediate supervisor, along with a copy of the employee's current position description (PD) and personnel action notification (PAN).
2. The supervisor shall forward these documents through the appropriate chain of approval for review by the department or office head.
3. Upon approval, the department or office head shall forward the documents for review to the Employee Compliance Branch, who shall forward them to the Executive Director of the Office of Human Resource Management, or designee.

**REQUESTING APPROVAL
(CONT.)**

4. The executive director, or designee, shall review the documents and determine whether to approve, deny, or seek further review by the Executive Branch Ethics Commission.
5. The executive director, or designee, shall notify the employee as to the approval or denial of the request.

**RECOURSE FOR
DENIAL**

Upon denial, the employee may pursue the request further by requesting an opinion from the Executive Branch Ethics Commission. The Cabinet will review and consider the opinion of the commission but reserves the right to deny a request for secondary employment with any agency conducting business with the Cabinet.

USE OF LEAVE

Approval of outside employment does not automatically grant permission to use personal leave to perform that work. Supervisors have the delegated authority to approve or deny requests for leave to meet organizational needs. If circumstances necessitate employees be required to work for the Cabinet, including nonscheduled work hours, employees shall report to their positions with the Cabinet as directed by their supervisor and conduct all agency-related work assignments from their assigned work location.

**USE OF STATE
RESOURCES**

Employees shall not use state equipment or resources to perform outside employment activities.


**END OF OUTSIDE
EMPLOYMENT**

The employee is responsible for notifying the Employee Compliance Branch within the Office of Human Resource Management when the outside employment ceases.

**QUARTERLY
REPORTS**

On January 15, April 15, July 15, and October 15 of each year, the Office of Human Resource Management shall file with the Executive Branch Ethics Commission a list of all employees whom the Cabinet has approved for outside employment during the preceding quarter, along with the name of the outside employer of each employee.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>EMPLOYMENT PROCEDURES</p>
	<p><i>Subject</i></p> <p>Telecommuting</p>

**REGULATORY
AUTHORITY**

[101 KAR 2:095, Section 6](#)

PURPOSE

The purpose of this telecommuting policy is to define the Kentucky Transportation Cabinet (KYTC) telecommuting program and the rules under which it will operate. The telecommuting policy permits KYTC to designate employees to work at alternate locations in order to promote efficiencies. This policy will assist managers and employees with understanding their rights and responsibilities.

DEFINITIONS

Telecommuting: A work arrangement in which managers direct or permit employees to perform their usual job duties away from their central workstation, in accordance with work agreements.

Three main categories of telecommuting exist as follows:

- *Regular, scheduled telecommuting* may be approved. This level of telecommuting requires a formal agreement between the employee, manager and office/department head and Appointing Authority.
- *Periodic, intermittent telecommuting* arrangements may arise, for example, where an employee is assigned a project with a short timeframe or one that requires intense concentration that is best completed outside of the office. It may also apply to extending the workday through remote access. This level of telecommuting does not require a formal agreement or checklist process. It only requires a verbal agreement between the employee and manager.
- *Temporary or emergency telecommuting* may be approved for circumstances such as short-term illness, transportation emergency due to weather, personal circumstances that may prohibit an employee from reporting to work on that business day, a natural disaster, or a state of emergency.

DEFINITIONS (CONT.)

During this type of temporary telecommuting arrangement, a formal agreement may be required at the discretion of Office of Human Resource Management (OHRM) staff. These arrangements are approved on an as-needed basis only, with no expectation of ongoing continuance. An agency may require employees to return to regular, in-office work at any time.

Any telecommuting agreement that may be in part due to an employee's illness or disability shall be reported to OHRM, and the telecommuting agreement should not be implemented without OHRM's input or approval.

Primary Workstation: The telecommuter's usual and customary workstation.

Alternate Workstation: A workstation other than the employee's usual and customary workstation (primary workstation). It may include the employee's home. An alternate workstation assignment shall not include a permanent assignment to a location outside of the Commonwealth of Kentucky.

Telecommuting Agreement: The signed document that outlines the understanding between the agency and the employee regarding the telecommuting arrangement.

**EMPLOYEE ELIGIBILITY
& SELECTION**

101 KAR 2:095, Section 6 (3), states:

Eligibility and selection for participation in a telecommuting program shall be the decision of the agency, with no implied or specific right to participation being granted to an employee.

**TELECOMMUTING
CONDITIONS**

The employee's duties, responsibilities, and conditions of employment remain the same as if the employee were working at their primary workstation. Employee salary, benefits, and employer-sponsored insurance coverage shall not change as a result of telecommuting.

While working at an alternate location, the telecommuter shall:

- Be held responsible for the security and confidentiality of data, as well as the protection of state-provided equipment used or accessed during telecommuting
- Maintain a clean, safe workstation

TELECOMMUTING**CONDITIONS (CONT.)**

- Comply with federal, state, and agency laws, policies, and regulations
- Remain subject to all agency disciplinary policies and procedures

Note: An on-site or virtual visit by the employer for monitoring of safety issues may occur, with or without advance notice to the employee.

REQUIRED ON-SITE**ATTENDANCE**

All employees who partial telecommute shall be required to work from their primary workstation or assigned field location a minimum of three days per week. Management at their discretion may require employees to work more than three days per week. Management may also require employees to be present at their primary workstations on a specific designated day per week.

WORK HOURS

Work hours and location are specified as part of the telecommuting agreement. The employee must be accessible to the public and the agency during the specified work hours. The agency and the employee agree that, at the agency's discretion, the employee may perform assigned work for the agency at a location other than the agency's onsite office as a telecommuter. If an employee's equipment is not operational at any given time or is unable to be accessed during the specified telecommuting work hours, then the employee must use annual or compensatory leave time if unable to report to the primary work location ([GAP-205](#) and [GAP-400](#)).

WORK ASSIGNMENTS**& EVALUATION**

On a routine basis, the employee will communicate with their manager (on-site, telephonically, or virtual) to receive assignments and to review completed work. The employee will remain productive during scheduled work hours. The employee will complete all assigned work according to procedures established by the manager, and according to guidelines and expectations stated in the employee's performance plan. The evaluation of the employee's job performance will be based on such established standards ([GAP-600](#)).

The employee agrees to immediately notify his/her manager of any situation that interferes with his/her ability to perform his/her duties. The manager shall institute methods, consistent with OHRM guidance, to measure each employee's productivity and to ensure an employee's continued productivity at his/her alternate workstation. Examples may include productivity reports, routine meetings (on-site or virtual), routine telephone conferences, etc. Performance must remain satisfactory to remain a telecommuter.

DRESS CODE &**PROFESSIONAL IMAGE**

Employees must continue to adhere to the KYTC dress code policy while attending video conferences, when attending any off-site meetings, and when interacting with the public in the performance of one's duties ([GAP-806](#)). The employee's telecommuting location should be free of distractions during duty hours. The workspace shall be clear of any inappropriate signage that would not be permitted in the workplace.

PAY & ATTENDANCE

The employee's salary and benefits remain the same as if the employee were working at their primary workstation. The employee will continue to comply with federal, state, and agency laws, regulations, policies, and procedures while working at the alternate workstation. If the employee works less than the employee's normal workweek, the employee's compensation must be adjusted accordingly.

Note: If an employee's alternate workstation is in a different work county, local taxes will be based on the percentage of time in that work county.

LEAVE & OVERTIME

Requests to work overtime and use sick, annual, or any other leave must be approved by the agency in the same manner as when working at the agency's primary workstation ([GAP-400](#)). An employee shall not work overtime unless authorized in advance. The employee agrees that telecommuting is not to be viewed as a substitute for dependent care.

OFFICE &**TELECOMMUTING****LOCATION**

The employee agrees to work at the primary workstation or the alternate workstation, and not from another unapproved site. Failure to comply with this provision may result in termination of the agreement, and other appropriate disciplinary action. Managers will set agreed upon parameters with employees to establish agreed upon expectations relative to the time the employee would need to spend in the primary workstation and to give adequate notice when these expectations are subject to change. However, the employee may be required to report to the primary workstation without advanced notice, upon request by the manager or agency.

WORKSPACE SAFETY

The employee agrees to designate a separate workspace in the alternate workstation for the purposes of telecommuting and will maintain this area in a safe condition, free from hazards and other dangers to the employee and the agency's equipment ([GAP-701](#)).

WORKSPACE SAFETY**(CONT.)**

To ensure the safety of the workspace, the employee agrees to complete the TC 12-284 form, *Telecommuting Safety Checklist* ([Exhibit 9010](#)), which will certify the employee's alternate workstation complies with health and safety requirements. The employee must submit this checklist to the manager before telecommuting can begin. However, this requirement may be waived by OHRM in appropriate situations.

The Telecommuting Safety Checklist should be placed in the employee's KYTC personnel file. The employee agrees that KYTC shall have access to the alternate workstation for the purposes of inspection of the site and retrieval of state-owned property. An employee understands that he or she will be liable for injuries or damages to the person or property of third parties or any members of the employee's family in the alternate workstation if it is in the employee's home. The use of drugs and alcohol while performing work remotely is strictly prohibited.

**CONFIDENTIAL
& SENSITIVE
INFORMATION**

Telecommuters are expected to adhere to all the rules and regulations in the Commonwealth's Employee Handbook, acceptable use policy, and all agency policies and procedures, regarding security and confidentiality for the use of technology, its data and information, and any other information handled in the course of work ([GAP-807](#)). Employees are responsible for the security of their equipment. The equipment and all services are for the employee only while they perform work. It is not for friends, family, or personal use.

**EQUIPMENT &
MAINTENANCE**

The agency may provide all or part of the equipment necessary for accomplishing work assignments. However, where agreements specify, employees may be authorized to use their own equipment. The agency and the employee must agree upon the equipment to be used in telecommuting.

- *State-owned equipment* may be used only for legitimate state purposes by authorized employees, and will be maintained, serviced, and repaired by the state. The employee agrees that the agency shall have access to the alternate workstation for business related purposes such as inspection of the space and retrieval of state-owned property. The employee must protect equipment provided by the agency against damage and unauthorized use ([GAP-1100](#)).

EQUIPMENT &**MAINTENANCE (CONT.)**

- *Employee-owned equipment* may be authorized for use; however, agencies will not assume responsibility for the cost of repair, maintenance, or service. Employee-owned equipment will be maintained by the employee.

OPERATING COSTS

KYTC will not be responsible for operating costs, home maintenance, or any other incidental costs, such as utilities or internet services, associated with the use of the employee's residence.

PROTECTING COMPUTER**SYSTEMS & RECORDS**

The agency's security controls and conditions for use of the state-owned equipment for the official work location apply to alternate workstations. All official agency records, files, and documents must be retained in accordance with applicable retention schedules and must be protected from unauthorized disclosure or damage and returned safely to the primary workstation ([GAP-1000](#)). The employee agrees to abide by any rules promulgated by the agency concerning the use of computer equipment (which may include protecting the employee's home PC against computer viruses), and understands that these rules may be changed at any time. The employee agrees to follow agency procedures for network access and to take all necessary steps to protect the integrity of systems including, but not limited to, the following: protecting passwords, not duplicating agency-owned software, and not allowing agency files to be viewed by others ([GAP-807](#)).

LIABILITY &**HOME SAFETY**

The agency will not be liable for damages to the employee's property resulting from participation in the telecommuting program. By signing the telecommuting agreement, the employee agrees to hold the state harmless against any and all claims, excluding workers' compensation claims. The employee accepts responsibility for maintaining the security, condition, and confidentiality of agency equipment and materials (including but not limited to files, applications, manuals, forms) that are at the alternate workstation. By signing the telecommuting agreement, the employee verifies that the alternate workstation, if it is the employee's home, is free of safety and fire hazards.

Note: No employee engaged in telecommuting will be allowed to conduct face-to-face agency-related business at the alternate workstation, if it is the employee's home.

WORKERS'**COMPENSATION**

The alternate workstation is considered an extension of the employee's primary workstation; therefore, workers' compensation will continue to exist for the employee when performing official work duties in the alternate workstation during approved telecommuting hours. Any work-related injuries must be reported to the employee's manager immediately ([GAP-303](#)).

The employee understands that he or she remains liable for injuries or damage to the person or property of third parties or members of his or her family on the premises, and agrees to indemnify and hold the agency harmless from any and all claims for losses, costs, or expenses asserted against the agency by such third parties or members of the employee's family.

TRAINING**REQUIREMENTS**

Managers must complete the following MyPURPOSE training course prior to participation in the telecommuting program: *How to Effectively Lead a Remote Team*.

Employees and managers must complete the following MyPURPOSE training course prior to participating in the telecommuting program: *Working Effectively from Home*.

TELECOMMUTING**REQUESTS**

To be considered for telecommuting, employees shall submit a TC 12-283 form, *Telecommuting Agreement* ([Exhibit 9011](#)), and TC 12-284 form, *Telecommuting Safety Checklist* ([Exhibit 9010](#)), to their supervisors. Employees shall ensure their TC 12-8 form, *Local Occupational Tax Withholding Information* ([Exhibit 9013](#)), is accurate and up to date when there is any change to their work locations. Additionally, employees shall submit a new TC 12-283 form and TC 12-8 form to their supervisors if the alternative address is ever changed.

The office or department head shall forward completed forms to OHRM's Appointing Authority designee for consideration. A copy of the agreement shall be placed in the employees' agency personnel file.

Telecommuting agreements terminate at the end of each calendar year. In December, employees shall submit a completed TC 12-283 form, TC 12-284 form, and TC 12-8 form (if required) for consideration of telecommuting privileges for the following year.

TERMINATION OF**TELECOMMUTING**


At any time, the employee may submit a request to terminate the telecommuting agreement to his or her supervisor for consideration. Supervisors shall send an email to their assigned human resource generalist in OHRM regarding the termination of the telecommuting agreement.

KYTC has the right to remove the employee from the telecommuting program if the employee's participation fails to benefit organizational needs. Supervisors shall submit a completed TC 12-287 form, *Termination of Employee Telecommuting Agreement*, ([Exhibit 9099](#)) to the Employee Compliance Branch and their assigned OHRM human resource generalist.

In the event the employee ceases employment with the agency, or this telecommuting arrangement is discontinued for any reason, the employee agrees to return all agency equipment and supplies to the primary workstation prior to cessation of employment. If the employee fails to do so, the employee will reimburse the agency for all unreturned property, or the agency may deduct the value of the unreturned property from the employee's salary or final payment of annual and compensatory leave balances, if applicable. All work documents will be returned immediately to the agency.

Note: The agency may terminate or modify the telecommuting arrangement at any time. Termination of an employee's participation may be immediate and does not require advance notice.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>COMPENSATION & BENEFITS</p> <hr/> <p><i>Subject</i></p> <p>Overview</p>
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STATUTORY &**REGULATORY****AUTHORITY**

KRS 18A, 101 KAR

COMPENSATION

The Office of Human Resource Management (OHRM) provides technical assistance and guidance to ensure compliance with regulations, statutes, and Personnel Cabinet guidelines regarding compensation, including but not limited to:

- New Appointment Salaries
- Reentrance to Service
- Salary Adjustments
 - ◆ Promotion
 - ◆ Demotion
 - ◆ Reclassification
 - ◆ Reallocation
 - ◆ Detail to Special Duty
 - ◆ Reversion
 - ◆ Pay Grade Changes
 - ◆ Special Entrance Rates
 - ◆ Return from Leave Without Pay
- Annual Increments
- Probationary Increases
- Overtime Pay
- Employee Suggestion ([GAP-302](#))
- Separation Pay

The Personnel Cabinet's *Employee Handbook* provides a summary of the compensation pay plan, which explains the basic elements involved in compensation and may be accessed online at:

<https://extranet.personnel.ky.gov/DHRA/EmployeeHandbook.pdf>

**COMPENSATION
(CONT.)**

Employees seeking guidance concerning salary issues may contact their office's assigned OHRM human resource generalist (HRG). Managers seeking assistance with salary information for personnel actions may contact their assigned HRG. Employees may access the HRG assignment listing online at:

<https://intranet.kytc.ky.gov/org/OHRM/pm/Pages/PAContacts.aspx>

BENEFITS

OHRM provides technical assistance and guidance to ensure compliance with regulations, statutes, and Personnel Cabinet guidelines regarding employee benefits, including but not limited to:


- Adoption Assistance Program
- Deferred Compensation
- Family and Medical Leave (**GAP-409**)
- Insurance
 - ◆ Flexible Benefits Programs
 - ◆ Health Insurance
 - ◆ Life Insurance
 - ◆ Dental and Vision Optional Insurance
- Retirement
- Sick Leave Sharing Program (**GAP-403-2**)
- Workers' Compensation (**GAP-303-1** and **GAP-303-2**)

The Personnel Cabinet's *Employee Handbook* provides a summary of benefits available to employees and may be accessed online at:

<https://extranet.personnel.ky.gov/DHRA/EmployeeHandbook.pdf>

Employees seeking guidance concerning benefit issues may contact their assigned HRG.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>COMPENSATION & BENEFITS</p>
	<p><i>Subject</i></p> <p>Employee Suggestion System</p>

**STATUTORY &
REGULATORY
AUTHORITY**

[KRS 18A.110](#) and [101 KAR 2:120](#)

CASH AWARD

The Kentucky Employee Suggestion System (KESS) recognizes and rewards classified employees for their ideas that result in improved state services or financial savings. An employee who submits an approved suggestion is eligible for a monetary award of 10 percent of the first-year savings of the implemented suggestion, with a minimum of \$100 and a maximum of \$2,500. An approved suggestion for which no savings can be determined or there is no actual savings is eligible for the minimum award of \$100.

SUGGESTION ELIGIBILITY A suggestion is eligible for consideration if it does one or more of the following:

- Improves methods, equipment, or procedures
- Reduces time or cost of a work operation
- Creates a safer work environment
- Increases revenue
- Improves relationships with or services for the public

A suggestion is **not** eligible for consideration if it:

- Is already under consideration
- Is made by a coordinator
- Falls within the scope of duties of the employee, including tasks assigned to the employee or established in the employee's position description or job specification upon suggestion submission
- Corrects an error or condition that exists because an established procedure was not followed
- Includes a proposal to perform routine maintenance operations or follow manufacturer's recommendations

SUGGESTION ELIGIBILITY**(CONT.)**

A suggestion is eligible only after legislative action or administrative regulation changes, if required, have been completed by the agency.

SUGGESTION**SUBMITTAL**

The employee submits the suggestion online through the Kentucky Human Resource Information System (KHRIS) at:

<https://khris.ky.gov/irj/portal>

The employee explains how a suggestion would:

- Improve a state service or function
- Benefit the state (particularly in terms of efficiency, effectiveness, safety, economy, public relations, or conservation of energy resource)
- Be implemented

If more than one employee makes significant contributions to the idea, the suggestion may be submitted jointly by adding the names of all contributors to the submission. Any monetary award shall be divided equally.

CABINET**COORDINATOR**

The Cabinet's KESS coordinator within the Division of Professional Development and Organizational Management is responsible for processing suggestions made by employees. The coordinator initially reviews suggestions to ensure they meet 101 KAR 2:120 eligibility requirements and routes eligible suggestions to appropriate subject matter experts (SMEs) for evaluation.

SUGGESTION**PROCESSING**

After an eligible suggestion is assigned to a SME in KHRIS, the SME determines whether the suggestion would be beneficial and feasible to implement and approves or denies the suggestion. The coordinator notifies the employee of the disposition of the suggestion (approval or denial).

If the suggestion is approved and implemented, the SME or appropriate agency representative reports the one-year total cash savings (minus implementation costs) to the coordinator. If the amount of one-year cash savings is unknown at the time of implementation, the amount can be reported to the coordinator within one year and one month of the implementation date.

SUGGESTION**PROCESSING (CONT.)**

Once the one-year cash savings amount is reported to the coordinator, the coordinator sends the approved and implemented suggestion to the Office of Budget and Fiscal Management (OBFM) Executive Director, or designee, who determines whether the suggested compensation amount is available and authorizes or denies payment.

If the OBFM Executive Director or designee approves compensation for the suggestion, the coordinator sends the suggestion to the Cabinet Appointing Authority designee for final approval or denial.

If the Cabinet Appointing Authority designee gives final approval for compensation payment, the coordinator sends the compensation request to the Personnel Cabinet, and the Personnel Cabinet disburses the compensation.

Compensation shall be in accordance with [KRS 18A.202](#). Payment is made as a one-time lump sum payment to the employee's payroll check.

Upon the employee's receipt of compensation, the suggestion shall become the property of the state, and no further compensation shall be awarded the employee, regardless of the expense of use of the suggestion.

Note: A suggestion that is approved but is not implemented is not eligible for compensation.

If the suggestion is denied, the coordinator informs the employee of the reasons for the denial.

RECONSIDERATION OF**DENIED SUGGESTIONS**


Upon receipt of a denial notification, the employee may request reconsideration of the suggestion by utilizing the "Objection" button within KESS to send the original suggestion, along with any additional support for his or her idea, back to the coordinator. The coordinator ensures the suggestion receives reconsideration and notifies the employee of the results of the reconsideration.

ADDITIONAL**INFORMATION**

101 KAR 2:120 provides additional details on KESS, including submission process, eligibility, and reconsideration:

<https://apps.legislature.ky.gov/law/kar/titles/101/002/120/>



	Section WORKERS' COMPENSATION
	Subject Responsibilities & Procedures

**STATUTORY
AUTHORITY**

KRS 342

**WORKERS'
COMPENSATION
PROGRAM**

The Workers' Compensation Law (KRS 342) is designed to compensate employees for loss of earnings due to work-related injuries or a disease arising out of and in the course of their employment. This coverage includes medical, temporary total disability, permanent partial disability, permanent total disability, rehabilitation services, and death and burial benefits. The Transportation Cabinet is self-insured and processes claims along with a third-party administrator (TPA).

The Cabinet encourages statewide efforts to provide a safe work environment and to lower the costs of workers' compensation claims. The Cabinet continues to stress a team approach in resolving the workers' compensation issues with the Cabinet offices and departments and the TPA.

**EMPLOYEE
RESPONSIBILITIES**

The employee reports the injury to his or her supervisor and enters the incident report into the Boosting Occupational Outcomes in Transportation Safety (BOOTS) system. Supervisors may assist employees with this process. Employees and supervisors may access the BOOTS system here:

<https://bit.ly/kytc-boots>

For guidance on how to use the BOOTS system or complete workers' compensation forms, employees and supervisors should contact their office workers' compensation liaison or the Secretary's Office of Safety.

Note: The BOOTS system generates all required forms necessary for workers' compensation processes. If paper copies are necessary, supervisors and employees should contact their OWCL.

SUPERVISOR**RESPONSIBILITIES**

Upon meeting with the injured employee, the supervisor provides the employee access to BOOTS to complete the following sections in a timely manner:

- General Incident Details
- Injured Employee Details
- Injury Details

The supervisor then advises the employee to notify his or her healthcare provider upon receipt of medical attention that the condition is a work-related injury. The supervisor also provides the employee with the appropriate billing address and other information to be given to the healthcare provider to ensure any related medical bills are submitted timely to the TPA for payment of claims.

All files and signed documents will be contained in the BOOTS system, including the IA-1 form, *Workers' Compensation—First Report of Injury or Illness* ([Exhibit 9007](#)) and Form 106, *Medical Waiver and Consent* ([Exhibit 9008](#)).

Note: Supervisors should review [GAP-409](#), "Family & Medical Leave Act (FMLA)," as many work-related injuries also involve family and medical leave procedures. **Supervisors should immediately contact the Office of Human Resource Management if they have any questions with respect to designating FML.**

If the injury results in lost or restricted workdays, the supervisor shall notify the office workers' compensation liaison (OWCL) immediately, and together they should meet with the injured employee to:

1. Discuss the employee's rights and responsibilities, including the options of using accumulated leave (sick, annual, and compensatory); family and medical leave; or authorized leave without pay provided the absence is medically certified
2. Explain the need to provide medical certification for all absences related to workers' compensation injury and release to return to work
3. Review *Attachment E—Accumulated Leave for Workers' Compensation* form ([Exhibit 9009](#)) and secure the employee's signature on the attachment

SUPERVISOR**RESPONSIBILITIES (CONT.)**

4. Inform the employee to immediately submit to the OWCL any medical bill that he or she may receive

Note: Rarely is a medical bill sent directly to the employee who receives workers' compensation.

OWCL**RESPONSIBILITIES**

Upon receipt of the documents from the supervisor and the employee, the office workers' compensation liaison (OWCL):

1. Reviews the employee incident in BOOTS to enter OSHA data and any other missing required information
2. Requests any signatures needed; attaches any notes, forms, and documents that relate to the incident; and, when completed, sends the following required documents to TPA for the claim to be reviewed:
 - a) Form 106 Medical Waiver and Consent
 - b) Form 113 Designation of Physician
 - c) Attachment E
 - d) Priority RX Authorization

CWCC**RESPONSIBILITIES**

The Cabinet workers' compensation coordinator:

- Maintains workers' compensation files
- Monitors program activities and provides executive management with periodic updates of claims activity

TPA**RESPONSIBILITIES**

The third-party administrator:

- Processes payments of total temporary disability (TTD) checks and payments of medical bills
- Mails TTD checks to Kentucky Transportation Cabinet, Division of Personnel Management, OHRM workers' compensation administrator
- Collaborates with the CWCC to coordinate the employee's return to work

Note: If the employee's return to work involves work restrictions, the OWCL is to contact the Employee Compliance Branch in OHRM to determine eligibility for accommodation. [GAP 303-2](#) details the Return-to Work Program.

**OHRM WORKERS'
COMPENSATION
ADMINISTRATOR
RESPONSIBILITIES**

The OHRM workers' compensation administrator:

- Obtains employee labor data
- Calculates time reinstatement if accumulated leave time was used for the days covered by the TTD check

Note: Accumulated leave may be utilized to maintain the employee's regular full salary. If accumulated leave is used to maintain a regular full salary, workers' compensation pay benefits shall be assigned to the state for the period of time the employee received paid leave. The employee's leave shall be immediately reinstated to the extent that workers' compensation benefits are assigned.

- Mails the TTD check and instructions to the employee with copy to the OWCL as follows:
 1. If the employee is on leave without pay for the entire period of TTD check, the employee retains the full amount of the TTD check for personal use.
 2. If the employee uses accumulated leave for the entire period of the TTD check, the employee endorses the check and returns it to the OHRM workers' compensation administrator.
 3. If the employee uses a combination of leave without pay and accumulated leave, the employee submits to the OHRM workers' compensation administrator a money order or cashier's check for the designated amount for reinstatement of leave time and retains the entire TTD check for personal use.
 4. The OHRM workers' compensation administrator reinstates leave time to the employee's payroll file and notifies the time and attendance administrator (TAA) of the reinstated leave balances.
 5. The OHRM workers' compensation administrator processes manual payroll transactions to refund social security, Medicare, local tax, and retirement contributions to the employee, adjusts the employee's tax files to reflect these refunds, and reduces the federal and state taxable amounts to reflect workers' compensation payments for W-2 purposes.

**OHRM WORKERS'
COMPENSATION
ADMINISTRATOR
RESPONSIBILITIES (CONT.)**

6. Once the employee has exhausted all accumulated leave, the OHRM workers' compensation administrator notifies the TPA to mail all TTD checks directly to the employee's home address.
7. The OHRM workers' compensation administrator notifies the TAA of the need for leave-code changes and processes the payment of accumulated leave to the employee.
8. The OHRM workers' compensation administrator ensures that an employee receives no more pay than his or her normal salary for that period. If the employee fails to return the endorsed check or appropriate amount, the Cabinet shall take the steps necessary to recover the overpayment.

**TIME & ATTENDANCE
ADMINISTRATOR (TAA)
RESPONSIBILITIES**


Through communication with the OWCL, the time and attendance administrator (TAA) ensures appropriate designation of leave and processes the necessary leave-code change forms, converting any leave without pay to the appropriate type of accumulated leave (sick, annual, compensatory) with pay retroactively ensuring that all paid leave is used consecutively.

On the day the employee is injured, the TAA may code the employee's absence as "WINJ." "WINJ" is an attendance code and, if used, will cause an employee to be paid for hours of work missed due to the injury. The TAA should only use the "WINJ" code on the day of the employee's injury.

**RECORDS
RETENTION**

All workers' compensation records shall be retained in the Cabinet for 5 years.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Section</i></p> <p>WORKERS' COMPENSATION</p>
	<p><i>Subject</i></p> <p>Temporary Modified Duty Plan / Return to Work</p>

PURPOSE The Transportation Cabinet recognizes the benefits of a temporary modified duty plan (TMDP) to assist an employee's recovery process, minimize the loss of productivity, and maintain employee relations and morale. The Cabinet offers a TMDP as an opportunity for eligible employees to continue or return to work when a medical condition temporarily restricts the performance of one or more of the essential functions of their jobs.

DESCRIPTION OF TMDP In concert with the employee's supervisor, the Employee Compliance Branch (ECB) in the Office of Human Resource Management (OHRM) determines the employee's TMDP eligibility on the basis of the following criteria:

- Job duties, per the *Position Description Worksheet* ([Exhibit 9012](#))
- Medical restrictions, per medical certification
- Agency needs

TMDP may be implemented for up to 6 weeks.

IMPLEMENTATION OF TMDP The procedure for implementing a TMDP is as follows:

1. The employee shall provide a medical certification signed by a physician outlining restrictions to his or her immediate supervisor or director or directly to ECB.
2. Upon receipt, the employee's supervisor shall submit the medical certification to ECB for review.
3. ECB shall contact the employee's supervisor and discuss job tasks, agency needs, restrictions, medical certification, and employee eligibility for the TMDP.

**IMPLEMENTATION OF
TMDP (CONT.)**


4. Upon approval by ECB, the employee's supervisor shall meet with the eligible employee to document the TMDP.
5. ECB shall maintain the TMDP, including the medical certification, in the agency medical file and submit copies of the TMDP to the following:
 - a. Employee
 - b. Employee's Supervisor (to maintain in employee's file)
 - c. Director or Chief District Engineer
6. The eligible employee is responsible for submitting to his or her supervisor all medical statements for treatment during the time he or she is participating in the TMDP.
7. The employee's supervisor shall contact ECB prior to making any changes in the TMDP.

**CESSATION OF
TMDP**

When an employee provides a medical statement that releases him or her to return to work and resume all essential functions of the job without restrictions on or before the end of the 6-week modified-duties period, the employee's supervisor shall contact ECB prior to the employee's release from the TMDP. The supervisor shall meet with the employee to discuss the release and then assign pre-TMDP duties to the employee. Both the supervisor and OHRM shall maintain documentation detailing the TMDP, including the release date.

If an employee's restrictions need to extend beyond the 6-week TMDP, the employee's supervisor shall contact ECB immediately.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>COMPENSATION & BENEFITS</p> <hr/> <p><i>Subject</i></p> <p>Americans with Disabilities Act (ADA)</p>
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STATUTORY**AUTHORITY**

Americans with Disabilities Act (ADA) of 1990 and its amendments

PURPOSE

In accordance with the ADA and its amendments, the Transportation Cabinet is committed to promoting an environment in which all employees can perform at their highest levels of productivity. This commitment includes ensuring that those with disabilities are not discriminated against in any phase of hiring or employment. The Cabinet fulfills this commitment by affording a reasonable accommodation that would enable an employee or applicant with a disability to participate fully in all employment processes and to perform all of the essential functions of his or her job.

ADA**DETERMINATION**

Under the ADA, a person has a disability if he or she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

To qualify for protection under the ADA, a person with a disability shall be able to perform the essential functions of his or her job with or without a reasonable accommodation.

Questions regarding ADA determination should be directed for review to the Employee Compliance Branch (ECB) in the Office of Human Resource Management (OHRM).

REQUESTING**ACCOMMODATION**

For Cabinet employees, a request for a reasonable accommodation may be made by either (1) an employee who believes that he or she has a disability affecting the performance of his or her job duties or (2) a supervisor who has become aware that an employee appears to be disabled and may benefit from a reasonable accommodation.

**REQUESTING
ACCOMMODATION
(CONT.)**

An employee seeking a reasonable accommodation shall complete the TC 12-201 form, *Request for Reasonable Accommodation* ([Exhibit 9014](#)), and submit it to his or her supervisor or directly to ECB. If necessary, management may assist the employee in completing the form.

Management shall consult with ECB to determine whether it is necessary for the employee to submit a medical certification regarding his or her request for accommodation. If a medical certification is required, the employee shall obtain and submit it to management or ECB. Upon receipt of the certification, management shall forward it, along with the *Request for Reasonable Accommodation*, to ECB.

Once notified, ECB may schedule a meeting with the employee and management to determine whether the employee can perform the essential functions of his or her job in accordance with the employee's position description, with or without reasonable accommodation. All parties are expected to actively participate in this interactive process.

The Appointing Authority designee, in consultation with ECB, shall determine whether the disability qualifies under the provisions of the ADA, and if so, shall identify possible accommodations. The Appointing Authority designee shall notify the employee and management in writing of approval or denial of the accommodation request.

ECB shall be responsible for tracking all requests for accommodation and maintaining a separate file pertaining to an employee's request for accommodation.

Employees with temporary restrictions needing modified duty plans do not typically fall under the ADA. [GAP-303-2](#) details temporary modified duty.

**REFUSING
ACCOMMODATION**

An employee who refuses an accommodation provided by the employer shall be required to state reasons for the refusal in writing to management and ECB. If the employee declines to prepare a written statement of refusal, management shall document the refusal and submit the documentation to ECB.

REFUSING**ACCOMMODATION****(CONT.)**


Subject to time limitations imposed by statute and regulation, an employee may file a grievance, a complaint with the Equal Employment Opportunity Commission (EEOC) or the Kentucky Commission on Human Rights (KCHR), and/or an appeal with the Personnel Board if the employee is dissatisfied with the accommodation process.

FOLLOW-UP

ECB may periodically follow up with any employee and management who have engaged in the accommodation process. The ADA process is ongoing and intended to meet the needs of any qualifying employee.

If the employee's disability makes it impossible to follow this procedure, ECB may work with the employee and management to develop an alternative procedure tailored to the employee's needs.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>LEAVE REGULATIONS</p>
	<p><i>Subject</i></p> <p>Leave Request & Reporting</p>

**MANAGEMENT
RESPONSIBILITIES**

Each area of the Cabinet shall have in place a **written** *Leave Request and Reporting Procedure*. An office or department may choose to create one procedure for all of the organizational units under its purview, or each organizational unit of an office or department may develop its own procedure. This decision lies with the office or department head. Each *Leave Request and Reporting Procedure* shall address requesting and reporting both unplanned and planned leave.

To ensure compliance with regulatory authority, supervisors shall:

- Notify their employees of the office *Leave Request and Reporting Procedure* and have each employee sign and date a copy of the procedure
- Maintain a record of the employees' signed copies of the *Leave Request and Reporting Procedure* in the supervisory file
- Record absences as "unauthorized leave without pay" upon failure of employees to abide by the procedure
- Contact the Employee Compliance Branch in the Office of Human Resource Management (OHRM) when an employee violates the procedure to discuss further courses of disciplinary action
- Secure signature approval from their supervisors for their own leave requested and time reported

UNPLANNED LEAVE

To report **unplanned, unexpected, or urgent leave** (tardiness; emergency sick, annual, or compensatory leave; adverse-weather leave; etc.), the employee shall abide by the call-in procedure his or her supervisor has in place. The call-in procedure shall designate the:

- Acceptable time by which the employee is to report this kind of leave (OHRM recommends that employees call in by the start of their scheduled work time. For example, if the employee's scheduled work time begins at 7:30 a.m., he or she shall call in no later than 7:30 a.m.)

**UNPLANNED LEAVE
(CONT.)**

- Acceptable method by which the employee is to report this kind of leave (methods include use of telephone [actually speaking to someone], email, voice mail, or other method of communication the supervisor deems appropriate)
- Staff member (preferably management) whom the employee shall contact when reporting an absence (the procedure may require the employee to continue calling until he or she speaks directly to the designated staff member, or the procedure may permit the employee to leave a voice mail)

PLANNED LEAVE

To request planned or expected leave, the employee may complete and submit the TC 12-1 form, *Application for Leave* ([Exhibit 9015](#)), within a reasonable time and receive approval for the leave in advance. In the alternative, a supervisor has the discretion to permit an employee to make a verbal request or an email request for planned or expected leave and document the approval in an email message or in the comments section on either the KHRIS timesheet or TC 12-261 form, Daily Attendance and Project Report ([Exhibit 9002](#)).

OHRM recommends that the advance notice be commensurate with the length of leave requested. For example, if an employee would like to take 2 days of leave, the employee would request the leave at least 2 days in advance.


**REPORTING
LEAVE**

As further detailed in [GAP-206](#), "Time Reporting," district office supervisors shall ensure that all information reported by their employees on the TC 12-261 form is accurate and that all *Applications for Leave*, *Applications for Compensatory Time/Overtime*, and emails of approval are accurate. Central Office supervisors shall ensure the accuracy of their employees' time reporting and the information reported on their employees' KHRIS timesheet.

**VIOLATION
OF POLICY**

Unauthorized absences, unreported absences, falsification of time records, and violations of any provision of the office *Leave Request and Reporting Procedure* may result in denial of the use of paid leave and/or in disciplinary action, up to and including dismissal.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Section</i></p> <p>ANNUAL LEAVE</p> <hr/> <p><i>Subject</i></p> <p>Regulations</p>
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REGULATORY

AUTHORITY 101 KAR 2:095; 101 KAR 2:102; 101 KAR 2:180, Section 6; and 101 KAR 3:015

**ACCUMULATING
ANNUAL LEAVE**

Each full-time employee having worked, or been on paid leave for more than 100 regular hours in a calendar month, other than educational with pay, shall accumulate annual leave at the following rate:

<u>Months of Service</u>	<u>Annual Leave Accumulated</u>
0-59 months	1 day/month; 12 days/year
60-119 months	1¼ days/month; 15 days/year
120-179 months	1½ days/month; 18 days/year
180-239 months	1¾ days/month; 21 days/year
240 and over	2 days/month; 24 days/year

In computing service months for the purpose of earning annual leave, only the months for which an employee earned annual leave shall be counted. Part-time and interim employees are not eligible to accrue annual leave.

**CARRYING LEAVE
FORWARD**

Annual leave may be accumulated and carried forward from one calendar year to the next, not to exceed the following maximum amounts:

<u>Months of Service</u>	<u>Maximum Amount</u>
0-59 months	30 workdays
60-119 months	37 workdays
120-179 months	45 workdays
180-239 months	52 workdays
240 months and over	60 workdays

Accumulated annual leave in excess of the above maximum amounts shall be converted to sick leave at the end of the calendar year or upon retirement. The amount of annual leave that can be carried forward and that can be converted to sick leave shall be determined by computing the months of service for which an employee earned annual leave.

EARNING LEAVE

A full-time employee shall have worked or been on paid leave for 100 regular hours or more per calendar month to earn annual leave. An employee shall be credited with leave upon the first day of the month following the month in which the employee earned the leave.

An employee on educational leave, as well as a part-time or interim employee, shall not accrue annual leave.

An employee receiving an "Outstanding" rating on the year-end performance evaluation will be credited with 2 days annual leave on the following April 16. An employee receiving a "Highly Effective" rating will be credited with 1 day annual leave on the following April 16.

An employee who has retired from a position covered by a state retirement system, is receiving retirement benefits, and returns to state service shall not receive credit for months of service prior to retirement. All other former employees who have been rehired shall receive credit for prior service, unless the employees were dismissed as a result of misconduct or a violation of [KRS 18A.140](#), [18A.145](#), or [18A.095](#).

**REQUESTING
LEAVE**

Every employee shall follow the established leave request and reporting procedures ([GAP-401](#)) for annual leave for his or her office or department. An employee shall be granted the use of annual leave during the calendar year (up to at least the amount of time earned that year) if all of the following circumstances exist:

- The employee has accumulated annual leave sufficient to meet the requested leave amount.
- Operating requirements of the Cabinet permit.
- The employee makes a timely request to his or her supervisor.

Note: An employee who requests leave and has a balance of at least 100 hours compensatory time and whose annual leave balance has not accrued above the maximum amount that can be carried forward may be required to use compensatory leave in lieu of annual leave.

Supervisors have designated authority to approve or deny annual leave requests on the basis of the employee's compliance with the leave request and reporting procedures established by the office or department or in accordance with Cabinet operational needs at the time of the annual leave. Supervisors may rescind approval for annual leave previously granted if circumstances since the approval have changed.

An employee may request annual leave for absence due to sickness, injury, or disability if all other leave for that purpose has been exhausted.

Absence for annual leave shall be charged in ¼-hour increments.

**PAYMENT FOR
LEAVE**

Upon proper resignation or retirement, an employee shall be paid in a lump sum for his or her accumulated annual leave not to exceed the maximum amounts allowed for accumulation. An employee may request in writing that his or her accumulated annual leave not be paid upon resignation (and that all or part of the accumulated annual leave that does not exceed the maximum allowable amount be waived) if he or she resigns or is laid off because of an approved plan of privatization of the services he or she performed and if the successor employer has agreed to credit the employee with an equal amount of annual leave.

In the case of layoff, an employee shall be paid in a lump sum for all accumulated annual leave.

Upon the death of an employee, the employee's estate shall be entitled to payment for all accumulated annual leave.

Payment for accumulated annual leave is at the discretion of the Appointing Authority for an employee who has failed to give proper notice of resignation or retirement.

An employee who has been dismissed for cause shall not receive payment of his or her accumulated annual leave.


The Appointing Authority, or designee, may withhold annual leave when an individual submits notice of resignation or retirement after receiving an intent to dismiss letter.

RETAINING LEAVE

An employee in the unclassified service who reverts to the classified service or an employee who resigns one day and is employed the next day with no break in service shall retain his or her accumulated leave.

An employee who is transferred or otherwise changed from one state agency to another shall retain his or her accumulated annual leave in the receiving state agency.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Section</i></p> <p>ANNUAL LEAVE</p>
	<p><i>Subject</i></p> <p>Annual Leave Sharing Program</p>

STATUTORY &**REGULATORY**

AUTHORITY KRS 18A.030(2)(b); KRS 18A.110(1)(h), (2); 18A.203; 101 KAR 2:106

DISCRETIONARY

AUTHORITY The Cabinet's Appointing Authority has discretionary authority to approve an annual leave sharing request and the amount of leave time to use, up to 200 hours.

**PURPOSE OF
PROGRAM**

The Annual Leave Sharing Program allows employees of one state agency to donate annual leave to, or receive donated annual leave from, employees of their own agency or of another state agency, including the Legislative Research Commission. However, employees of a board of education or of a city or county government are not eligible to participate in the state's Annual Leave Sharing Program.

Employees who receive annual leave sharing donations shall retain all rights and privileges of state employees.

RECIPIENT ELIGIBILITY

To be eligible to receive annual-leave donations, an employee shall meet all of the following requirements:

- Be permanent full-time or part-time
- Have suffered a catastrophic loss of personal property due to either natural disaster or fire
- Have a need for leave for at least 10 consecutive workdays
- Have exhausted all accumulated annual and compensatory leave
- Comply with administrative regulations governing the use of annual leave

Note: Employees are not eligible to participate in this program if they are on leave by personnel action (that is, resigned, retired, or placed in unpaid leave status).

**REQUESTING
ANNUAL LEAVE
DONATION**

The procedure for requesting receipt of annual leave is as follows:

1. The employee shall complete the *Annual Leave Sharing Application* ([Exhibit 9016](#)) and submit it to his or her immediate supervisor. Donated annual leave shall not be utilized retroactively except to cover the time between the date the employee made the request and the date the Appointing Authority approved the request.
2. Immediately upon receipt of the application, the employee's supervisor shall sign and submit it to the Division of Personnel Management (DPM) within the Office of Human Resource Management for processing.
3. DPM shall review the application to determine employee eligibility and submit the application to the Appointing Authority for review and approval if the employee is eligible.
4. If the employee is not eligible, DPM shall return the application to the employee with a letter of explanation and copy the employee's supervisor.
5. When the employee returns to work, his or her supervisor shall notify the DPM.
6. DPM shall return any unused portion of the donated annual leave to the donor's annual-leave balance. In the case of multiple donors, the branch shall transfer the annual leave in reverse order of donation. If the donor has left state employment, the returned hours shall be paid to the donor as annual leave termination pay.
7. An annual leave recipient may retain donated annual leave upon return to work only if he or she needs it for the original catastrophic event. To retain the donation, the recipient shall submit a written request to the Appointing Authority through DPM for review and approval.

Note: The Annual Leave Sharing Program requires the recipient to use all annual and compensatory leave that he or she accrues before using donated leave.

DONOR**ELIGIBILITY**

To be eligible to donate annual leave, employees shall meet all of the following requirements:

- Be in active payroll status
- Have an annual leave balance of at least 75 hours after donation
- Donate not less than 7.5 hours (for employees regularly scheduled to work 37.5 hours per week), or not less than 8.0 hours (for employees regularly scheduled to work 40 hours per week.)

DONATING**ANNUAL LEAVE**

The procedure for donating annual leave is as follows:

1. The employee shall complete the *Annual Leave Sharing Donation Form* ([Exhibit 9017](#)) and submit it to DPM.
2. DPM shall review the form to determine employee eligibility and submit the form to the Appointing Authority for review and approval if the employee is eligible.
3. If the donor is not eligible, or if the intended recipient is not eligible, DPM shall return the form to the donor with an explanation.
4. Upon approval by the Appointing Authority, DPM shall reduce annual leave from the donor's annual-leave balance, add it to the recipient's annual-leave balance, and notify both donor and recipient and their timekeepers.

Note: If the recipient of the donated leave is employed by a cabinet other than the Transportation Cabinet, DPM shall forward a copy of the donation form to the recipient's cabinet, indicating the amount of annual leave reduced from the donor's annual-leave balance.

5. If multiple donors donate annual leave, DPM shall transfer the leave in chronological order of receipt of the donation forms, up to the maximum amount that has been certified as needed by the recipient.
6. If the donor resigns, retires, or is terminated from state government before the *Application for Annual Leave Sharing* is submitted, the annual leave shall not be available for use by the recipient.

GENERAL


PROVISIONS

Employees shall not use state time and resources—email, Intranet, telephones, and other electronic means—to solicit annual-leave donations.

Employees shall not threaten, intimidate, or coerce other employees to donate annual leave.

The Cabinet will not authorize the use of the Annual Leave Sharing Program as a mere convenience for or preference by employees.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Section</i></p> <p>SICK LEAVE</p>
	<p><i>Subject</i></p> <p>Regulations</p>

REGULATORY

AUTHORITY [101 KAR 2:102, Sections 2 and 3](#); [101 KAR 3:015, Sections 2 and 3](#)

ACCRUING

SICK LEAVE An employee in state service, except a part-time employee, shall accumulate sick leave with pay at the rate of 1 working day per month of service. A full-time or interim employee shall have worked or been on paid leave, except educational leave, for 100 or more regular hours in a month to earn sick leave. An employee shall be credited with sick leave on the first day of the month following the month in which the employee earns the sick leave.

Sick leave may be accumulated with no maximum. Sick leave shall not accrue for an employee on educational leave with pay.

CREDITING ADDITIONAL

SICK LEAVE A full-time employee completing 120 months of total service with the state shall be credited with 10 additional days of sick leave upon the first day of the month following completion of 120 months of service.

A full-time employee completing 240 months of total service with the state shall be credited with another 10 additional days of sick leave on the first day of the month following completion of 240 months of service.

In computing months of total service for the purpose of crediting sick leave, only those months for which an employee earned sick leave as a full-time employee shall be counted. The total service shall be verified before the leave is credited to the employee's records.

A former employee who has been rehired (except as detailed in the following note) shall receive credit for prior service, unless the employee was dismissed as a result of misconduct or a violation of [KRS 18A.140](#), [18A.145](#), or [18A.990](#).

Note: A former employee (other than one receiving benefits under a state retirement system) who is appointed, reinstated, or reemployed shall be credited with the unused sick leave balance credited to the employee upon separation.

REQUESTING**SICK LEAVE**

Every employee shall follow his or her office or department's leave request and reporting procedures ([GAP-401](#)) for sick leave with or without pay. Except in cases of emergency illness, an employee shall request advance approval for sick leave for medical, dental, or optical examination or treatment and for sick leave without pay.

In all cases of illness, an employee shall notify his or her immediate supervisor or other designated person. Failure to notify within a reasonable period of time may be cause for denial of sick leave for the period of absence.

An employee may receive unauthorized leave without pay for the absence unless proper procedures are followed. Appropriate disciplinary action, up to and including dismissal, may be taken against the employee for unauthorized leave without pay.

Absence for a part of a day resulting from sick leave shall be charged in ¼-hour increments.

**GRANTING SICK
LEAVE WITH PAY**

The Appointing Authority, through the employee's supervisor, shall grant accrued sick leave with pay if the employee experiences any of the following:

- Is unable to work due to medical, dental, or optical examination or treatment
- Is disabled by illness or injury
- Is required to care for or transport a sick or injured member of his or her immediate family for a reasonable period of time
- Would jeopardize the health of others at the employee's duty post because of a contagious disease or communicable condition or demonstration of behavior that might endanger the employee or others
- Has lost an immediate family member by death (detailed in [GAP-414](#))
- Requires leave for the birth, placement, or adoption of a child

A supervisor may issue a *Verification of Illness Memorandum* ([Exhibit 9018](#)) requiring an employee to submit a healthcare provider's statement in order to receive approved sick leave with pay. The Appointing Authority shall grant sick leave with pay if the application is supported by acceptable evidence and the employee has sufficient leave to cover the absence. However, the Appointing Authority may require confirmation if there is reasonable cause to question the authenticity of the certificate or its contents.

**GRANTING SICK
LEAVE WITHOUT PAY**

The Appointing Authority, through the employee's supervisor, shall grant sick leave without pay for the duration of the employee's impairments by illness or injury if all of the following circumstances exist:

- The total continuous leave does not exceed 1 year.
- The employee has used or been paid for all accumulated annual, sick, and compensatory leave unless the employee requested retention of up to 10 days of accumulated sick leave.
- The employee does not qualify for family and medical leave due to lack of service time and has exhausted all accumulated leave when the employee is required to care for a member of the immediate family for a period not to exceed 30 working days.

A supervisor may issue a *Verification of Illness Memorandum* ([Exhibit 9018](#)) requiring an employee to submit a healthcare provider's statement in order to receive approved sick leave without pay. The Appointing Authority shall grant sick leave without pay if the application is supported by acceptable evidence but may require confirmation if there is reasonable cause to question the authenticity of the certificate or its contents.

For continuous leave without pay in excess of 30 working days (excluding holidays), the Appointing Authority shall notify the employee in writing of the leave without pay status.

The Appointing Authority may require a periodic doctor's statement during the year attesting to the continued inability of the employee to perform the essential functions of his or her position, with or without reasonable accommodation.

If reasonable accommodation is requested, the employee shall inform the Appointing Authority and provide supporting documentation from a certified professional.

An employee shall be considered to have resigned if he or she has experienced all of the following:

- Has been on continuous sick leave without pay for 1 year
- Has been requested by the Appointing Authority in writing to return to work at least 10 days prior to the expiration of sick leave but is unable to return to former position

**GRANTING SICK LEAVE
WITHOUT PAY (CONT.)**

- Has been given priority consideration by the Appointing Authority for a vacant, budgeted position with the same agency for which the employee is qualified and is capable of performing the essential functions of the position with or without reasonable accommodation
- Has not been placed by the Appointing Authority in a vacant position

An employee who has resigned due to the inability to return to work after 1 year of sick leave without pay shall retain any reinstatement privileges accrued while in the classified service.

**RETURNING FROM
SICK LEAVE**

At the termination of sick leave with pay, the Appointing Authority shall return the employee to his or her former position. The Appointing Authority may require certification from an appropriate medical professional attesting to the employee's fitness to return to duty before he or she is permitted to return to work. It will be the responsibility of the employee to obtain this certification from the medical professional.


When an employee who has been on sick leave without pay has given notice of his or her ability to resume job duties, the Appointing Authority shall return the employee to the original position or to a position for which the employee is qualified and which resembles the employee's former position as closely as circumstances permit. In addition, sick leave granted under this section is not renewable after the employee has been medically certified as able to return to work.

**TRANSFERRING
ACCUMULATED
SICK LEAVE**

An employee who is transferred or otherwise changed from one state agency to another shall retain his or her accumulated sick leave in the receiving agency.

An employee who is appointed, reinstated, or reemployed (except a former employee receiving retirement benefits from a state retirement system) shall be credited with the unused sick leave balance upon separation.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Section</i></p> <p>SICK LEAVE</p>
	<p><i>Subject</i></p> <p>Sick Leave Sharing Program</p>

**STATUTORY &
REGULATORY
AUTHORITY**

[KRS 18A.030\(2\)](#); [KRS 18A.110\(1\)\(h\), \(7\)\(g\)](#); [KRS 18A.196](#); [KRS 18A.197\(9\)](#); [101 KAR 2:105](#)

**DISCRETIONARY
AUTHORITY**

The Cabinet's Appointing Authority, or designee, has discretionary authority to approve a sick leave sharing request and the amount of leave time to use.

**PURPOSE OF
PROGRAM**

The Sick Leave Sharing Program allows employees of one state agency to donate sick leave to, or receive donated sick leave from, employees of their own agency or of another state agency, including the Legislative Research Commission and the Kentucky Retirement Systems. However, employees of a board of education or of a city or county government are not eligible to participate in the state's Sick Leave Sharing Program.

Employees who receive sick leave donations shall retain all rights and privileges of state employment.

RECIPIENT ELIGIBILITY

To be eligible to receive sick-leave donations, an employee shall meet all of the following requirements:

- Meet the definition of *employee* per [KRS 18A.196](#) (part-time employees are not eligible to receive sick leave sharing)
- Be unable to work for at least 10 full consecutive workdays due to a "medically certified illness, injury, impairment, or physical or mental condition which has caused, or is likely to cause, the employee to go on leave for at least 10 consecutive working days" or has provided, or is required to provide, care for an immediate family member who suffers from such a medically certified condition

RECIPIENT

ELIGIBILITY (CONT.)

- Provide medical certification verifying the need for leave, signed by a licensed practicing physician
- Have exhausted all accumulated sick, annual, and compensatory leave balances
- Abide by this policy and the administrative regulations governing the use of sick leave

Note: Employees are not eligible to participate in this program if they are on leave by personnel action or if they have resigned, retired, or been placed in unpaid leave status.

REQUESTING

SICK LEAVE

DONATION

The steps for requesting receipt of donated sick leave are as follows:

1. The employee shall complete the *Application for Sick Leave Sharing* form ([Exhibit 9019](#)) and submit it to his or her immediate supervisor, with signed medical certifications that:
 - a. Verify that the employee is unable to perform job duties due to a serious medical condition or the employee is needed to provide care to an immediate family member with a serious medical condition
 - b. Indicate the amount of time the employee is expected to be unable to perform his or her job duties

Note: The employee may submit the application before being absent for 10 full consecutive workdays and before exhausting all leave balances but cannot use donated leave until he or she meets those requirements. The employee may not use donated sick leave retroactively prior to the date of his or her application or the date of the donor's signature.

2. Immediately upon receipt of the application, the employee's supervisor shall sign and submit it, along with the signed medical certifications, to his or her assigned human resource generalist (HRG) within the Office of Human Resource Management (OHRM) for processing.
3. The HRG shall review the documents to determine employee eligibility and submit them to the Appointing Authority for review and approval.

**REQUESTING SICK
LEAVE DONATION
(CONT.)**

4. Upon approval of request, the Appointing Authority shall return the documents to the HRG, who shall file them in separate employee medical files and notify the employee and his or her timekeeper of approval.
5. Upon denial of request, the Appointing Authority shall return the documents to the HRG, who shall send them to the employee, along with an explanation, and copy the employee's immediate supervisor.
6. When the employee returns to work, his or her supervisor shall notify his or her HRG.
7. The HRG shall return any unused portion of the donated sick leave to the donor's sick-leave balance. In the case of multiple donors, the branch shall transfer the sick leave in reverse order of donation.
8. A sick-leave recipient may retain donated sick leave upon return to work only if he or she needs it for the original medical condition. To retain the donation, the recipient shall submit a written request to the Appointing Authority through his or her HRG.

Note: The Sick Leave Sharing Program requires the recipient to use all leave that he or she accrues before using donated leave.

9. If the recipient resigns, retires, or is terminated and no longer needs the donated sick leave for medical events stated in the *Application for Sick Leave Sharing*, the HRG shall restore any unused donated sick leave to the donor's sick-leave balance in reverse order of donation.

**DONOR
ELIGIBILITY**

To be eligible to donate sick leave, an employee shall:

- Be in active payroll status
- Have a balance of 75 hours of sick leave after donation
- Donate not less than 7.5 hours (for employees regularly scheduled to work 37.5 hours per week), or not less than 8.0 hours (for employees scheduled to work 40 hours per week.)

DONATING**SICK LEAVE**

The steps for donating sick leave are as follows:

1. The employee shall complete the *Sick Leave Donation Form* ([Exhibit 9020](#)) and submit it to his or her HRG.
2. The HRG shall review the form to determine employee eligibility of the donor. If the donor is not eligible, the division shall return the form, along with an explanation, to the donor.
3. If the donor is eligible, the HRG shall submit the form to the Appointing Authority for review and approval.
4. Upon approval of the Appointing Authority, the HRG shall reduce sick leave from the donor's sick-leave balance, add it to the recipient's sick-leave balance, and notify both donor and recipient and their timekeepers.

Note: If the recipient of the donated sick leave is employed by a cabinet other than the Transportation Cabinet, the HRG shall forward a copy of the form to the recipient's cabinet, indicating the amount of sick leave reduced from the donor's sick-leave balance.

5. If multiple donors donate sick leave, the HRG shall transfer the leave in chronological order of receipt of the donation forms, up to the maximum amount that has been certified as needed by the recipient.
6. If the donor resigns, retires, or is terminated from state government before the *Application for Sick Leave Sharing* is submitted, the sick leave shall not be available for use by the recipient.

GENERAL**PROVISIONS**

Employees shall not use state time and resources—email, Intranet, telephones, and other electronic means—to solicit sick-leave donations.


Employees shall not threaten, intimidate, or coerce other employees to donate sick leave.

The Cabinet does not authorize the use of the Sick Leave Sharing Program as a mere convenience for or preference by employees.

Employees who use all accrued leave and donated sick leave and are placed on family and medical leave cannot participate in the Sick Leave Sharing Program again for the same medical condition unless the original request for the donated sick leave has been properly amended.

An employee receiving workers' compensation benefits shall be eligible to receive shared sick leave to maintain a regular level of pay.



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**REGULATORY
AUTHORITY**

[101 KAR 2:102, Section 5; 101 KAR 3:015, Section 5](#)

**EARNING
COMPENSATORY
LEAVE**

An employee who is directed to work or who requests and is authorized to work in excess of his or her prescribed hours shall be granted compensatory leave subject to the provisions of the Fair Labor Standards Act.

The maximum amount of compensatory leave that may be carried forward from one pay period to another shall be 240 hours. However, a Cabinet employee who has a compensatory leave balance of 100 hours or more shall not be permitted to continue earning compensatory leave unless expressly approved by the employee's director, office head, or chief district engineer.

Note: Supervisors who permit employees to work in violation of this policy are subject to disciplinary action.

**NONEXEMPT
EMPLOYEES**

A nonexempt employee who is authorized to work in excess of his or her prescribed hours and who has not accumulated the maximum amount of compensatory leave shall have the option to earn compensatory leave. Leave shall be earned for any hours worked up to 40 hours per week in ¼-hour increments. Hours worked in excess of 40 per week shall be accumulated at the rate of 1½ (in ¼-hour increments).

Nonexempt employees also have the option to be paid at the rate of 1½ for any hours worked over 40 per week in lieu of earning compensatory time.

Note: Only hours actually worked shall be used for computing paid overtime or 1½ compensatory time.

NONEXEMPT**EMPLOYEES (CONT.)**

A nonexempt employee's compensatory option shall remain in force for at least 3 months. The election shall be changed upon submission of the TC 12-72 form, *Overtime Compensation* ([Exhibit 9021](#)), the first Sunday following the date received in the Division of Personnel Management.

EXEMPT EMPLOYEES

An employee classified as exempt who has not accumulated the maximum amount of compensatory leave shall accumulate compensatory leave in quarter-hour increments for actual hours worked in excess of the regular work schedule. At no time shall the employee carry forward more than 239.99 hours compensatory leave from one pay period to another.

REQUESTING LEAVE

An employee shall follow the established leave request and reporting procedures ([GAP-401](#)) for compensatory leave for his or her office or department. Compensatory leave shall be charged in quarter-hour increments.

PAYMENT FOR LEAVE

Upon separation from state service, an employee shall be paid for all unused compensatory leave, up to 240 hours, at his or her regular hourly rate of pay or the average regular rate of pay for the final 3 years of employment, whichever is greater. An employee who is transferred to another state agency shall retain his or her compensatory leave in the receiving state agency.

**REDUCTION IN
COMPENSATORY
LEAVE BALANCES**

An employee who requests leave, who has a balance of at least 100 hours compensatory time, and whose annual leave balance has not accrued above the maximum amount that can be carried forward, may be required to use compensatory leave in lieu of annual leave.

An employee not in a policy-making position shall be paid for 50 hours (Block 50) at the regular hourly rate of pay upon accumulating 240 hours of compensatory leave, and the employee's leave balance shall be reduced accordingly. Employees in policy-making positions are not eligible to receive block 50 payments and will have their compensatory leave balance reduced to 240 hours if they accumulate a compensatory leave balance greater than 240 hours.


If a workweek is split between pay periods, the 240 hours of compensatory leave required for payment must be accrued at the end of the pay period following the split pay period week.

**REDUCTION IN
COMPENSATORY
LEAVE BALANCES
(CONT.)**

The Appointing Authority may require an employee who has accrued 200 or more hours of compensatory leave to take work off using compensatory leave in an amount that will reduce the leave balance below 200 hours.

If an employee gives written notice of retirement at least 90 days prior to the effective date of retirement, the Cabinet may waive the mandated use of compensatory leave if the employee requests discretionary leave during the 90 days immediately prior to retirement. Upon acceptance of the written notice of retirement, the employee is notified that his or her tenure will be terminated at the designated retirement date.



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**STATUTORY &
REGULATORY
AUTHORITY**

[KRS 118.035\(2\) and \(3\) and 101 KAR 2:102, Section 7](#)

**GRANTING
VOTING LEAVE**

The Cabinet shall grant all employees 4 hours of paid voting leave if they meet all of the following requirements:

- They are registered to vote in Kentucky or any other state.
- They are scheduled to work during polling hours or on the day they cast their absentee ballots.
- They request voting leave and receive prior approval from their supervisor in accordance with the established leave request and reporting procedures ([GAP-401](#)) for their office or department.
- They vote.

An employee whose regular work schedule is different from the polling hours is entitled to receive voting leave for only the number of hours scheduled to work during polling hours, up to the maximum of 4 hours.

Example: If a Kentucky-registered employee who works from 3:00 p.m. to 11:00 p.m. requests voting leave and if polling time in Kentucky is 6:00 a.m. to 6:00 p.m., the employee would be entitled to a maximum of 3 hours to vote (3:00 p.m. to 6:00 p.m.).

**PART-TIME/INTERIM
EMPLOYEES**

If they meet all the requirements and vote, part-time and interim employees working less than a 37.5-hour or 40-hour workweek are entitled to receive as voting leave the number of hours in excess of 3.5 working hours (if designated with a 37.5 workweek) or 4 working hours (if designated with a 40-hour workweek).

**PART-TIME/INTERIM
EMPLOYEES (CONT.)**

Examples: If regularly scheduled to work 5 hours during polling hours, a part-time employee designated with a 37.5 workweek would be eligible for 1.5 hours of voting leave (5 scheduled hours – 3.5 working hours = 1.5 hours of voting leave). If designated with a 40-hour workweek, the part-time employee would be eligible for 1 hour of voting leave (5 scheduled hours – 4 working hours = 1 hour of voting leave).

**VOTING BY
ABSENTEE BALLOT**

Employees who cast absentee ballots receive voting leave on the day they actually cast their ballots if they are regularly scheduled to work that day.

**COMBINATION WITH
OTHER LEAVE**

Employees who are scheduled to work may combine their approved voting leave with approved annual, sick, or compensatory leave on the day they vote.

**WORKING IN
LIEU OF TAKING
VOTING LEAVE**

Employees who request and receive approval to work, or who are required to work, instead of taking voting leave are entitled to compensatory time for the hours worked during polling hours, provided they vote. If an employee votes, the employee's timesheet shall show up to 4 hours of voting leave. If the employee works any of those 4 hours designated as voting leave, that time shall be coded as compensatory time earned.

**GRANTING
ELECTION LEAVE**

An employee appointed to serve as an election officer may receive election leave not to exceed a **total** of 7.5 hours (8.0 hours for a 40-hour-per-week employee) per event for a designated election to attend training **or** to serve as an election officer if they meet all of the following requirements:

- They are registered to vote in Kentucky or any other state.
- Their regularly scheduled work hours are during polling hours.
- They request election leave in accordance with the established leave request and reporting procedures ([GAP-401](#)) for their office or department.
- They vote as well as serve as an election officer.

ASSIGNMENTS OF**ELECTION OFFICERS**

An election officer assigned to work at a voting district other than where he or she votes is entitled to an additional 4 hours of voting leave to vote absentee ballot. The absentee ballot shall be cast before the actual date of the election, and the date the ballot is cast is the date for which the employee may receive the voting leave.

Note: In order to receive voting leave, the employee must be regularly scheduled on the day he or she casts an absentee ballot.

An election officer assigned to work at the voting district where he or she votes is not entitled to an additional 4 hours of voting leave to cast an absentee ballot.


An election officer released from working the polls during his or her regular work hours shall return to work or charge the remainder of time to annual or compensatory leave.

VOTING/ELECTION**LEAVE VERIFICATION****FORM**

The Personnel Cabinet requires employees who claim either voting or election leave to complete, after voting, the *Voting and Election Leave Verification* form ([Exhibit 9049](#)) and submit it to their supervisor.

Supervisors shall submit the completed forms to their office, division, or district time and attendance administrators, who shall forward them to their assigned human resource generalist (HRG) in the Office of Human Resource Management for filing.



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AUTHORITY 101 KAR 2:102, Section 6; KRS 61.394; *Employee Handbook*; U.S. Department of Labor FAQ; Personnel Memo 06-16; Uniformed Services Employment and Reemployment Rights Act (USERRA)

GENERAL PROVISIONS Employees or employees whose spouses are members of the Armed Forces may be entitled to military leave as outlined below:

- Employees who are active members of the Armed Forces are eligible for military leave with pay to comply with orders to attend training or active duty for up to 21 working days in a federal fiscal year (October 1 through September 30).
- Employees who have not used the entire 21 days of military leave shall have the balance carried forward not to exceed 42 working days based on a 5-day workweek over 2 federal fiscal years. Any unused military leave shall expire 2 years after it has accrued.
- Military leave may be intermittent or consecutive. Unless employees request to use accrued paid annual or compensatory leave, military leave in excess of the available amount will be charged to leave without pay. If employees use paid leave, the leave shall be used consecutively.
- Employees who are active members of the Armed Forces are entitled to military leave without pay to comply with orders for active duty not to exceed 6 years. Employees may request to use all or part of accrued annual or compensatory leave prior to being placed on military leave without pay by completing the Personnel Cabinet's *Military Leave (for Mobilization) – Designation Form* ([Exhibit 9022](#)).
- Employees may request in writing to be paid in a lump sum for annual and compensatory leave when they are placed on military leave without pay.

GENERAL**PROVISIONS (CONT.)**

- Supervisors may request to fill positions vacated by employees on military leave; however, employees who provide timely notice that they have been discharged and intend to return to work shall be placed in their former or similar positions.
- Employees who return to positions following military duty shall be given any benefits and salary adjustments to which they would have been entitled had they not been on military leave.
- Employees who are on military leave have the right to elect to continue health insurance coverage for up to 24 months while on leave.
 - ◆ Employees may elect to discontinue state health insurance coverage during military leave.
 - ◆ Employees have the right to be reinstated to state health insurance coverage immediately upon return from military leave.
- State employees who are spouses of members of the United States Armed Forces or any state's National Guard or Reserve component who are on federal active duty shall receive spousal military leave for 1 day when the member is deployed and 1 day when the member returns from deployment.

Note: The spousal military leave shall be taken on the day of deployment and the day of return from deployment. If the departure or return date is on a nonscheduled workday, employees are entitled to use spousal military leave on the scheduled workday before or after the departure or return date.

EMPLOYEE**RESPONSIBILITIES**

Employees who receive orders to attend training duty or to report for active duty shall immediately submit to their first-line supervisors a request for leave in accordance with the established leave request and reporting procedure ([GAP-401](#)) for their office or department.

Employees whose military leave will exceed the available amount shall specify in writing whether the additional leave is to be charged to accrued paid annual or compensatory leave or to leave without pay.

Employees who are discharged from military duty and wish to return to state employment shall notify their immediate supervisors or the Division of Personnel Management (DPM) within the following timeframes:

- Within 14 days of discharge following service of 31 to 180 days
- Within 90 days of discharge following service of 181 days or more

SUPERVISOR**RESPONSIBILITIES**


Supervisors who receive requests for military leave shall ensure the employees have indicated how the leave is to be charged and that the timesheets are coded accordingly.

If employees will be on military duty without pay in excess of 30 days, supervisors shall submit the TC 12-2 form, *Request for Personnel Action* ([Exhibit 9023](#)), through the appropriate administrative channels to DPM to place the employees on military leave without pay by personnel action.

When employees notify their supervisors that they intend to return to work following discharge from military service, supervisors shall immediately submit a copy of the employee's military orders to DPM.

If employees' previous positions are no longer vacant, supervisors shall contact DPM for assistance in returning the employees to positions of equivalent status.



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REGULATORY

AUTHORITY 101 KAR 2:102, Section 11; 101 KAR 3:015, Section 11, Food and Drug Administration (FDA) guidelines

PURPOSE The Transportation Cabinet grants blood donation leave for the purpose of allowing an employee time to donate whole blood only and recuperate from the donation.

POLICY The employee shall use only regularly scheduled work hours, not including the employee's lunch hour, for blood donation leave. The Cabinet will not grant compensatory time for donations occurring outside the employee's regular work schedule.

Supervisors may permit employees to take blood donation leave to donate blood at any licensed blood center certified by the FDA. **Employees who donate shall receive 4 hours leave time with pay for the purpose of donating whole blood and recovering from the donation.** Employees shall take leave at the time of donation unless circumstances as specified by the supervisor require the donor to return to work. In this case, employees shall receive the unused portion of leave time as compensatory time. On the basis of the state regulation and the FDA health guidelines, the Cabinet shall not approve an employee's request for blood donation leave more frequently than every 56 days.

PROCEDURE

To qualify for blood donation leave, the employee shall:

1. Request and receive advanced approval from their supervisor in accordance with the established leave request and reporting procedure ([GAP-401](#)) for their office or department

Note: Supervisors shall approve the eligible request if the operating requirements of the office or department permit. If it is necessary to deny a request, supervisors shall note the reasons on the request and discuss them with the employee. To ensure fairness, supervisors may want to adopt an alternating method of granting requests for blood donation leave.

PROCEDURE (CONT.)


2. Acquire a written statement from the blood center verifying the donation of whole blood
3. Submit the verification of blood donation or deferral to his or her supervisor, who shall attach it, along with the blood donation leave request, to the timesheet

DONOR DEFERRAL

Employees deferred from donating shall be granted blood leave for the amount of time used while attempting to donate but shall not receive the 4 hours leave time as those who donate.

Employees not accepted as blood donors shall promptly return to work.



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REGULATORY

AUTHORITY 101 KAR 2:102, Section 10; 101 KAR 3:015, Section 5 and Section 10; Personnel Memo 09-23

**TYPES OF ADVERSE
WEATHER**

Adverse weather conditions include, but are not limited to, tornado, flood, blizzard, ice, or other severe weather conditions that limit travel.

**MANDATORY
OPERATIONS**

Departments shall designate and notify employees who are designated mandatory staff for operations under adverse-weather procedures. Within the Transportation Cabinet, established mandatory staff are employees in the districts assigned to snow-and-ice detail and employees assigned to the Transportation Operations Center Branch. If individual departments designate additional employees as mandatory, those departments shall notify those employees of their mandatory designation.

Note: The procedure for requesting and using adverse-weather leave, explained herein, is not applicable for employees who are designated as mandatory.

**ABSENCES DUE TO
ADVERSE WEATHER**

Employees who are not designated for mandatory operations and choose (1) not to report to work, (2) to arrive at work late, or (3) to leave work early due to adverse weather conditions shall, in accordance with the established leave request and reporting procedure ([GAP-401](#)) for their office or department, record their leave as one of the following:

- Annual or compensatory leave
- Leave without pay if employees have exhausted their annual and compensatory leave balances
- Deferred in accordance with the following:

ABSENCES DUE TO**ADVERSE WEATHER (CONT.)**

- ◆ Where operational needs allow, except for employees in mandatory operations, management shall make every reasonable effort to arrange schedules to allow employees to use adverse-weather leave and make up time not worked rather than charging it to employees' leave balances. Following each adverse-weather absence, employees who have deferred their time shall meet with their supervisors immediately upon return to work to determine schedules to make up the hours of adverse-weather leave used. However, employees shall not work more than 40 hours in a workweek to make up work due to adverse-weather leave. Employees shall not modify these agreed-upon schedules without approval from the supervisors.
- ◆ Employees shall make up time deferred due to adverse weather within 4 months from **each** date of occurrence of the absence. If an absence is not made up within 123 days, the Cabinet shall deduct the time from the employee's annual/compensatory leave balance to cover the absence. If the employee has no annual or compensatory leave, the Cabinet shall deduct the amount owed from the employee's compensation.

Note: The Cabinet encourages employees to be prudent in their use of adverse-weather leave because it may not be possible to make up excessive use of such leave within the 123-day period. In fact, employees who work a 40-hour week are particularly limited in the amount of time they can make up.

- ◆ When possible, employees should make up work in the workweek in which they deferred time or in a week when they have not worked a full work schedule due to a holiday or due to the use of leave time.
- ◆ If employees transfer or leave employment before they make up the adverse-weather leave, the Cabinet shall deduct the time from their annual/compensatory leave balances. If employees have exhausted those leave balances, the Cabinet shall charge the time to leave without pay and deduct the amount from their final paycheck.

Note: Supervisors have the authority to approve employees' requests to go home because of adverse weather conditions but not the authority to send employees home.

CATASTROPHIC

WEATHER CONDITIONS When authorities order evacuation or shutdown of a workplace because of adverse weather conditions, the following provisions apply:

- Employees who normally report to a location that authorities have ordered shut down or evacuated are not required to make up time lost from work during the period officially declared hazardous to life and safety.
- Employees required to work in emergency situations will be compensated appropriately.


**PROHIBITED USE OF
ADVERSE-WEATHER
LEAVE**

Employees cannot use adverse-weather leave for the sole purpose of providing childcare when schools are closed due to adverse weather.

Employees on pre-approved annual, compensatory, or sick leave at the time of adverse weather conditions shall use the pre-approved type of leave as originally requested, not adverse-weather leave.

Note: Supervisors who suspect misuse or abuse of adverse-weather leave may contact the Office of Human Resource Management for guidance.



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**REGULATORY
AUTHORITY**

[101 KAR 2:102, Section 3](#); [101 KAR 2:034, Section 4](#), US Department of Labor employee rights and responsibilities under the Family and Medical Leave Act

**PURPOSE &
SUMMARY**

The Family and Medical Leave Act (FMLA) requires covered employers to provide:

- Up to 12 weeks of unpaid, job-protected leave to eligible employees for certain family, medical, and military-activation reasons
- Up to 26 workweeks of unpaid, job-protected leave in any 12-month period to eligible employees to care for a covered servicemember with a serious illness or injury incurred in the line of duty on active duty

While employees are on Family and Medical Leave (FML), their jobs are protected, and state-paid health and life insurances continue. Moreover, the use of FML may not be held against employees in any way with regard to employees' positions, benefits, or job-related activities. Therefore, supervisors shall not consider FML in the evaluation of employee job performance or as the basis for disciplinary actions.

Note: Supervisors are responsible for understanding their responsibilities with respect to designating FML even if employees have not specifically requested the leave. **Supervisors should immediately contact the Office of Human Resource Management (OHRM) if they have an employee who has been absent for three consecutive workdays, and the supervisor is aware the employee may have a serious health condition as defined below.**

DEFINITIONS

The following terms are defined as they relate to FMLA:

- ***Serious health condition*** is defined as an illness, injury, impairment, or physical or mental condition involving any of the following:
 - ◆ An overnight stay for treatment in a hospital, hospice, or residential medical care facility
 - ◆ Continuing treatment, which is an absence of more than 3 consecutive days from work, school, or other regular daily activities, along with treatment by a healthcare provider at least once within 7 days of the first day of incapacity and either a regimen of continuing treatment initiated by the healthcare provider during the first treatment or a second in-person visit to the healthcare provider within 30 days of the first day of incapacity
 - ◆ Pregnancy or prenatal care
 - ◆ Chronic condition that requires visits for treatment by a healthcare provider at least twice a year and continues over an extended period of time and may be episodic incapacity rather than a continuing period of incapacity
 - ◆ A condition for which treatment may not be effective (Alzheimer's, stroke, terminal disease, etc.)
 - ◆ Multiple treatments (including any period of recovery) by, or on referral by, a healthcare provider for restorative surgery or for a condition that would likely result in a period of incapacity of more than 3 days if left untreated (chemotherapy, physical therapy, dialysis, etc.)

Note: For purpose of military caregiver leave, ***serious health condition*** is defined as "an injury or illness that was incurred by the member in line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in line of duty on active duty in the Armed Forces), and that may render the member medically unfit to perform the duties of the member's office, grade, rank or rating"; this requirement is replaced with the simple requirement that the serious injury or illness "that manifested itself before or after the member became a veteran."

DEFINITIONS

(CONT.)

- **Family member** is defined as an employee's spouse, son, daughter, or parent (son or daughter for this type of FML is defined the same as "child" for other types of FML, except that the person does not have to be a minor). The Commonwealth has enhanced the definition of family member to include all of the family members who are covered by the Sick Leave Sharing Program. Therefore, family members for purpose of FML also include a grandparent, or a person of similarly close relationship who has resided with the employee for at least 30 days or for whom the employee is legally responsible.
- **Qualifying exigencies** is defined as short-notice deployments, military events and related activities, certain temporary childcare arrangements and school activities (but not ongoing childcare), financial and legal arrangements, counseling by a nonmedical counselor, rest and recuperation, and post-deployment activities.
- **Next-of-kin** is defined as the closest blood relative of the injured or recovering servicemember (applies only to military leave entitlement).
- **Intermittent leave** is defined as noncontinuous or periodic leave as needed.

ELIGIBILITY &
STATE LEAVE

Employees are eligible for FML if they meet **both** of the following conditions:

- They have worked for the Commonwealth for at least 12 months (may include prior service under certain circumstances).
- They have worked or been on paid leave for 1,250 hours over the 12 months prior to the first day of FML.

The Commonwealth requires employees to use accumulated paid annual, compensatory, and sick leave concurrently with FML. Employees, however, may request in writing to reserve up to 10 days of accumulated sick leave for use at a later time.

LEAVE ENTITLEMENT—**12 WORKWEEKS**

Eligible employees may use a maximum of 12 workweeks of FML per calendar year (January 1—December 31) when unable to work for any of the following reasons:

- Serious Health Condition:
 - ◆ Employee's own serious health condition
 - ◆ To care for an immediate family member (spouse, child, or parent—but not a parent "in-law") with a serious health condition
 - ◆ To care for an individual of similarly close blood or legal relationship who has resided with the employee for not less than 30 days prior to the first day of FML, with a serious health condition
- Birth of a son or a daughter and care for the newborn or the placement with the employee of a child for adoption or foster care, along with care for the newly placed child
 - ◆ Leave to care for a newborn or for a newly placed child shall conclude within 12 months after the birth or placement.
 - ◆ While the federal regulations grant a combined total of 12 workweeks to an eligible husband and wife who work for the same employer, Kentucky state government grants up to 12 workweeks to each parent.
- Covered family member's active duty or call to active duty in the Armed Forces to help the family member prepare for departure and/or care for the children of the departing family member. The leave may begin as soon as the family member receives the call-up notice.
 - ◆ Seven qualifying exigencies exist:
 - Short-notice deployment
 - Military events and related activities
 - Certain temporary childcare arrangements and school activities (but not ongoing childcare)
 - Financial and legal arrangements
 - Counseling by a nonmedical counselor
 - Rest and recuperation
 - Post-deployment activities

LEAVE ENTITLEMENT—

12 WORKWEEKS (CONT.)

- ◆ As with other types of FML, this type of leave is counted toward the employee's 12-workweek maximum of FML in a 12-month period.
- ◆ Within 15 calendar days (absent extenuating circumstances), the employee shall provide proof of the member's active duty or call to active duty in the Armed Forces before leave is granted (for example, a copy of the military orders or other official Armed Forces communication) and the TC 12-249 form, *Certification of Qualifying Exigency For Military Family Leave* ([Exhibit 9024](#)).

LEAVE ENTITLEMENT—

26 WORKWEEKS

Eligible employees may use a maximum of 26 workweeks of FML to care for an injured or ill servicemember during a single 12-month period measured forward from the date leave begins.

Note: Except as stated below, employees are not eligible for more than 12 workweeks of FML in a calendar year, regardless of the number of qualifying events.

- This leave may extend to an employee whose spouse, son, daughter, parent, or next-of-kin is injured or recovering from a serious injury or illness suffered while on active military duty. Also, this type of leave may extend to family members of veterans who are persons that served in the active military, naval, or air service and that were discharged or released therefrom under conditions other than dishonorable. An employee is also eligible for this type of leave when the servicemember is receiving medical treatment, recuperation, or therapy, even if the servicemember is on temporary disability retired list.
- If both a husband and a wife work for the Commonwealth and each requests to take leave to care for a covered injured or ill servicemember, Kentucky State Government grants up to 26 workweeks to each spouse.
- This is the only type of FML that may extend an employee's leave entitlement beyond 12 workweeks to 26 workweeks. Other types of FML are included with this type of leave totaling a maximum of 26 workweeks. The certification referenced here is not tied to a serious health condition as for other types of FML.

LEAVE ENTITLEMENT—

26 WORKWEEKS (CONT.)

- Once the 12-month period expires, employees are eligible for another 26 workweeks of leave to care for another servicemember or to care for the same covered servicemember if he or she incurs a subsequent serious injury or illness (excluding aggravation or complication of earlier injury or illness).
- Within 15 calendar days (absent extenuating circumstances), employees requesting this type of FML shall provide (1) certification of the family member or next-of-kin's injury, recovery, or need for care (for example, a copy of the military medical information, orders for treatment, or other Armed Forces communication) and (2) the TC 12-248 form, *Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave* ([Exhibit 9025](#)).

SUPERVISOR**RESPONSIBILITIES**

The supervisor's responsibilities are as follows:

1. Upon learning about the possibility of an employee's need for FML, the supervisor is required to immediately designate the event as possible FML and provide the TC 12-239 form, *Application and Designation for Family and Medical Leave* ([Exhibit 9026](#)) to the employee.
2. Upon receipt of the completed application, the supervisor shall review the form and submit it to OHRM immediately.
3. The supervisor shall not contact the employee's healthcare provider. OHRM shall address any issues regarding the FML application.
4. If the certifications of the employee's and the Cabinet's designated healthcare providers differ, the Cabinet may require the employee to obtain, at the Cabinet's expense, a certification from a third healthcare provider jointly approved by the employee and the Cabinet. This third certification shall be final and binding.
5. A recertification may be required every 6 months in connection with an absence for that medical condition. In fact, recertification may be required at any time if any of the following occurs:
 - a. An extension of leave is requested.
 - b. Circumstances in the last certification have changed.
 - c. The Cabinet receives information that raises questions about the employee's medical condition.

**SUPERVISOR
RESPONSIBILITIES
(CONT.)**

6. Supervisors shall not require employees to use more FML than necessary to address the circumstances causing need for leave.
7. Supervisors shall not consider FML during the evaluation of employee performance or as a basis for disciplinary actions. The use of FML shall not be held against employees in any way with regard to employees' positions, benefits, and job-related activities.

**EMPLOYEE
RESPONSIBILITIES**

The employee's responsibilities are as follows:

Application:

- When need for leave is "foreseeable," the employee shall provide 30 calendar days advance notice by completing the TC 12-239 form, *Application and Designation for Family and Medical Leave* ([Exhibit 9026](#)).
- If the need for FML is unforeseeable, the employee shall provide notice to his or supervisor as soon as possible (that is, using the established call-in procedures for his or her office or department unless there are extenuating circumstances).
- If OHRM denies the employee's initial application because of need for additional information, the employee shall comply with the deadline given, or FML may be denied.
- The Cabinet has the right to request the employee to provide a more detailed medical certification within 7 days. The employee can either obtain the information or grant OHRM permission to contact the healthcare provider directly. To grant permission, the employee shall complete the TC 12-251 form, *Employee Authorization for Disclosure of Protected Health Information to Employer* ([Exhibit 9027](#)).

Medical Certification for Serious Health Condition of Employee or Spouse, Child, or Parent of Employee:

- When requesting FML for his or her own serious health condition or for a family member's serious health condition, the employee shall submit the TC 12-246 form, *Certification by Healthcare Provider for Serious Health Condition of Employee* ([Exhibit 9028](#)), or the TC 12-247 form, *Certification by Healthcare Provider for Serious Health Condition of Family Member* ([Exhibit 9029](#)), issued by a healthcare provider.

**EMPLOYEE
RESPONSIBILITIES
(CONT.)**

- The employee has 15 calendar days from the date of the employer's request to provide the medical certification. Failure to provide adequate and timely certifications may result in the denial of FML.
- The Cabinet has the right to request the employee to provide a more detailed medical certification within 7 workdays. The employee can either obtain the information or grant OHRM permission to contact the healthcare provider directly. To grant permission, the employee shall submit to OHRM the TC 12-251 form, *Employee Authorization for Disclosure of Protected Health Information to Employer* ([Exhibit 9027](#)).
- The Cabinet may require the employee to obtain, at the Cabinet's expense, a medical certification from a second healthcare provider. The Cabinet may choose the healthcare provider for the second certification (except in most cases the Cabinet may not regularly contract with or otherwise regularly use the services of the chosen healthcare provider).
- If the certifications of the employee's and the Cabinet's designated healthcare providers differ, the Cabinet may require the employee to obtain, at the Cabinet's expense, a certification from a third healthcare provider jointly approved by the employee and the Cabinet. This third certification shall be final and binding.
- A recertification may be required every 6 months in connection with an absence for that medical condition. In fact, recertification may be required at any time if any of the following occurs:
 - ◆ An extension of leave is requested.
 - ◆ Circumstances in the last certification have changed.
 - ◆ The Cabinet receives information that raises questions about the employee's medical condition.
- For the employee to return to work after an FML absence due to his or her own medical condition, the Cabinet may require the employee to provide a statement from a healthcare provider verifying the employee's ability to return to work and perform the essential functions of his or her job.

**EMPLOYEE
RESPONSIBILITIES
(CONT.)****Certification of Qualifying Exigency for Military Family Leave:**

- When requesting FML for a covered family member's active duty or call to active duty in the Armed Forces, the employee shall submit the TC 12-249 form, *Certification of Qualifying Exigency for Military Family Leave* ([Exhibit 9024](#)). This leave is to help the family member prepare for departure and/or care for the children of the departing family member. The leave may commence as soon as the family member receives the call-up notice.
- The employee has 15 calendar days from the date of the employer's request to provide this certification.
- The certification shall include written documentation confirming a covered military member's active duty or call to active duty status in support of a contingency operation.
- The certification shall describe the reason the employee is requesting FML due to a qualifying exigency.
- If the leave is requested to meet with a third party, the certification shall include information regarding the individual or entity with whom the employee is meeting.

Certification of Serious Injury or Illness of Covered Servicemember for Military Family Leave:

- The employee shall submit the TC 12-248 form, *Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave* ([Exhibit 9025](#)). Eligible employees may use a maximum of 26 workweeks for this type of FML to care for an injured or ill servicemember during a single 12-month period measured from the date the leave begins.
- The employee has 15 calendar days from the date of the employer's request to provide this certification.
- The certification shall include employee information as well as information about the care to be provided to the covered servicemember.

**EMPLOYEE
RESPONSIBILITIES
(CONT.)**

- The medical certification shall be provided by a Department of Defense (DOD) healthcare provider; a Veteran's Affairs (VA) healthcare provider; a DOD TRICARE network-authorized private healthcare provider; or a DOD TRICARE non-network-authorized private healthcare provider.

Intermittent/Reduced Scheduled Leave:

- The employee may use FML on an intermittent basis or on a reduced work schedule only under certain circumstances:
 - ◆ To care for seriously ill family members or because of the employee's own serious health condition
 - ◆ To care for newborn or newly placed adopted or foster care child with the Cabinet's approval
 - ◆ To help the family member prepare for departure for active military duty and/or care for the children of the departing family member
 - ◆ To care for an injured or ill servicemember
- The employee's FML shall be reported in increments of .25 hours, and the employee shall not be required to use more intermittent leave than necessary.
- If intermittent/reduced schedule FML is necessary for foreseeable medical treatment, the employee shall work with his or her supervisor to schedule the leave so as not to unduly disrupt operations.
- Holidays occurring while on continuous FML are counted against the FMLA entitlement.

**OHRM
RESPONSIBILITIES**

Within 5 days after receiving a request for FML or after learning that a leave may be FMLA-qualifying, OHRM shall send the employee the TC 12-239 form, *Application and Designation for Family and Medical Leave* ([Exhibit 9026](#)), and a letter that notifies employees as to whether or not they are eligible for FML and explains employees' specific rights and responsibilities.


If OHRM determines that more information is needed in reviewing the FML application, OHRM shall notify the employee of such and set a deadline to reply.

HEALTHCARE**PROVIDERS**

Healthcare providers who may provide certification of a serious health condition include:

- Doctors of medicine or osteopathy authorized to practice medicine or surgery (as appropriate) by the state in which the doctors practice
- Podiatrists, dentists, clinical psychologists, optometrists, and chiropractors authorized to practice in the state in which they practice and are performing within the scope of their practice under state law
- Nurse practitioners, nurse-midwives, and clinical social workers authorized to practice under the law of the state in which they practice and are performing within the scope of their practice as defined under state law
- Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts
- Healthcare providers recognized by the employer or the employer's group health plan's benefits manager
- Healthcare providers listed above who practice in countries other than the United States and who are authorized to practice under the laws of those countries



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>LEAVE REGULATIONS</p> <hr/> <p><i>Subject</i></p> <p>Interview Leave for State Positions</p>
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AUTHORITY Personnel Memo 09-05

**INTERVIEW
WITHIN AGENCY** Kentucky Transportation Cabinet (KYTC) employees with status that interview for a position within KYTC are not required to use leave for the time needed for the interview.

**INTERVIEW
OUTSIDE AGENCY** KYTC employees with status that interview for a position outside KYTC are required to use annual or compensatory leave for the time needed for the interview.

**NOTIFICATION OF
INTERVIEW LEAVE** In either case, employees shall notify their supervisors prior to taking interview leave. If use of annual or compensatory leave is required, employees shall follow the leave procedures outlined in [GAP-401](#).



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**STATUTORY &
REGULATORY
AUTHORITY**

101 KAR 2:102, Section 4 and 101 KAR 3:015, Section 4

**COURT LEAVE /
JURY DUTY**

An employee is entitled to court leave, not to exceed prescribed work hours, without loss of time or pay for that amount of time necessary to comply with subpoenas by a court, administrative agency, or body of federal or state government or to serve as a juror or witness, except in cases where the employee or a member of the employee's family is a party to the court action. This leave shall include necessary travel time. Funds generated by the performance of jury duty shall be the sole property of the employee concerned.


The employee shall:

- Provide the division director, office head, or chief district engineer a copy of the subpoena
- Inform his or her supervisor each day of required court attendance in accordance with their office or department's established leave request and reporting procedure
- Return to work if relieved from duty as a juror or witness during normal work hours

**WITNESS FOR THE
CABINET**

An employee called as a witness for the Transportation Cabinet shall receive regular pay and shall be entitled to receive reimbursement for expenses in accordance with current travel regulations. Any other court fees or allowances received by the employee shall be reimbursed to the Commonwealth of Kentucky through the employee's division director, office head, or chief district engineer.



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**REGULATORY
AUTHORITY**

101 KAR 2:102; Section 9

**EDUCATIONAL
LEAVE**

The Appointing Authority for the Transportation Cabinet may grant special leave for education or training with or without pay for a period not to exceed 24 months. Leave must be recommended by the employee's department or office head and approved by the Cabinet Secretary. Educational leave shall be restricted to attendance at a college, university, or vocational or business school for training in subjects that relate to the employee's job responsibilities and that will benefit the Commonwealth.



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	<p><i>Subject</i></p> <p>Investigation</p>

**STATUTORY &
REGULATORY
AUTHORITY**

101 KAR 2:102, Section 9


INVESTIGATION

With approval of the Secretary of Personnel, the Appointing Authority for the Transportation Cabinet may place an employee on special leave with pay for investigative purposes due to alleged employee misconduct. This leave shall not exceed 60 working days.

The Appointing Authority shall notify the employee in writing of the reasons for the leave.

If the investigation reveals no misconduct by the employee, records pertaining to the investigation shall be purged from the employee's personnel files. The Appointing Authority shall notify the employee, in writing, of the outcome of the investigation.



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	<p><i>Subject</i></p> <p>Funeral & Bereavement Leave</p>

**REGULATORY
AUTHORITY**

101 KAR 2:102, Section 8; 101 KAR 3:015, Section 8

POLICY


With approval of the Appointing Authority for the Transportation Cabinet through the employee's supervisor, an employee who has lost an immediate family member by death may utilize 5 days of accrued sick leave, compensatory leave, annual leave, leave without pay (if the employee does not have accrued leave), or a combination thereof.

Note: Employees may use annual leave for this purpose only if they have either exhausted their sick leave balance or requested retention of up to 10 days of accumulated sick leave.

The employee's supervisor may approve additional leave at the request of the employee.

For purposes of this policy, an *immediate family member* shall include the employee's spouse, parent, grandparent, child, sibling, or the spouse of any of them, and may include other relatives of close association if approved by the Appointing Authority.



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**EMPLOYEE RIGHTS &
RESPONSIBILITIES
FOR TRAINING**

Employees have the right to receive required training from formal classes or from informal coaching sufficient to receive a "meets" rating on the employee evaluation. Training above and beyond this level (elective training) is discretionary on the part of the Transportation Cabinet. Cabinet needs and budgetary constraints affect the Cabinet's capability to support employees wanting to participate in elective training.

All merit employees have the responsibility to:

- Assess their strengths and their growth needs to maximize the effectiveness in the performance of their current duties
- Complete training on the basis of their agreements with their supervisors in respect to their performance development plans
- Complete workshops deemed mandatory by the Office of Human Resource Management or other Cabinet leadership
- Comply with all provisions of the policy and procedures stated herein

**MANAGEMENT
RESPONSIBILITIES**

Managers and supervisors are directly responsible for ensuring that their employees receive the appropriate training. In addition, each manager or supervisor has the responsibility to:

- Determine and prioritize the individual and collective training needs of employees under his or her supervision and assist PDOM within the Office of Human Resource Management (OHRM) in meeting those needs
- Inform PDOM at least 10 working days in advance of upcoming training events that offices or departments are hosting or coordinating
- Provide employees with training on the objectives, policies, and programs of the work unit so that employees have a clear understanding of their assigned duties

MANAGEMENT

RESPONSIBILITIES (CONT.)

- Ensure training is provided to employees in accordance with the KYTC Affirmative Action Plan
- Support in-service, interagency, and external training programs that contribute to effective use of human and fiscal resources
- Provide informal training, coaching, mentoring, career counseling, and cross-training to employees

Note: Managers and supervisors shall notify PDOM of programmatic details to determine whether training credit is applicable for these informal programs.

- Approve or deny employee training requests, subject to both employee and organizational needs, as well as to available funding
- Consider how approval of elective training might impact availability of funding for required training
- Ensure that employees comply with the provisions of the policy and procedures stated herein

Note: Except for intra-office training (discussed later in this section), management shall ensure that employees submit all their requests for training to the Division of Professional Development and Organizational Management (PDOM) so that the division can ensure proper scheduling, enrollment, funding source, etc. Under no circumstances should an employee attend any training event without receiving prior to the event an official notification of approval from PDOM or through the Kentucky Enterprise Learning Management System (KELMS):

<https://business.kytc.ky.gov/apps/kytcu/KELMS-Train/Pages/Kelms.aspx>

PDOM

RESPONSIBILITIES

PDOM serves as the administrator of the Cabinet’s training program and as the Cabinet liaison with educational institutions, federal and state agencies, and other training resource agencies. Specifically, PDOM has the responsibility to:

- Collaborate with offices and departments to determine required training in preparation for budget proposals to the Office of Budget and Fiscal Management
- Administer the budgets (both General Fund and federal funds) allocated for Cabinet training

PDOM

RESPONSIBILITIES (CONT.)

- Oversee the official training records for Cabinet employees
- Prioritize training requests
- Deliver training related to Cabinet policies and procedures, office skills, and other job-related issues
- Make a reasonable effort to locate desired training for requests that PDOM cannot provide
- Pay registration fees for persons attending required outside training, subject to budgetary constraints and Cabinet priorities
- Assist offices and departments in the development of specialized in-house training workshops, including course development and preparation of objectives, outlines, agendas, and evaluations
- Serve as a resource to the district offices to ensure they:
 - ◆ Facilitate assessments of district training needs
 - ◆ Prioritize those needs
 - ◆ Seek desirable sources to meet those needs
 - ◆ Maintain training records for district personnel

TRAINING WITHIN

STATE GOVERNMENT

For training opportunities within state government, the Cabinet's PDOM staff conducts training workshops to provide communication and understanding of Cabinet policies and procedures and state regulations and statutes. Moreover, the Cabinet has a contract with the Personnel Cabinet's Governmental Services Center (GSC) to provide job-related technical training.

PDOM and GSC provide catalogs, schedules, and procedures on their respective websites:

PDOM = https://business.kytc.ky.gov/work/KYTCURedesign/_layouts/15/start.aspx#/

GSC = <https://gsc.personnel.ky.gov/Pages/default.aspx>

GSC is located in the Academic Services Building on the campus of Kentucky State University (KSU), 400 East Main Street, Frankfort. KSU requires parking permits, which protect visitors from receiving parking tickets and paying towing fees. Training attendees may receive parking permits via email, along with notification of the scheduled classes. Permits are also available in the classrooms of the scheduled classes.

TRAINING OUTSIDE**STATE GOVERNMENT**

Before submitting requests for training opportunities outside state government, the requesting office or department shall determine whether or not:

- PDOM or GSC can provide the desired training
- A contract with an external vendor that can provide the training exists

Training resources outside state government include, but are not limited to, the following:

Kentucky Transportation Center: The Kentucky Technology Exchange Program at the center is designed to foster and improve information exchange among state and local governments and private industry. Training offered through the center includes workshops on roadway signs and markings, work zone traffic control, managing people, pavement maintenance and rehabilitation, computer familiarization, and others.

National Highway Institute (NHI): NHI offers many programs available to Cabinet employees. PDOM maintains a catalog of courses and routes announcements of course offerings to management personnel.

American Civil Engineering Center (ACEC): ACEC offers courses in MicroStation, InRoads Technology, and other engineering-related topics.

To establish a contract for training services with an external vendor, the requesting office or department shall submit requests for use of a sole-source vendor to PDOM at least 7 weeks prior to the date of the training event. To establish a contract with a vendor that is not sole-source, PDOM requires submission of requests at least 10 weeks prior to training date.

For the contract, the requesting office or department shall provide the following information about the external training services to PDOM:

- Name of workshop
- Estimated length
- Estimated cost
- Detailed explanation of the topic to be provided in the training
- Deadline for completion
- Vendors who can provide training (list as many viable sources as possible with justification if they are considered sole-source vendors)
- Preferred location
- Number of employees to be trained
- Funding source

**REQUIRED/ELECTIVE
TRAINING &
TRAVEL COSTS**

Required training is job-related training that the Cabinet deems mandatory for continued operations. Training necessary for employees to perform, or to continue to perform, their assigned job tasks as outlined on their position descriptions (PDs) is considered required training. For this training, PDOM shall pay from its training budget the costs for registration and for any required training materials upon receipt of:

- Appropriate training request with sufficient justification and all signature approvals required on the request
- Evidence of attendance

If the required training calls for travel, the requesting office or department shall pay all travel-related costs and allow employees to use regular work time (and accrue compensatory time as necessary) to attend the required training.

Elective training is job-related training that employees or their supervisors may deem a benefit for, or an enhancement of, their assigned job tasks but not a requirement for continuing to perform them. For this training, PDOM does not pay any of the costs from its training budget. However, the employees' office or department head, or designee, has discretionary authority to approve use of regular work schedule, as well as accrual of compensatory time, to attend the training and to bear the costs of any or all of the following:

- Registration fees for the training course
- Any materials required for the training course
- Travel, lodging, food, and other travel-related expenses

If the elective training calls for travel, employees shall complete the applicable travel documentation and follow the approval procedures as outlined in the [Accounts Manual](#).

If the external vendor provides continuing education units (CEUs) for Cabinet training, employees shall pay for any additional costs related to receiving CEUs. The Cabinet is not accredited to provide CEUs for training that it conducts.

COMPENSATORY

TIME

The Cabinet approves compensatory time for required training that extends beyond the employees' assigned work schedules. Supervisors shall adjust employees' work schedules to avoid compensatory time when possible. Approval of compensatory time for elective training is at the discretion of the office or department head, or designee.

If employees, while in travel status, take part in activities normally done outside scheduled work hours (for example, playing in a golf tournament), participation in such activities is not considered work time.

INTERNAL TRAINING

For requesting **internal training** (PDOM or GSC):

1. The employee shall complete TC 12-243 form, *Internal Training Request* ([Exhibit 9031](#)), and submit the document to his or her supervisor.
2. Upon providing signature approval, the supervisor shall submit the training request to his or her office/department/division head for signature approval, who in turn submits the request to KYTC Internal Training Requests mailbox (in the global listing).
3. A staff member of PDOM shall enroll the employee and notify him or her by email identifying the course title, location, date, and time of the class. PDOM encourages all employees to read the emails carefully because occasionally the location of a class may change.

EXTERNAL TRAINING

For requesting **external training** from a current Cabinet-contracted vendor (KTC, NHI, ACEC, etc.):

1. The employee shall complete Part I and Part II of the TC 12-242 form, *External Training Request* ([Exhibit 9032](#)), sign in Part III, and submit it to his or her supervisor at least 60 days prior to the start of the training event or in time to meet early registration (whichever comes first).
2. Upon providing signature approval in Part III, the supervisor shall submit the training to his or her office or department head, or designee, for signature approval to authorize the request for the training and the use of office or department funds to cover the costs of the training (if other Cabinet training funding sources are not applicable) and all travel-related costs.

EXTERNAL TRAINING (CONT.)

3. Upon providing signature approval in Part III, the office or department head, or designee, shall submit the training request to the Assistant Director, or designee, of PDOM at least 10 days prior to the training event or scan the request in an email to KYTC External Training Requests mailbox (in the global listing). If applicable, evidence of out-of-state travel approval (a forwarded email from the Office of Budget and Fiscal Management is sufficient) shall accompany the request.

Note: For information on out-of-state travel authorization, see the [Accounts Manual](#).

4. PDOM shall notify the employee and his or her supervisor of the final decision, with instructions on how to proceed. The office or department responsible for paying the costs of the training shall ensure registration of the approved employees for the training.

**MULTIPLE ATTENDEES
FROM SAME OFFICE
FOR SAME EVENT**

If an internal or external training event has more than 10 prospective attendees of the same training event under the purview of the same supervisor, the supervisor may choose to complete the appropriate training authorization and registration form (TC 12-242 or TC 12-243) with his or her personal information on Page 1 of the form and with a list of the names and employee identification numbers of all the prospective attendees on Page 2.

The supervisor shall secure signature approval from his or her office/department/division head and then submit the form to PDOM. Upon review, PDOM shall notify the supervisor who, in turn, shall notify the prospective attendees, with instructions on how to proceed.

**INTRA-OFFICE
TRAINING**

Some Cabinet offices/departments/divisions conduct their own training for their staffs only and bear all costs for the training. Such training is considered intra-office training and does not require the submission of an official request for approval and enrollment from PDOM.

Upon completion of an intra-office training event, the office/department/division head of the organizational unit conducting the training shall follow the procedure pertaining to post-training (see below) to ensure accurate transcripts of training credit in KELMS.

Note: If the host office decides to invite employees who are not part of its staff to attend the training, the event is no longer intra-office training but an internal or external training event that requires signature approvals from multiple supervisors and therefore completion of the applicable TC 12-242 or TC 12-243 and submission to PDOM for processing (see above).

POST-TRAINING

Upon completion of any training event:

1. The employee shall submit evidence of completion to his or her supervisor within 10 working days.
2. The supervisor shall forward evidence of completion to the Assistant Director, or designee, of PDOM within 5 working days.
3. PDOM shall retain all records and forms associated with the completion of the training event.
4. PDOM shall ensure training credit is recorded in the Kentucky Enterprise Learning Management System (KELMS).
5. PDOM shall conduct periodic audits to ensure compliance.

CANCELLATION


PROCEDURE

If the employee cannot attend an approved training, he or she shall inform his or her supervisor and PDOM in writing (email preferred, sent to KYTC Internal Training Requests or KYTC External Training Requests mailbox in the global listing) within 2 working days prior to the training date to give the Cabinet time to possibly elicit a substitution.

For example, if an employee is scheduled to attend a workshop at 8:30 a.m. on Monday but needs to cancel attendance, the employee shall contact the training provider via email by 8:30 a.m. on the preceding Thursday.

Employees shall select “read receipt” for cancellation emails and keep all correspondence regarding the workshop cancellation. Oral communication by telephone or in person is unacceptable. PDOM shall record as a no-show any employee failing to cancel his or her confirmation or request to attend training. The employee’s office or department may be held responsible for the cost of the training if the employee fails to comply with the cancellation procedure.



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**REGULATORY
AUTHORITY**

603 KAR 8:010

PURPOSE

The Transportation Cabinet offers two scholarship programs:

- Civil Engineering Scholarship Program
- Civil Engineering Technology Scholarship Program

The primary purpose of the scholarship programs is to recruit and retain highly qualified Kentucky residents to serve as statewide civil engineers or civil engineering technologists.

RESPONSIBILITIES

The Secretary of Transportation shall be responsible for approving requests for scholarships in civil engineering, in civil engineering technology, or in other branches of engineering when a need exists in the Cabinet.

The State Highway Engineer shall be responsible for the overall policies, guidance, administration, and proper utilization of the scholarship programs.

The Cabinet and any university or college participating in the programs shall enter into a written agreement that states that the university or college agrees to accept the following responsibilities:

- Appoint a scholarship selection committee from the faculty of the university or college department to receive and review applications for scholarships and make recommendations for awards to the State Highway Engineer
- Notify all successful applicants of requirements for enrollment and attendance at the university or college
- Provide academic guidance and counseling to each scholarship recipient

RESPONSIBILITIES (CONT.)

- Provide to the Cabinet semester grades, semester grade-point averages, and overall grade-point averages for each scholarship student
- Aid the Cabinet in overall coordination of the program and provide space for meetings
- Notify the Cabinet immediately if any scholarship student fails to enroll in or attend the university or college or leaves the university or college

Students selected for the Civil Engineering Scholarship Program have the opportunity to secure a bachelor's degree in civil engineering at one of the following universities:

- University of Kentucky
- University of Louisville
- Western Kentucky University

Students may also study pre-engineering at Kentucky State University, another Kentucky state college or university, or a Kentucky Community and Technical College and complete the degree at the University of Kentucky, the University of Louisville, or Western Kentucky University.

Students selected for the Civil Engineering Technology Scholarship Program have the opportunity to secure an associate's degree in engineering technology at a Kentucky Community and Technical College.

ELIGIBILITY

To be eligible for a scholarship, an applicant shall be one of the following:

- A senior attending an accredited Kentucky high school or a high school graduate who is a resident of Kentucky with a minimum ACT score of 24
- A university or college student enrolled in pre-engineering, civil engineering, or engineering technology who is a resident of Kentucky and who has a grade-point average of 2.5

SCHOLARSHIP**APPLICATION**

An eligible applicant shall complete a scholarship application to the university or college of his or her choice and submit it to:

Transportation Cabinet
Office of Human Resource Management, 6th Floor West
Scholarship Coordinator
200 Mero Street
Frankfort, KY 40622

Applications are available at the address above or online at:

<http://transportation.ky.gov/Education/Pages/default.aspx>

SCHOLARSHIP AWARD

The State Highway Engineer awards scholarships in accordance with recommendations by the university scholarship selection committees, except in either of the following situations:

- The number of scholarships may be reduced because of funding limitations.
- The Cabinet may deny a scholarship to any student whose performance during work assignments with the Cabinet has been unsatisfactory.

BENEFITS

Benefits are as follows:

- Subject to the availability of funds and changes in the cost of attending the universities, benefits for the scholarship students shall consist of a stipend paid at the beginning of the fall semester and of the spring semester.
- The Cabinet does not pay a semester stipend for summer school unless the student attends the University of Louisville full time (minimum of 12 hours).
- Students may be placed in summer work assignments in the Cabinet's Central Office or in one of the twelve highway district offices provided they remain in compliance with scholarship requirements.

**REQUIREMENTS OF
SCHOLARSHIP
STUDENTS**


An applicant who is awarded a transportation scholarship shall:

- Apply, be accepted, and enroll as a full-time student in pre-engineering, civil engineering, or engineering technology at a university with a written agreement with the Transportation Cabinet
- Pay all university tuition and fees, room, board, and book costs
- Execute with the Cabinet a contract that requires at a minimum that the scholarship recipient:
 - ◆ Provide the Cabinet, on request, copies of all grade reports issued by the university
 - ◆ Pursue a degree in civil engineering or engineering technology on a full-time basis and maintain adequate grades as established by the Cabinet
 - ◆ Work one calendar year for the Cabinet after graduation for each academic year a scholarship was received (employment by any other agency of state government shall not satisfy this obligation)

Note: Work performed as a seasonal employee during times a scholarship student is not in school shall not count toward the student's work obligation. However, if a student fails to complete a degree in civil engineering or engineering technology but subsequently becomes a permanent full-time employee of the Transportation Cabinet, work performed as a permanent full-time employee shall satisfy the student's work obligation on a month-for-month basis.

- ◆ Refund all scholarship monies received if he or she breaches the scholarship program contract
- ◆ Forfeit or refund the scholarship monies in the event he or she:
 - Resigns from the Cabinet or the scholarship program before completing the work obligation
 - Fails to make adequate grades
 - Fails to remain in school full time pursuing a degree in civil engineering or engineering technology
 - Is dismissed after permanent employment due to violation of any personnel statutes or administrative regulations before completing the work obligation



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>TRAINING & LICENSING</p> <hr/> <p><i>Subject</i></p> <p>Advanced Leadership Academy</p>
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PURPOSE The Advanced Leadership Academy (ALA) identifies and develops the employee leadership skills essential to the success of future operations of the Transportation Cabinet.

SCOPE The ALA is a one-year program designed to focus on expanding and enhancing leadership skills of Cabinet employees. The program provides experiential training opportunities (both in the classroom and in the field), mentor interactions, job-shadowing opportunities, and group and individual studies.

The maximum enrollment in the academy year is 20, and graduation from the academy requires of each participant 90 percent attendance.

PROVISIONS Submission of application does not guarantee acceptance into the academy. Employees may reapply each academy enrollment cycle.

Selection into or graduation from the academy does not ensure the participant or graduate of a promotion, a reclassification, or any other preferential treatment. Likewise, denial of, removal from, or lack of participation in the academy does not exclude any participant or graduate from opportunities for promotion or reclassification within the scope of merit laws and regulations.

Attendance in the academy does not relieve participants of their current job duties. Participants shall carry out all normal duties as assigned. Participation in this program shall not cause undue hardship to the Cabinet, any organizational unit within the Cabinet, or coworkers.

CANDIDATE ELIGIBILITY To be eligible for the academy, a candidate shall:

- Have a 2-year or 4-year degree or a professional license (experience substituted on a year-for-year basis)
- Hold a position of Grade 15 or higher (exceptions to be reviewed by the ALA Selection Committee)

CANDIDATE**ELIGIBILITY (CONT.)**

- Have worked for Transportation Cabinet for the previous 2 years
- Have successfully completed the Leadership Character training series (**GAP-512**) and Leadership Influence training series (**GAP-513**)
- Submit a complete application packet that includes:
 - ◆ Completed TC 12-208 form, *Advanced Leadership Academy Application* (**Exhibit 9033**), signed and dated by the candidate and his or her first- and second-line supervisors
 - ◆ Completed leadership questionnaire
 - ◆ Supervisor recommendation
- Participate in an interview with the ALA Selection Committee, if deemed necessary

Exceptions: The candidate's second-line supervisor shall submit in writing to the Division of Professional Development and Organizational Management (PDOM) justification for considering the candidate for acceptance into ALA who does not meet the established criteria. Criteria for exceptions that the ALA Selection Committee may consider include the candidate's:

- Past job experiences or positions held
- Current job duties
- Programmatic responsibilities

SELECTION COMMITTEE**ROLE**

The membership of the ALA Selection Committee consists of the:

- ALA Coordinator, Chairperson
- Cabinet Secretary or Deputy Secretary, or Designee(s)
- State Highway Engineer/Selected Department or Office Heads, or Designees
- Office of Human Resource Management Designee(s)
- ALA Oversight Committee Representative(s)

The committee selects candidates for the academy on the basis of:

- Qualifications/Experience
- Leadership questionnaire
- Interview results (if applicable)
- Equitable representation across organizational units of the Transportation Cabinet

SELECTION COMMITTEE

ROLE (CONT.)

Note: Per its Equal Employment Opportunity (EEO) policy, the Cabinet treats employees “impartially and without regard to race, color, religion, national origin, sex, age, disability, sexual orientation, or veteran status in all aspects of selection for training programs and career development within the Cabinet.”

ALA OVERSIGHT

COMMITTEE ROLE

The ALA Oversight Committee consists of:

- ALA Coordinator, Chairperson
- A representative sampling from previous graduating classes

Note: Each graduating class selects a graduate to serve on the ALA Oversight Committee.

The ALA Oversight Committee assists in:

- Developing curriculum for program
- Interviewing and selecting candidates
- Resolving disputes or grievances
- Determining cause for dismissal of a participant from the academy

PDOM ROLE

PDOM shall:

- Establish and maintain guidelines
- Coordinate program
- Develop curriculum, select speakers, and provide practical experiences, with assistance from the Cabinet’s major organizational units and the ALA Oversight Committee
- Establish evaluation process and criteria and oversee participants’ progress
- Record participant progress and compliance to program guidelines and report to the ALA Oversight Committee
- Serve as a liaison between participants, mentors, and supervisors
- Recommend ongoing program needs to appropriate committee
- Develop mentor training and follow-up
- Provide administrative support (scheduling, maintaining records, purchasing supplies, etc.)

PARTICIPANT ROLE

The ALA participant shall:

- Coordinate work schedule and ALA schedule with first-line supervisor
- Keep supervisor informed of academy activities and obligations
- Adhere to academy attendance and participation requirements
- Select a mentor and schedule and attend monthly interactions
- Keep a log of the monthly interactions with mentor

MENTOR ROLE

The mentor shall:

- Be in a leadership position on a career path that is similar to or desired by the ALA participant
- Agree to adhere to the established mentoring guidelines as presented by the ALA participant
- Meet with the ALA participant according to an agreed-upon schedule that results in 10 hours of interaction before graduation (monthly meetings highly recommended)
- Provide ALA coordinator written feedback on interaction with the participant

ROLE OF PARTICIPANT'S

SUPERVISOR

The ALA participant's supervisor shall:

- Coordinate job duties and workflow
- Respect ALA training time
- Assess progress and provide feedback to candidate

ROLE OF SPONSOR

Each office or department with an ALA participant becomes a sponsor, which shall assume the costs of:

- Travel (in-state and out-of-state) associated with Central Office and district office exchanges
- Accommodations necessary for participation in the ALA

ROLE OF CABINET

The Cabinet shall:

- Assure funding for and support the goals of the program
- Uphold the principles of best-performance practices for the organization and for the participants
- Formally recognize achievement of program participants

CAUSES FOR

DISMISSAL

The Cabinet may dismiss an ALA participant from the program for the following infractions:

- Excessive absenteeism (absent more than a total of 10 percent of the program's pre-established course time.


Note: The ALA Oversight Committee may review participants with extenuating circumstances regarding absenteeism and recommend remedial actions to compensate for absences up to 10 percent of pre-established course time.

CAUSES FOR**DISMISSAL (CONT.)**

- Disciplinary action
- Decision by participant's supervisor
- Decision by the Executive Director of the Office of Human Resource Management to modify or rescind a participant's involvement upon determination that involvement no longer benefits the Cabinet
- Violations of **GAP-801** policy
- Participant's self-dismissal

The participant will receive an official written notification of dismissal, a copy of which will be forwarded to the participant's supervisor.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>TRAINING & LICENSING</p> <hr/> <p><i>Subject</i></p> <p>STAR Program</p>
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PURPOSE The STAR (Supervisor Training & Resources) Program serves as the Transportation Cabinet's primary source of supervisory training for Cabinet personnel. The program offers an in-depth orientation to the responsibilities and expectations of those who oversee and evaluate the job performances of others.

SCOPE The STAR Program consists of courses designed specifically to develop and enhance supervisory skills and to increase understanding of Cabinet policies and procedures, thereby ensuring compliance with state and federal statutes and regulations.

Certification from the program requires 100 percent attendance. Upon completion of the program, participants receive a certificate of achievement.

Courses include but are not limited to such subjects as:

- Employee Compliance
- Selection & Hiring Process
- Performance Matters
- Workplace Conduct
- Attendance and Leave Reporting
- Reasonable Suspicion
- Antiharassment/Workplace Violence Prevention
- Leadership Essentials

REQUIRED PARTICIPATION The Cabinet requires all employees newly appointed or promoted to a management role to complete the program's required courses within 12 months of their appointment or promotion.

VOLUNTARY**PARTICIPATION**

Nonsupervisory employees may apply to the STAR Program. The Office of Human Resource Management's Professional Development Branch (PDB) evaluates these requests on a case-by-case basis.

If an employee in a nonsupervisory role is promoted to a supervisory role and has completed any courses in the STAR program within the last 12 months prior to their promotion, those courses will count towards their STAR program requirement. Any classes completed beyond the 12-month period are required to be repeated.

Participation in the program does not ensure the participant or graduate of a promotion, a reclassification, or any preferential treatment in the selection and hiring process, nor does lack of participation in the program exclude any employee from opportunities for promotion or reclassification within the scope of merit laws and regulations.

The program does not relieve participants of their current job duties. Participants shall perform all normal duties as assigned. Participation in this program shall not cause undue hardship to the Cabinet, any organizational unit within the Cabinet, or coworkers.

ROLE OF PARTICIPANT

The STAR participant shall:

- Complete the TC 12-269, *STAR Program Enrollment Request* ([Exhibit 9044](#)), obtain signature approval from supervisor, and submit request to PDOM
- Coordinate work schedule with his or her supervisor
- Adhere to program attendance and participation requirements

**ROLE OF PARTICIPANT'S
SUPERVISOR**

The STAR participant's supervisor shall:

- Coordinate job duties and workflow
- Accommodate STAR training time

ROLE OF PDOM

The Division of Professional Development and Organizational Management (PDOM) shall:

- Establish and maintain program guidelines
- Coordinate program enrollment
- Develop and deliver program curriculum
- Establish evaluation process and criteria and oversee participants' progress

**ROLE OF PDOM
(CONT.)**

- Record participants' progress and compliance to program guidelines
- Provide administrative support (scheduling, maintenance of records, purchase of supplies, etc.)

PDOM provides more program details, including course descriptions and a class schedule, online at:


https://business.kytc.ky.gov/work/KYTCURedesign/_layouts/15/start.aspx#/SitePages/STAR.aspx

ROLE OF CABINET

The Cabinet shall:

- Support the goals of the program
- Uphold the principles of best-performance practices for the organization and for the participants
- Formally recognize achievement of program participants



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PURPOSE	The Roadmap Program is a series of courses designed to help entry- to mid-level Transportation Cabinet employees develop and expand their administrative skills and maximize their potential as governmental administrators.
SCOPE	Roadmap consists of 12 required half-day courses. Students receive 3.5 hours of training credit for completion of each required half-day course. Graduation from the program requires 100 percent attendance of the required courses. Opportunities to attend courses are available throughout the year.
PROVISIONS	<p>The Roadmap Program is open to all Cabinet employees who have supervisor approval to attend. However, the number of participants for each enrollment period is limited.</p> <p>Participation in the program does not ensure the participant or graduate of a promotion, a reclassification, or any preferential treatment in the selection and hiring process, nor does lack of participation in the program exclude any employee from opportunities for promotion or reclassification within the scope of merit laws and regulations.</p> <p>The program does not relieve participants of their current job duties. Participants shall perform all normal duties as assigned. Participation in this program shall not cause undue hardship to the Cabinet, any organizational unit within the Cabinet, or coworkers.</p>
CANDIDATE ELIGIBILITY	All Cabinet employees are eligible to apply to the program.
ROLE OF PARTICIPANT	<p>The Roadmap participant shall:</p> <ul style="list-style-type: none"> ➤ Complete the TC 12-270, <i>Roadmap Program Enrollment Request</i> (Exhibit 9045), obtain signature approval from supervisor, and submit request to PDOM ➤ Coordinate work schedule with his or her supervisor ➤ Adhere to program attendance and participation requirements

ROLE OF PARTICIPANT'S**SUPERVISOR**

The Roadmap participant's supervisor shall:

- Coordinate job duties and work flow
- Accommodate Roadmap training time

ROLE OF PDOM

The Division of Professional Development and Organizational Management (PDOM) shall:

- Establish and maintain program guidelines
- Coordinate program enrollment
- Develop and deliver program curriculum
- Establish evaluation process and criteria and oversee participants' progress
- Record participants' progress and compliance to program guidelines
- Provide administrative support (scheduling, maintenance of records, purchase of supplies, etc.)

PDOM provides more program details, including course descriptions and a class schedule, online at:


<https://business.kytc.ky.gov/apps/kytcu/kytctng/Pages/Roadmap.aspx>

ROLE OF CABINET

The Cabinet shall:

- Support the goals of the program
- Uphold the principles of best-performance practices for the organization and for the participants
- Formally recognize achievement of program participants



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	<p><i>Subject</i></p> <p>Professional Licenses & Certifications</p>

**CONDITION OF
EMPLOYMENT**

The Transportation Cabinet reimburses employees for the costs incurred to acquire and maintain professional licenses or certifications (excluding the common driver's license) if the job specifications of their current positions require them as a condition of their employment and if employees comply with all the provisions herein. Reimbursement is limited to the costs for the required routine physical examination and the fees for no more than two attempts at obtaining/renewing the professional license or certification for any one cycle. Costs for additional attempts in that cycle rest solely with the employees.

The Cabinet continues reimbursement as long as the employee remains in a position requiring the license or certification. If an employee moves to a position that no longer requires the license or certification but would like it to remain current, the employee shall bear all the costs of renewal.

Note: Obtaining/renewing a license or certification required for special circumstances not included as part of a job classification requires approval from the Cabinet Secretary or the State Highway Engineer.

AUTHORIZATION

To request authorization for obtaining a professional license or certification and subsequent reimbursement, each employee shall:

1. Obtain written pre-approval via email or memorandum from his or her office or department head verifying that the class specification of the employee's current position requires the license/certification as a condition of employment, detailing all costs for acquiring or renewing it, including, but not limited to, the costs of required:
 - Written/oral examinations
 - Skills tests
 - Physical examinations

AUTHORIZATION (CONT.)

2. Fulfill requirements for the license/certification, pay for expenses of securing it, and obtain receipts of payment for reimbursement

Note: For licenses/certifications requiring physical examinations (see [GAP-507](#) for more details about CDLs), employees shall be reimbursed up to \$150.00 for the physicals. However, the Cabinet cannot reimburse for physical examinations paid through an employee's flexible spending account (FSA) or health reimbursement account (HRA) or for additional health-related examinations, treatments, etc., discovered during the routine physical examination.

3. Complete and sign the TC 31-21 form, *Travel Reimbursement Request* ([Exhibit 9035](#))
4. Attach original printed receipts or other evidence of payment required for obtaining or renewing the license/certification
5. Attach a copy of official evidence of successful licensure/certification
6. Submit all documentation described above to the Office of Human Resource Management for review and approval

Note: The deadline for submission of all correct documentation for reimbursement is 6 months from the date of payment by the employee as indicated by the original receipt or other evidence of payment. Without proof of extenuating circumstances, failure to comply with the deadline will result in Cabinet denial of reimbursement.

The Office of Human Resource Management shall:

1. Review all documentation for compliance with the class specification and with the requirements for reimbursement stated above
2. Process approved documentation through eMARS
3. Submit the TC 31-21 form to the Division of Accounts to signify approval (or return to the employee upon denial, along with an explanation for denial)

LEAVE TIME


The Cabinet allows employees to attend initial appointments for knowledge examinations, skills tests, physical examinations, etc., required for acquiring or renewing a professional license or certification without having to use personal leave time. However, if an employee needs to repeat any examination due to unsuccessful initial results, he or she shall use personal annual or compensatory leave.

TRAVEL EXPENSES The Cabinet bears no responsibility for any travel costs incurred for acquiring or maintaining professional licenses or certifications. The Cabinet prohibits the use of a state vehicle for completing any requirement for obtaining or renewing a license or certification. Travel costs rest solely with employees.

ELECTIVE LICENSURE The Cabinet is under no obligation to bear employee costs of any professional licensure/certification that is not a condition of employment. Employees shall bear the costs with the use of personal funds and personal time.

For elective professional licensure/certification that an office or department head may deem beneficial for their employees in the conduct of their duties, or in the best interest of the Cabinet, but that the Cabinet does not require as a condition of employment, the office or department head has discretionary authority to approve use of regular work schedule and to bear the costs of any or all of the expenses (excluding travel expenses) for acquiring or renewing the elective professional licensure/certification.



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**CONDITION OF
EMPLOYMENT**

The Cabinet reimburses employees for certain costs incurred to acquire and maintain a commercial driver's license (CDL) if the class specifications of their current positions require it as a condition of their employment and if employees comply with all the provisions herein. The Cabinet continues reimbursement as long as the employee remains in a position requiring the CDL. If an employee moves to a position that no longer requires the license but still would like it to remain current, the employee shall then bear all costs related to renewal.

This policy also pertains to employees who are not assigned to maintenance units but who volunteer and are approved by the Department of Highways to perform snow and ice removal and other maintenance activities as needed. Such employees shall obtain written pre-approval via email or memorandum from his or her office or department head to apply for the CDL.

Reimbursement is limited to the costs for the required routine physical examination (up to \$150.00 every 22 months) and to Cabinet-specified fees for obtaining/renewing the CDL.

**ACQUIRING &
RENEWING CDL**

To apply for a CDL or the renewal of a CDL, an employee shall:

1. Pass a physical examination given by a medical examiner certified in performing examinations for CDL drivers. Employees have two options for securing the physical examination:
 - **Option A:** Have the office coordinator schedule the employee to take the physical examination during working hours at a Cabinet-contracted health facility, at Cabinet expense.

**ACQUIRING &
RENEWING CDL (CONT.)**

- **Option B:** Schedule and take the physical examination at another health facility with a medical examiner certified in performing examinations for CDL drivers. Before scheduling an appointment, employees shall ensure the medical examiner has this certification. If the examiner does not have it, any physical examination performed would be invalid, and employees would be unable to apply for their CDLs or to receive reimbursement.

Note: The National Registry of Certified Medical Examiners is available online at:

<https://nationalregistry.fmcsa.dot.gov/NRPublicUI/home.seam>

Employees may take the examination during working hours, pay the costs, and request reimbursement. Without the proper certification of the medical examiner, however, the examination is not valid, and employees would be unable to apply for their CDLs or to receive reimbursement. Reimbursement procedures and limits are discussed below.

Note: The Cabinet cannot reimburse payments made through an employee's flexible spending account (FSA) or health reimbursement account (HRA) due to Internal Revenue Service (IRS) regulations governing the use of FSAs and HRAs. These accounts are designed for the benefit of the employee to pay for allowable healthcare costs that are not reimbursable by the Cabinet or are not covered by health insurance plans. Furthermore, the Cabinet cannot reimburse for additional health-related examinations, treatments, etc., discovered during the routine physical examination.

2. Obtain a MCSA-5876 form, *Medical Examiner's Certificate (for Commercial Driver Medical Certification)* ([Exhibit 9034](#)), completed by the certified medical examiner
3. If intending to request reimbursement as applicable, obtain a printed receipt of payment that shows employee's name, date of service, proof of payment, and reason for visit (CDL/DOT physical)

**ACQUIRING &
RENEWING CDL (CONT.)**

4. Return a copy of the completed MCSA-5876 form and, if applicable, the TC 31-50 form, *License Expense Reimbursement Request* (**Exhibit 9006**), along with the original printed receipt of payment for the physical examination, to his or her office coordinator
5. Provide the completed MCSA-5876 form to his or her local Circuit Court Clerk's office and complete the required CDL application there
6. Pass a knowledge test, in written or oral form, and a vision test

Note: Hazardous Material Endorsement requires employees to pass a written test. To prepare for CDL testing, the employee may refer to the *Commercial Driver License Manual* maintained by the Kentucky State Police at the following website:

<https://www.kentuckystatepolice.ky.gov/driver-testing>

7. Receive from the Circuit Court Clerk's office a CDL instruction permit (valid for 6 months) for successful completion of the steps above

Note: Employees shall hold the permit for at least 10 days prior to taking the road skills test. To schedule a road skills test, the employee shall contact the Kentucky State Police at (800) 542-5990.

8. Pass the required road skills tests to meet job requirements
9. Pay for all Cabinet-specified costs related to securing the CDL (excluding Cabinet-contracted physical examinations); obtain printed receipts of payment, with breakdown of expenses; and request reimbursement

CDLs shall be renewed every eight years; however, to remain valid during that period, CDL holders shall ensure that their *Medical Examiner's Certificate* (MCSA-5876 form) remains current during the entire eight-year period. CDL holders will upload required documentation to the Division of Driver Licensing using the MYCDL/Document Upload Portal as follows:

- Create a Kentucky Business One Stop account at www.onestop.ky.gov
- Submit required documents via the MYCDL/Document Upload Portal at <http://mycdl.ky.gov>

**REIMBURSEMENT OF
CDL-RELATED FEES**

The Transportation Cabinet reimburses employees for the following fees incurred for acquiring or renewing the CDL:

- CDL Application
- CDL Instruction Permit
- Original CDL
- Transfer CDL
- Transfer CDL Instruction Permit
- Skills and Knowledge Testing for CDL Permit
- Tanker Endorsement
- Hazmat Endorsement
- Combination/Brake
- Physical Examination (if applicable)

Note: Eligible employees may receive up to \$150.00 every 22 months for required CDL physicals.

To request reimbursement, the CDL licensee shall:

1. Complete and sign the TC 31-50 form to request reimbursement for the CDL-related fees or submit all documentation via AgilePoint

Note: Employees without state or personal emails need to include a completed TC 31-50 form with their reimbursement request documentation. The form is not required when submitting documentation via AgilePoint.

2. Attach the following:
 - a. Original printed receipt, with breakdown of expenses, as evidence of payment
 - b. Copy of MCSA-5876 form, *Medical Examiner's Certificate*
 - c. Copy of new CDL
 - d. Written pre-approval from the office or department head if the license is not required by job classification
3. Submit the documentation through the proper channel of approval for processing in draft status in eMARS at the district-office level

DISTRICT OFFICE

RESPONSIBILITIES

To ensure employees are properly reimbursed, the district office coordinator shall:

1. Process all CDL-related reimbursement requests, including those for physical examinations, in draft status in eMARS, per instructions from the Organizational Management Branch
2. Electronically submit documents related to the CDL reimbursement to the Organizational Management Branch via AgilePoint or email for final processing and approval

Note: If an employee obtains the physical examination through a Cabinet-contracted health facility, the employee is not eligible for reimbursement because he or she incurs no costs. For such employees, the district office coordinator shall provide the Organizational Management Branch the name of the Cabinet-contracted health facility the employee attended and the specific reason for the visit to the facility. This information will help in reconciling the billing from the Cabinet-contracted health facility.

The deadline for submission of all correct documentation for reimbursement is 6 months from the date of payment by the employee as indicated by the original receipt or other evidence of payment. Without proof of extenuating circumstances, failure to comply with the deadline will result in Cabinet denial of reimbursement.

The district office shall maintain files of MCSA-5876 forms received from employees. OHRM may periodically request reports from the district office to ensure employee compliance with licensure requirements.

LEAVE TIME

The Transportation Cabinet allows employees to attend initial appointments for knowledge examinations, skills tests, physical examinations, etc., required for acquiring or renewing the CDL without having to use personal leave time. However, if an employee needs to repeat any examination due to unsuccessful initial results, he or she shall use personal annual or compensatory leave and bear all costs for retesting.

TRAVEL EXPENSES

The Cabinet bears no responsibility for any travel costs incurred for acquiring or maintaining the CDL. Travel costs rest solely with employees. Except for the road skills test, the Cabinet prohibits the use of a state vehicle for completing any requirement for obtaining or renewing a CDL.

SUSPENSION OR**REVOCATION OF CDL**

Every state employee whose duties require a CDL or any other driver's license shall comply with all Kentucky statutes and regulations pertaining to the maintenance of a valid CDL or a valid driver's license.

If a state employee's CDL or driver's license is suspended or revoked, the employee shall notify his or her supervisor of the suspension or revocation on the employee's next scheduled workday.

During the time of the license suspension or revocation, the Cabinet shall prohibit the employee from operating any state-owned vehicle or equipment requiring a valid CDL or driver's license.


For more information about policies regarding the use of state vehicles, employees may refer to [GAP-1104-2](#) or contact the Finance and Administration Cabinet, Division of Fleet Management, at any of the following:

- <https://finance.ky.gov/office-of-the-secretary/office-of-fleet-management/Pages/fleet-guidance-and-rates.aspx>
- 369 Warsaw Street, Frankfort, Kentucky 40601
- Phone: 502-564-2260
- Fax: 502-564-2010

POLICY VIOLATION

Violation of this policy constitutes grounds for disciplinary action, up to and including dismissal from the Cabinet (see [GAP-901](#), "Employee Discipline").



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	<p><i>Subject</i></p> <p>Notary Public Commission Fees</p>

**NOTARY PUBLIC
COMMISSION**


Upon prior approval by the Appointing Authority, the Cabinet bears the costs of obtaining and renewing notary public commissions in order to provide notary services for the Cabinet.

The procedure for obtaining a notary public commission is as follows:

1. Upon authorization by the Appointing Authority, the employee from a requesting office or department shall:
 - a. Complete an application from either the Secretary of State's office or any county clerk's office
 - b. Submit the application to the Secretary of State, Frankfort, Kentucky, for approval
2. The requesting office or department shall:
 - a. Request the Secretary of State's office to complete an ITI (interaccount) document in eMARS
 - b. Pay the fee by completing and submitting an ITA document in eMARS
3. The Secretary of State shall send the commission to the county clerk's office, which, in turn, shall notify the applicant of the Secretary's approval.
4. Before receiving the commission from the county clerk's office, the applicant shall obtain a bond as prescribed by the county and shall pay a county fee. The applicant may purchase the notary seal locally. The requesting office or department shall reimburse the applicant for the county fee by completing and submitting a TP Travel Reimbursement Request.

Commissions are valid for a four-year period. The same procedure is to be followed for the reappointment of a notary public.



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	<p><i>Subject</i></p> <p>Professional Organization Fees (Membership Dues, Meetings, Conferences)</p>

**PROFESSIONAL
ORGANIZATIONS**

The Transportation Cabinet is under no obligation to bear employee costs of membership dues to professional organizations or the expenses for attending meetings or conferences of professional organizations. Employees shall bear the costs with the use of personal funds and personal time.

If an office or department head deems membership in a professional organization or attendance of meetings or conferences of a professional organization beneficial in the conduct of the duties of the office or department, or in the best interest of Cabinet operations, the office or department head has discretionary authority to:

- Approve use of regular work schedule, as well as accrual of compensatory time
- Bear the costs of any or all of the expenses for membership in a professional organization or for attendance of meetings or conferences of a professional organization, which may include registration fees, costs of materials, and travel-related costs (travel, lodging, food, etc.)

Note: If a conference includes workshops, seminars, classroom presentations, etc., of required job-related training in which attendees learn the skills or acquire the knowledge to do their current jobs, the Cabinet may use training funds designated for required training to pay for conference expenses, excluding travel-related costs ([GAP-501](#) details required- training requests).

TRAVEL EXPENSES

If attendance of a meeting or conference of a professional organization calls for travel, employees shall pay for all travel-related expenses. Employees shall secure printed receipts as proof of payment for later reimbursement if office or department head has granted pre-approval for such reimbursement.


TRAVEL EXPENSES**(CONT.)**

To request reimbursement for travel expenses from the office or department funds, employees shall:

1. Complete TC 31-21 form, *Travel Reimbursement Request* ([Exhibit 9035](#))
2. Attach the original printed receipts or other evidence of payment
3. Submit the documentation to the office or department head for final approval and payment

Note: The deadline for submission of all correct documentation for reimbursement is 6 months from the date of payment by the employee as indicated by the original receipt or other evidence of payment. Without proof of extenuating circumstances, failure to comply with the deadline will result in Cabinet denial of reimbursement.



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PURPOSE	<p>The Guiding Potential Supervisors (GPS) Program is a series of training courses designed for employees who aspire to become supervisors. The program offers insight into the skills and traits necessary to be an effective manager and leader of personnel.</p>
SCOPE	<p>The GPS Program consists of 6 half-day classroom courses and 2 online videos designed specifically to develop and enhance leadership and supervisory skills.</p> <p>Students receive 3.5 hours of training credit for completion of each half-day course. Certification from the program requires 100 percent attendance. Upon completion of the program, participants receive a certificate of achievement.</p> <p>Courses include but are not limited to such subjects as:</p> <ul style="list-style-type: none"> ➤ Dealing with Difficult Behavior ➤ Effective Communication ➤ Employee Engagement ➤ Forward Thinking ➤ Supervisors' Secrets to Success ➤ First 90 Days
PROVISIONS	<p>The GPS Program is open to all Cabinet employees who have supervisor approval to attend. However, the number of participants for each enrollment period is limited.</p> <p>Participation in the program does not ensure the participant or graduate of a promotion, a reclassification, or any preferential treatment in the selection and hiring process, nor does lack of participation in the program exclude any employee from opportunities for promotion or reclassification within the scope of merit laws and regulations.</p> <p>The program does not relieve participants of their current job duties. Participants shall perform all normal duties as assigned. Participation in this program shall not cause undue hardship to the Cabinet, any organizational unit within the Cabinet, or coworkers.</p>

CANDIDATE ELIGIBILITY Candidates shall be nominated for participation in the program by their supervisors. There is no other requirement for eligibility.

ROLE OF PARTICIPANT The GPS participant shall:

- Complete the TC 12-275, *GPS Program Enrollment Request* ([Exhibit 9046](#)), obtain signature approval from supervisor, and submit request to PDOM
- Coordinate work schedule with his or her supervisor
- Adhere to program attendance and participation requirements

ROLE OF PARTICIPANT'S SUPERVISOR The GPS participant's supervisor shall:

- Coordinate job duties and work flow
- Accommodate GPS training time

ROLE OF PDOM The Division of Professional Development and Organizational Management (PDOM) shall:

- Establish and maintain guidelines
- Coordinate program enrollment
- Develop and deliver program curriculum
- Establish evaluation process and criteria and oversee participants' progress
- Record participants' progress and compliance to program guidelines
- Provide administrative support (scheduling, maintenance of records, purchase of supplies, etc.)


PDOM provides more program details, including course descriptions and a class schedule, online at:

https://business.kytc.ky.gov/work/KYTCURedesign/_layouts/15/start.aspx#/SitePages/GPS.aspx

ROLE OF CABINET The Cabinet shall:

- Support the goals of the program
- Uphold the principles of best-performance practices for the organization and for the participants
- Formally recognize achievement of program participants



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>TRAINING & LICENSING</p> <hr/> <p><i>Subject</i></p> <p>Bridging Opportunities Training Program (BOTP)</p>
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PURPOSE The Bridging Opportunities Training Program (BOTP) is intended to provide opportunities to nontraditional students in post-secondary degree programs to gain experience and insight into the variety of careers available with the Kentucky Transportation Cabinet (KYTC).

MISSION This paid internship program provides qualified students opportunities to work alongside highly skilled KYTC professionals, gain hands-on experience, interact with experts and peers, and expand their professional network.

GENERAL GUIDELINES The BOTP is offered 3 times per year, with a maximum enrollment of 10 interns per term.

- Term 1: Fall
- Term 2: Spring
- Term 3: Summer

Participation in this program shall not cause undue hardship to KYTC, any organizational unit within KYTC, or coworkers, nor does it relieve participants of their current academic responsibilities.

Participation in the program does not provide the participants any preferential treatment in KYTC's selection and hiring process.

The Office of Civil Rights and Small Business Development (OCRSBD) provides additional details at:

<http://transportation.ky.gov/Education/Pages/Bridging-Opportunities-Training-Program.aspx>

APPLICANT ELIGIBILITY

REQUIREMENTS

Applicants shall meet the following requirements to be eligible for BOTP:

- Have a 2.5 GPA or higher
- Be enrolled as a full-time undergraduate or graduate student at a Kentucky college or university during the term of the internship
- Have earned at least 30 undergraduate semester hours

APPLICATION

PROCESS

Applicants shall submit:

- Completed TC 18-15 form, *Bridging Opportunities Training Program Application-College Program* ([Exhibit 9043](#)), signed and dated by the applicant
- Unofficial transcript
- Resume or curriculum vitae (CV)
- One letter of recommendation from a nonfamily member, ideally from a professor, advisor, or some other professional affiliation
- Personal statement explaining why they applied to BOTP and how being a nontraditional student will impact their public service

ROLE OF INTERNS

Interns shall:

- Provide work area supervisor and BOTP coordinator with copies of their current class schedule
- Adhere to KYTC, OCRSBD, and work area policies and procedures
- Adhere to KYTC dress code policy unless advised differently by the BOTP coordinator, OCRSBD's Civil Rights Branch Manager, and work area supervisor
- Submit a completed TC 18-22 form, *Bridging Opportunities Training Program-Expectation & Participation Acknowledgment* ([Exhibit 9048](#)) to the BOTP coordinator
- Select a set work schedule of either 2 or 3 days per week and keep this schedule for the duration of the term

**ROLE OF INTERNS
(CONT.)**

- Submit a completed timesheet in KHRIS for approval by the Civil Rights Branch Manager
- Work no more than 24 hours per week unless preapproved by the BOTP coordinator, Civil Rights Branch Manager, and work area supervisor.
- Attend and participate in mandatory, bi-weekly, intern group meetings
- Obtain preapproval from the work area supervisor and BOTP coordinator for any changes to schedule, requests for time off, or requests to work overtime
- Notify work area supervisor and BOTP coordinator if they are unable to arrive at work on time or want to leave work early
- Perform on-site work at their designated work location

Note: Internships are not eligible for telecommuting privileges.

At the end of each term, interns shall submit a completed TC 18-27 form, *Bridging Opportunities Training Program – Intern Self-Assessment* ([Exhibit 9050](#)), to their supervisors. Supervisors will submit the form to the BOTP coordinator.

**ROLE OF BOTP
COORDINATOR**

The BOTP coordinator shall:

- Process intern applications—coordinating with OHRM and work area supervisors as needed—and complete administrative tasks related to the BOTP process, including the BOTP Application Summary
- Maintain regular communication with interns during the term, acting as point of contact for interns
- Conduct bi-weekly group meetings and assigns professional development training, tasks, or assignments
- Facilitate placement of interns in work areas and coordinate with work area supervisors regarding intern work schedules

ROLE OF BOTP

COORDINATOR (CONT.)

- Schedule meetings with work area supervisors, at least once monthly, to gain feedback on intern job performance and to address any issues or concerns
- Attend internship and career fairs to provide information to prospective applicants at Kentucky colleges and universities
- Contacts the Office of Human Resource Management's (OHRM's) Employee Compliance Branch regarding disciplinary issues

ROLE OF WORK AREA

SUPERVISORS

A work area supervisor shall:

- Discuss with intern the office/department procedures (developing official work schedule, signing in and out, reporting tardies and absences, etc.)
- Provide assignments that extend the length of the agreed-upon intern's work schedule, with one 15-minute break per 3 hours
- Meet with the BOTP coordinator, at least monthly as scheduled, to provide feedback on intern job performance and to address any issues or concerns
- Report to the BOTP coordinator any disciplinary or job performance issues regarding the intern

ROLE OF CIVIL RIGHTS

BRANCH MANAGER

The OCRSBD's Civil Rights Branch Manager shall enter and approve intern timesheets in KHRIS and assist with other administrative and program tasks as needed, such as purchasing supplies and submitting orders for program materials.

ROLE OF OHRM

OCRSBD shall collaborate with OHRM to ensure that intern applications are properly processed for administrative purposes. OHRM shall provide technical assistance to ensure compliance with regulations, statutes, and Personnel Cabinet guidelines for the necessary position actions (such as payroll, timesheet processing, and other personnel actions).

ROLE OF KYTC

KYTC shall:

- Support the goals of the BOTP
- Uphold the principles of best-performance practices for the organization and for BOTP participants

INTERNSHIP

COMPLETION

At the end of program participation, interns shall submit a complete TC 18-28 form, *Bridging Opportunities Training Program – Intern Exit Survey* ([Exhibit 9051](#)), to their supervisors. Supervisors will submit this form and a completed TC 18-29 form, *Bridging Opportunities Training Program – Work Area Supervisor Intern-Exit Survey* ([Exhibit 9055](#)), to the BOTP coordinator.

PROGRAM & POLICY

NONCOMPLIANCE


Interns shall adhere to all BOTP guidelines and professional standards. To maintain a constructive and respectful learning environment, the BOTP follows a progressive accountability policy for violations of expectations, including but not limited to attendance issues, unprofessional conduct, or breach of KYTC policies. A breach of KYTC policies may be referred to OHRM and may result in the following:

Step 1: Verbal warning and documentation of the incident or issue

Step 2: Written warning outlining the concern and expectations for improvement

Step 3: Dismissal from BOTP



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PURPOSE The Leadership Character Program is a series of courses designed to help KYTC employees develop their leadership knowledge, skills, and abilities. This program will focus on developing their leadership character.

SCOPE The Leadership Character Program consists of 5 classes. Students receive 3.0 hours of training credit for completion of each required classes. Certification from the program requires 100 percent attendance of the required courses and completion of outside assignments. Opportunities to attend courses are available throughout the year.

PROVISIONS The Leadership Character Program is open to all Cabinet employees who have supervisor approval to attend. However, the number of participants for each enrollment period is limited.

Participation in the program does not ensure the participant or graduate of a promotion, a reclassification, or any preferential treatment in the selection and hiring process, nor does lack of participation in the program exclude any employee from opportunities for promotion or reclassification within the scope of merit laws and regulations.

The program does not relieve participants of their current job duties. Participants shall perform all normal duties as assigned. Participation in this program shall not cause undue hardship to the Cabinet, any organizational unit within the Cabinet, or coworkers.

CANDIDATE ELIGIBILITY All Cabinet employees are eligible to apply to the program.

ROLE OF PARTICIPANT The Leadership Character Program participant shall:

- Complete the TC 12-288, *Leadership Character Program Application (Exhibit 9100)*, obtain signature approval from supervisor, and submit request to PDOM
- Coordinate work schedule with his or her supervisor
- Adhere to program attendance and participation requirements

ROLE OF PARTICIPANT'S

SUPERVISOR

The Leadership Character Program participant's supervisor shall:

- Coordinate job duties and workflow
- Accommodate Leadership Character Program time

ROLE OF PDOM

The Division of Professional Development and Organizational Management (PDOM) shall:


- Establish and maintain program guidelines
- Coordinate program enrollment
- Develop and deliver program curriculum
- Establish evaluation process and criteria and oversee participants' progress
- Record participants' progress and compliance to program guidelines
- Provide administrative support (scheduling, maintenance of records, purchase of supplies, etc.)

ROLE OF CABINET

The Cabinet shall:

- Support the goals of the program
- Uphold the principles of best-performance practices for the organization and for the participants
- Formally recognize achievement of program participants



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PURPOSE The Leadership Influence Program is a series of training courses designed to help KYTC employees develop their leadership knowledge, skills, and abilities in leading others through influence.

SCOPE The Leadership Influence Program consists of 5 classes. Students receive 3.0 hours of training credit for completion of each required classes. Certification from the program requires 100 percent attendance of the required courses and completion of outside assignments.

PROVISIONS The Leadership Influence Program is open to all Cabinet employees who have supervisor approval to attend. However, the number of participants for each enrollment period is limited.

Participation in the program does not ensure the participant or graduate of a promotion, a reclassification, or any preferential treatment in the selection and hiring process, nor does lack of participation in the program exclude any employee from opportunities for promotion or reclassification within the scope of merit laws and regulations.

The program does not relieve participants of their current job duties. Participants shall perform all normal duties as assigned. Participation in this program shall not cause undue hardship to the Cabinet, any organizational unit within the Cabinet, or coworkers.

CANDIDATE ELIGIBILITY All Cabinet employees are eligible to apply to the program.

ROLE OF PARTICIPANT The Leadership Influence Program participant shall:

- Complete the TC 12-289, *Leadership Influence Program Application (Exhibit 9101)*, obtain signature approval from supervisor, and submit request to PDOM
- Coordinate work schedule with his or her supervisor
- Adhere to program attendance and participation requirements

ROLE OF PARTICIPANT'S

SUPERVISOR

The Leadership Influence Program participant's supervisor shall:

- Coordinate job duties and workflow
- Accommodate Leadership Influence Program time

ROLE OF PDOM

The Division of Professional Development and Organizational Management (PDOM) shall:

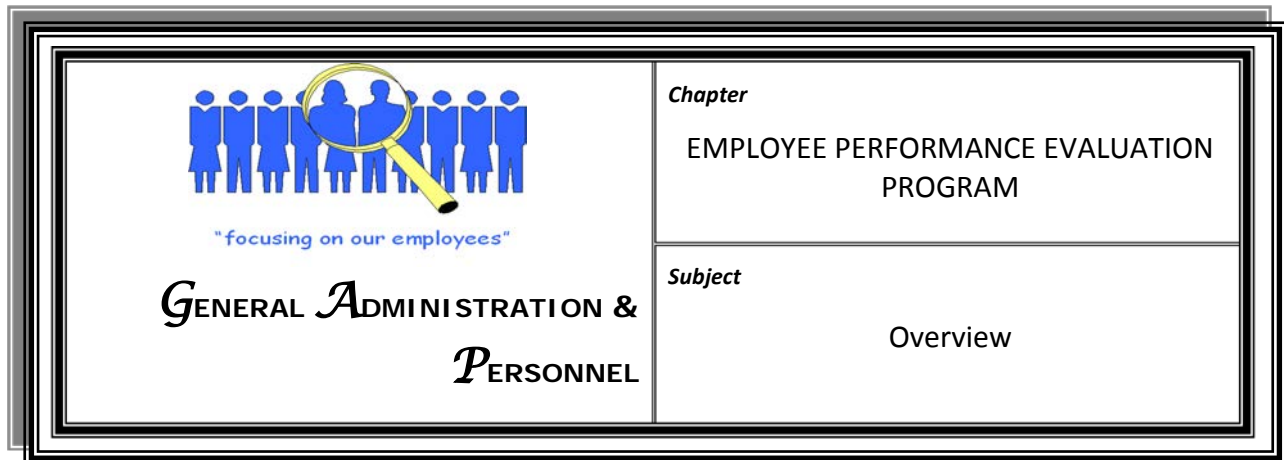
- Establish and maintain program guidelines
- Coordinate program enrollment
- Develop and deliver program curriculum
- Establish evaluation process and criteria and oversee participants' progress
- Record participants' progress and compliance to program guidelines
- Provide administrative support (scheduling, maintenance of records, purchase of supplies, etc.)

ROLE OF CABINET

The Cabinet shall:

- Support the goals of the program
- Uphold the principles of best-performance practices for the organization and for the participants
- Formally recognize achievement of program participants





**STATUTORY &
REGULATORY
AUTHORITY**

[KRS 18A.095](#), [KRS 18A.110](#), [101 KAR 2:180](#)

PURPOSE

Supervisors in Kentucky state government are required to evaluate eligible employees' performances of their assigned job duties. Used appropriately, this performance evaluation system:

- Improves communication with employees
- Helps employees understand their job duties, the priorities of those duties, and the expectations of their supervisors
- Provides employees with a thorough review of their performances by documenting strengths and weaknesses for each category on the performance plan, thereby justifying the annual performance rating
- Gives supervisors a mechanism for redirecting employees toward improvement in areas in which supervisors identify weaknesses
- Provides necessary documentation for supervisors to make objective personnel decisions such as reclassifications, promotions, demotions, and disciplinary actions


COMPLIANCE

The Office of Human Resource Management (OHRM) monitors and administers the employee performance evaluation system for the Transportation Cabinet according to statutory and regulatory authority.

The Personnel Cabinet requires the Transportation Cabinet to report compliance of the four phases of the evaluation program:

TIMELINE FOR PERFORMANCE EVALUATIONS	
Phase I: Performance Planning	January 1–January 31
Phase II: Mid-year Interim Review	July 1–July 31
Phase III: End-of-year Interim Review	January 1–January 31 (following year)
Phase IV: Year-End Evaluation	January 1–January 31 (following year)



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	<p><i>Subject</i></p> <p>Employee Eligibility</p>

ELIGIBILITY

The following employees are eligible to receive performance evaluations:

- All full-time merit employees who have completed their initial probationary period prior to January 1 of the evaluation period and who have remained in continuous merit status throughout the performance year
- All eligible merit employees on probation as a result of promotion or reinstatement with status and no break in service
- All employees who have transferred into the Transportation Cabinet and are otherwise eligible
- All employees who have returned to work from leave (excluding education leave) with or without pay during the evaluation period and are otherwise eligible

**EMPLOYEES ON
APPROVED LEAVE**


Employees on military leave for the entire performance period shall receive an annual performance evaluation for the year consistent with what the employees would have earned with "reasonable certainty" if the employees had remained continuously employed throughout the entire performance year. Generally, the rating would be the same as the rating for the previous performance year.

Employees on any other type of leave for the entire performance year shall not receive an annual performance evaluation for the year. Instead, the evaluator shall place a memorandum in the employees' personnel files explaining that the employees were on leave for the entire year and will therefore not be receiving an annual performance evaluation for the year.

**EMPLOYEES ON
APPROVED LEAVE
(CONT.)**

Employees on leave for a partial year for any reason shall receive an annual performance evaluation based on expectations and performance during the time the employees worked. If an employee is on leave for an entire interim, the evaluator shall state in the interim comments, "Employee was on leave during this entire interim period." The evaluator shall sign and date the interim document in red.



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	<p><i>Subject</i></p> <p>Transferees</p>

FILES OF**TRANSFEREES**

When eligible employees transfer within the Transportation Cabinet, their former supervisors shall ensure that the employees' new supervisors receive the employees' evaluation files (the original performance plans, original interim-meeting documentation, and any other performance notes).

When eligible employees transfer from one state agency to another, their former supervisors shall immediately forward the transferees' evaluation files (the original performance plans, original interim-meeting documentation, and any other performance notes) to the evaluation liaison of their own agency, who in turn shall forward the documentation to the evaluation liaison of the new agency to ensure that the transferees' new supervisors receive the documentation for the year-end evaluation.

The new supervisors shall develop appropriate performance plans for the transferees for the new positions within 30 days after the transfer and retain both the old and new evaluation documentation in their files until the year-end evaluation.

Upon failure to receive the transferees' original documentation from the former office, the new supervisors shall contact OHRM's evaluation liaison to obtain the information.

INTERIM REVIEWS

When an eligible employee transfers either within the agency or from one agency to another:

- On May 1 or on November 1 of the performance period, the new supervisor shall complete the interim review

Note: If the transfer is only temporary, the former supervisor shall complete the interim review, but the new supervisor shall develop a new performance plan for the temporary assignment within 30 days of the transfer.


**INTERIM REVIEWS
(CONT.)**

- After May 1 or after November 1 of the performance period, the supervisor from whom the employee transfers shall complete the interim review prior to the transfer

**YEAR-END
EVALUATIONS**

When an eligible employee transfers either within the agency or from one agency to another agency after November 1 of the performance period, the former supervisor shall complete the year-end evaluation prior to the transfer.



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	<p><i>Subject</i></p> <p>Supervisor Responsibilities</p>

**ORIENTATION FOR
NEW EMPLOYEES**

Within 30 calendar days after new employees complete initial probation, supervisors shall:

1. Advise new employees to take the required orientation course on the employee performance evaluation system, located at:

<https://personnel.ky.gov/Pages/learning-PerfEval-EE.aspx>

2. Have employees sign the *Employee Orientation Acknowledgment Form – New Employee Performance Evaluation System* (**Exhibit 9036**) upon completion of the course
3. Provide a copy of the signed acknowledgment to the employees, and retain the original in the employees' evaluation files
4. Submit the original signed acknowledgment with the new employees' first year-end evaluation documents to the evaluation liaison in the Cabinet
5. Provide employees a copy of the *Employee Performance Evaluation Handbook*, located at:

<https://intranet.kytc.ky.gov/org/OHRM/pdom/Pages/Employee-Performance-Evaluations.aspx>

**EVALUATION
TRAINING**

Per Personnel Cabinet requirements, supervisors shall complete supervisor evaluation training prior to completion of any employee's evaluation documents (performance plans, interim reviews, and annual performance evaluations). OHRM and the Personnel Cabinet offer the required training course, "Performance Matters," periodically throughout the year.

**DEVELOPING
EVALUATIONS**

OHRM requires evaluators to meet with their supervisors prior to meeting with their employees to review performance plans and the year-end evaluations. Moreover, OHRM strongly encourages similar meetings for the July and January interim reviews.

**PERFORMING
EVALUATIONS**

Evaluators for the year-end evaluations are the first-line supervisors if they have supervised employees for a minimum of 60 calendar days during the performance year. If first-line supervisors do not meet the 60-day requirement, evaluators are the next-line supervisors that meet the requirement.

Evaluators shall complete year-end performance evaluations for all eligible employees no later than January 31.

**EVALUATION
DEADLINES**

The Employee Performance Evaluation Program consists of two major completion deadlines:


1. Mid-Year Interim (deadline July 31)
2. End-of-Year Interim, Year-End Evaluation, and New Performance Plan (deadline January 31)

The Cabinet evaluation liaisons will determine and announce submittal deadlines and required documentation for the mid-year interim (in August) and for the end-of-year interim, year-end evaluation, and new performance plan (in February).

NONCOMPLIANCE

For failure to comply with the established criteria of the evaluation program, including the established deadline of each phase, the evaluator may have his or her rating for the evaluation duty reduced.



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	<p><i>Subject</i></p> <p>Performance Planning</p>

**PERFORMANCE
PLAN MEETING**

Evaluators shall meet with their supervisors prior to meeting with their employees to review and discuss performance plans for their eligible employees. The purpose of the meeting is to ensure that performance plans are consistent with employees' position descriptions. Evaluators shall then meet with their eligible employees to review and further prepare the performance plans. They shall prepare the plans no later than January 31, or as soon as employees on sick, family medical, military, voting, or jury leave during the performance planning period return to work.

**DEVELOPING
PERFORMANCE PLANS**

To prepare performance plans, evaluators and employees shall refer to the employees' current position descriptions (PDs) to determine job tasks for Page 1 of the *Annual Employee Performance Evaluation* form ([Exhibit 9037](#)) and weight the tasks consistently with the PDs. Expectations shall be measurable, reflect the expected results for an "Adequately Meets" performance rating, and be weighted in order of importance of each job task, with 70 points distributed accordingly.

Evaluators may modify job tasks any time during the evaluation period. Changes shall be:

- Noted on the evaluation form
- Consistent with the position description
- Initialed and dated in red by employees, evaluators, and next-line supervisors

Performance plans for all eligible supervisors shall include the following expectations at the bottom of Page 1, with a delegation of 10 points:

- "Completes all required performance evaluation system trainings, meetings, and documentation as outlined by [101 KAR 2:180](#)"

**DEVELOPING
PERFORMANCE
PLANS (CONT.)**

- “Exercises and demonstrates fair and equitable treatment of all employees in accordance with all federal and state employment laws and related Executive Orders, including the agency’s policies, guidelines, and procedures”


Supervisors shall use the standardized expectations for all employees as they appear on Page 2 of the evaluation form for the following categories:

- Adaptability/Initiative (9 points)
- Communication/Teamwork (9 points)
- Self-Management (12 points)

**ACCOMPANYING
DOCUMENTATION**

Supervisors shall include a copy of any required acknowledgment documentation along with the performance plans.



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	<p><i>Subject</i></p> <p>Interim Meetings</p>

SUPPORTING**DOCUMENTATION**

At each of the interim review phases, evaluators shall provide documentation supporting their reviews for each of the four major categories:

- Job Tasks
- Adaptability/Initiative
- Communication/Teamwork
- Self-Management

Providing such documentation enables evaluators to better determine and support the year-end overall ratings.

GENERAL**REQUIREMENTS**

In July and January of each year, evaluators shall:

- Document job performances on Pages 3 and 4 respectively, with sufficient detailed information that discusses both positive and negative performance aspects for each job task on Page 1 and for each category on Page 2, all of which shall be used to determine and justify the year-end evaluation
- Meet face-to-face with employees and discuss job performance strengths and weaknesses

Note: OHRM strongly recommends but does not require that supervisors provide employees with the TC 12-274 form, *Employee Performance Self-Evaluation* ([Exhibit 9098](#)), to complete and submit prior to meeting with them. The feedback on this form may foster improved communication in the meetings, effect greater awareness of job performances, and aid in writing the interim comments. Supervisors are not required to submit this form to OHRM with official evaluation documentation. However, employees may request that the TC 12-274 form be attached to the interim and thus become a part of the employee's permanent file. Supervisors shall maintain completed employees' performance self-evaluations in their employees' files.

GENERAL

REQUIREMENTS (CONT.)

- Advise employees of ways to improve their job performances and, if necessary, develop a written plan to improve performance by completing the *Performance Improvement Plan* ([Exhibit 9038](#))


Note: OHRM recommends keeping a *Performance Incident Log* ([Exhibit 9039](#)) throughout the year so that supervisors have a written record of job-related incidents to reference during interim meetings and to use in developing a *Performance Improvement Plan* if necessary. The “Performance Matters” training provides tips and techniques to use for improving job performances.

- For employees serving suspensions:
 - ◆ Document all employee suspensions on the applicable interim review using the following statement: “Notice: The employee was suspended during this interim review period.”
 - ◆ Enter the notice of suspension in the performance-related category or job tasks category of the interim documentation
- Obtain employees’ signatures in red on Pages 3 and 4 of the evaluation form as required at each meeting

Note: If an employee refuses to sign, obtain a witness signature in red for the applicable page.

- For employees on leave for an entire interim:
 - ◆ Document by stating “Employee was on leave during this entire interim period.”
 - ◆ Sign and date the interim document in red



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	<p><i>Subject</i></p> <p>Year-End Review</p>

**GENERAL
INFORMATION**

Evaluators shall complete year-end performance evaluations for all eligible employees no later than January 31. For the year-end review, evaluators shall:

1. Evaluate employees' job performances within each category for the entire year (January 1—December 31)
2. Assign a rating for each category on Pages 1 and 2 of the evaluation form and an overall final rating of job performance on Page 5
3. Complete the "Final Performance Evaluation" (A and B) on Page 5
4. Meet and discuss the final ratings with the next-line supervisor prior to meeting with employees
5. Meet face-to-face with employees to discuss ratings, identify any appropriate corrective measures, and develop a *Performance Improvement Plan* if needed
6. Ask employees to complete the Final Performance Evaluation (C), "Employee Response"

Note: Both evaluators and employees shall sign and date the evaluation form in red. Employees' signatures do not necessarily indicate agreement with the evaluation—only that they have reviewed the rating. If employees refuse to sign, evaluations are not eligible for reconsideration. A witness signature in red is required when employees refuse to sign.

7. Complete the reconsideration process, if requested

**SUPPORTING
DOCUMENTATION FOR
“OUTSTANDING”****RATING**

If employees receive the highest overall rating, “Outstanding,” on their year-end evaluations, but existing documentation does not support this rating, supervisors shall attach additional documentation that justifies the employees’ greatly exceeding the expectations identified.

**PROCEDURES FOR
EMPLOYEE RECEIVING
“UNACCEPTABLE”****RATING**


If employees receive the lowest overall rating, “Unacceptable,” on their year-end evaluations, and existing documentation supports this rating, supervisors shall complete and submit through the appropriate levels of approval the TC 12-227 form, *Request for Corrective Action or Major Disciplinary Action* ([Exhibit 9040](#)).

[GAP-901](#) details the disciplinary procedure. Pursuant to [101 KAR 2:180 Section 8](#), if an employee receives an overall rating of “Unacceptable,” the Cabinet shall either demote the employee to a position commensurate with his or her skills and abilities or dismiss the employee.

**FAILURE TO SUPPORT
FINAL RATING**

Supervisors who fail to document performance in a way that clearly supports the final rating shall be evaluated accordingly on their own employee performance evaluations and may be subject to disciplinary action.



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	<p><i>Subject</i></p> <p>Reconsideration Process</p>

ELIGIBILITY Employees who disagree with any part of the year-end evaluation may request reconsideration.

INITIAL RECONSIDERATION Employees shall request initial reconsideration by their evaluators within 5 working days of receiving the evaluation by checking the appropriate box in the "Final Performance Evaluation" (C) on Page 5.

Note: Employee signature is required within 5 work days of the evaluation meeting date to request reconsideration.

Evaluators shall respond within 5 working days of receiving a request from employees.

After initial reconsideration, evaluators shall check either the "No change on evaluation" or "Change on evaluation" box under "Results of Initial Reconsideration" in the "Final Performance Evaluation" (D) and shall sign and date in red. Employees shall check "Agree with Results of Initial Reconsideration," "Disagree with Results of Initial Reconsideration but Accept," or "Disagree with Results of Initial Reconsideration and request reconsideration by next line supervisor" box and shall sign and date in red.

Evaluators and employees shall initial and date any changes on the evaluation in red.

FINAL RECONSIDERATION An employee may request reconsideration by his or her next-line supervisor within 5 working days after the results of the initial reconsideration. If the employee requests reconsideration, the next-line supervisor shall either (1) meet individually with the employee and evaluator or (2) request a written statement from both the employee and evaluator.

FINAL**RECONSIDERATION****(CONT.)**

Within 15 working days upon receipt of an employee request for reconsideration, the next-line supervisor shall:

- Provide to the employee and the evaluator a written response, which shall be attached to the Annual Employee Performance Evaluation form and become part of the employee's personnel file
- Check either the "No Change on Evaluation" or "Change on Evaluation" box under "Results of Final Reconsideration" (E) on Page 5 and shall sign and date in red
- Have the evaluator and employee initial and date any changes on the evaluation in red


PERSONNEL BOARD**APPEAL**

Employees may file a Personnel Board appeal if they have received a less than "Good" overall rating and have exhausted the reconsideration process.

If employees decide to file an appeal, they shall file within 60 calendar days of final reconsideration by mailing Personnel Cabinet's Form 18, *Appeal Form* ([Exhibit 9041](#)), to the address provided on the form. The Personnel Cabinet provides the *Appeal Form* online at:

<https://hr.personnel.ky.gov/Pages/Forms-A-C.aspx>



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	<p><i>Subject</i></p> <p>Maintaining Documents</p>

GENERAL


Upon completion of each phase of the process throughout the performance year, evaluators shall:

- Keep all original evaluation forms and supporting documentation until the end of the year, at which time they shall submit the original documents to their evaluation liaisons and retain a copy for their files
- Provide employees with a copy of completed performance plans, interim reviews, year-end evaluations, and supporting documentation at each phase of the evaluation process
- Forward copies of performance plans and interim reviews to their evaluation liaisons by prescribed deadlines:

All evaluation liaisons shall forward copies of performance evaluation documentation to their Cabinet evaluation liaison in the Central Office as requested by the liaison throughout the year.

Note: Upon completion of the year-end evaluations, all evaluation liaisons shall send all original documentation and required acknowledgment forms to the agency evaluation liaison in OHRM within the prescribed deadline.



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	<p><i>Subject</i></p> <p>Authority & Reference</p>

AUTHORITY

The Occupational Safety and Health Act (OSHA) requires employers to furnish employees a place of employment free from recognized hazards that cause or are likely to cause death or serious physical harm. The Commonwealth of Kentucky has adopted a State Plan OSHA program [the Kentucky Occupational Safety and Health (KOSH) Program ([KRS 338](#))] and is responsible for the enforcement of occupational safety and health standards in Kentucky. The KOSH Program incorporates by reference the safety and health standards promulgated in [29 CFR 1910](#) (General Industry) and [29 CFR 1926](#) (Construction).


To comply with [KRS 18A.110\(7\)\(i\)](#), the Secretary of the Personnel Cabinet promulgated [101 KAR 2:150](#), "State Safety Program," for the development, operation, and enforcement of programs to improve work safety. The Personnel Cabinet's *Commonwealth of Kentucky Safety and Health Manual* expresses the state's Safety and Health Program.

To comply with [101 KAR 2:150](#), the Kentucky Transportation Cabinet (KYTC) assigns the Secretary's Office of Safety the responsibility to develop, update, oversee, coordinate, evaluate, and administer the KYTC Safety and Health Program.

REFERENCE

KYTC's [Safety and Health Administration Guide](#) and the [Employee Safety and Health Manual](#) detail the KYTC Safety and Health Program and provide guidance to employees concerning program policies and procedures.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>EMPLOYEE CONDUCT</p> <hr/> <p><i>Subject</i></p> <p>General Conduct</p>
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**ACCEPTABLE
CONDUCT**

The Transportation Cabinet strives to provide a safe work environment for a healthy, productive workforce. The Cabinet's expectations for generally acceptable conduct of its workforce include but are not limited to:

- Ensuring that the work of the Cabinet is efficiently and effectively accomplished by:
 - ◆ Incorporating employee and public safety in all decision making carrying out all activities in the safest available manner and encouraging the same in others
 - ◆ Reporting for work, leaving work, and taking breaks as scheduled
 - ◆ Carrying out assignments as directed by their supervisors or requesting meetings with their supervisors to seek further direction or discuss problems with the assignments
 - ◆ Showing courtesy, respect, and promptness in relating to fellow employees and members of the public
 - ◆ Not disturbing or disrupting other employees
 - ◆ Not entering unauthorized areas without permission
 - ◆ Complying with leave procedures as established by both the Cabinet and the employees' supervisors
- Exercising special care to ensure that personal conduct is above reproach by refraining from any activity that could embarrass or reflect adversely on the Commonwealth
- Avoiding any conduct that could reasonably result in or be construed as involving a conflict of interest with the employer's or the employee's official duties and responsibilities

**PROHIBITED
CONDUCT**

The Cabinet prohibits employees from engaging in any conduct that violates Cabinet policies or involves the violation of criminal or civil laws of the Commonwealth or the federal government. Specifically prohibited acts include but are not limited to the following:

PROHIBITED

CONDUCT (CONT.)

- Appearing on the job under the influence of alcohol, a controlled substance, or any other intoxicating substance
- Conducting personal business on state time
- Bringing children to work in lieu of taking them to a babysitter or childcare facility
- Using state vehicles or equipment in a manner as prohibited by [GAP-1104-2](#)
- Removing or disposing of Commonwealth property outside the provisions of [GAP-1102](#), which pertain to surplus property
- Engaging in theft
- Gambling or engaging in games of chance on state time and/or on state property
- Falsifying, forging, or inappropriately altering official Cabinet documents, which include but are not limited to:
 - ◆ Records
 - ◆ Books
 - ◆ Papers
 - ◆ Files
 - ◆ Timesheets
 - ◆ Physician Statements
 - ◆ Photographs
 - ◆ Microfilm
 - ◆ Sound/Video Recordings
 - ◆ Magnetic Storage Media
 - ◆ Computer Data
- Engaging in conduct prohibited by [GAP-802](#), “Workplace Violence,” and [GAP-803](#), “Antiharassment/Antidiscrimination”
- Carrying firearms or other weapons at any work site, including state-owned vehicles or buildings, unless expressly authorized by law
- Retaliating against, bullying, discouraging, or impeding anyone who has reported or wants to report a serious safety or health hazard to the Secretary’s Office of Safety or district safety coordinator

PROHIBITED**CONDUCT (CONT.)**

- Engaging in conduct to impede or obstruct an official KYTC investigation or failing to cooperate with an official KYTC investigation, to include but not be limited to investigations conducted by the Office of Human Resource Management, the Office of Inspector General, the Office of Audits, or the Office for Civil Rights and Small Business Development, or an incident safety review conducted by the Secretary's Office of Safety or district safety coordinator
- Retaliating against anyone involved in a protected activity in an investigation


Note: [GAP-803](#) provides a definition for retaliation.

- Engaging in disrespectful, demeaning, abusive, or any such other inappropriate behavior, which includes but is not limited to:
 - ◆ Loud, profane, foul, obscene, vulgar, crude, insulting, or threatening language
 - ◆ Inappropriate jokes or gestures
 - ◆ Discriminatory slurs
 - ◆ Sexual comments (even if spoken in nonstandard English or a foreign language)

**VIOLATION OF
PROVISIONS**

Violation of any of the provisions of this policy shall constitute grounds for disciplinary action up to and including dismissal from the Cabinet.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>EMPLOYEE CONDUCT</p> <hr/> <p><i>Subject</i></p> <p>Workplace Violence</p>
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**REGULATORY
AUTHORITY**

101 KAR 2:095, Section 9

PURPOSE

The Transportation Cabinet is committed to providing a work environment free from violence, threats of violence, stalking, harassment, intimidation, and other disruptive behavior. The Cabinet strictly prohibits such activity and will address it immediately.

APPLICABILITY

This procedure applies to any person entering any Transportation Cabinet workplace and includes, but is not limited to, state employees, contractors, vendors, clients, employees' spouses or significant others, and other visitors.

DEFINITIONS

Act of Violence: The attempted, threatened, or actual conduct of a person that endangers or is likely to endanger the health or safety of a state employee or member of the general public

Threat of Violence: A threatening statement, harassment, or behavior that gives a state employee or member of the general public reasonable cause to believe that his or her health or safety is at risk

Deadly Weapon: As defined in Kentucky Penal Code, KRS 500.080:

- A weapon of mass destruction
- Any weapon from which a shot, readily capable of producing death or other serious physical injury, may be discharged
- Any knife other than an ordinary pocketknife or hunting knife
- Billy, nightstick, or club
- Blackjack or slapjack
- Nunchaku karate sticks
- Shuriken or death star
- Artificial knuckles made from metal, plastic, or other similar hard material

DEFINITIONS (CONT.)

Workplace: Any location where a Transportation Cabinet employee is conducting state business or any real property owned or leased by the Commonwealth of Kentucky on which the work or business of the Cabinet is conducted, including, but not limited to, state offices, facilities, worksites, parking lots, and state vehicles

**PROHIBITED
CONDUCT**

The Cabinet prohibits any persons in the workplace from perpetrating acts or threats of violence. Examples of prohibited conduct include, but are not limited to:

- Physically striking an individual, including but not limited to hitting, shoving, slapping, kicking, or spitting on an individual
- Using or threatening to use a deadly weapon on an individual
- Sexually assaulting or raping
- Threatening to harm an individual or his or her family, friends, or associates
- Detaining, confining, or restricting an employee's freedom of movement
- Disobeying or failing to follow the reasonable directive of a supervisor to take actions that prevent, or to cease actions that create, a threat, an intimidation, or a risk to the health or safety of state employees or the public
- Damaging or threatening to damage Cabinet property or an employee's property while an employee is performing job duties
- Stalking or following and making a threat intending to place another person in fear for his or her safety or acting in such a manner as to reasonably create such a fear

**EMPLOYEE
RESPONSIBILITIES**

Employees shall refrain from acts of violence, threats of violence, and other prohibited conduct in the workplace.

The Cabinet prohibits employees from using state resources to perpetrate an act of violence, threat of violence, stalking, or other prohibited conduct in the workplace. State resources may include, but are not limited to, face-to-face interactions, telephones, fax machines, email, and mail.

**EMPLOYEE
RESPONSIBILITIES
(CONT.)**

Employees shall refrain from using any identifying or confidential information learned or obtained through their positions or job duties to harm or harass another individual.

Employees who witness or are involved in an act of violence, threat of violence, any action or threat that may reasonably lead to violence, or other conduct prohibited by this policy shall immediately report the infraction to their supervisor or other available management personnel. This responsibility includes advising the supervisor of any emergency protective orders or domestic-violence orders in effect for the protection of the employee.

**COMPLAINT/INCIDENT
PROCEDURE**

Supervisors may report any act of violence, threat of violence, or conduct prohibited under this procedure to Facility Security or to law enforcement.

Supervisors shall then report the act of violence, threat of violence, or conduct prohibited under this policy to the Office of Human Resource Management (OHRM). The reporting supervisor shall submit a written report to OHRM, 200 Mero Street, Frankfort, KY 40622. The written report should include:

- Date of incident
- Time of incident
- Location of incident
- Names of the perpetrator, victim, and witnesses
- Written statements from the witnesses, and if possible, the victim
- Police report
- Actions taken in response to the incident

OHRM will provide the Secretary's Office of Safety with the information detailed above.

Supervisors shall be familiar with the Kentucky Employee Assistance Program (KEAP) and refer employees for assistance as appropriate.

The victim, or anyone adversely affected by workplace violence, may make a complaint through the Cabinet's formal grievance procedures. Filing a grievance would not prevent the complainant from pursuing redress through outside enforcement agencies.

COMPLAINT/INCIDENT

PROCEDURE (CONT.)

The failure by any supervisor to document or report an incident of workplace violence or to timely and effectively respond to conduct prohibited by this policy may result in disciplinary action, up to and including dismissal.


RETALIATION

No employee shall harass, retaliate, attempt to retaliate, or solicit another to retaliate against any person for reporting suspected workplace violence or other suspected inappropriate behavior.

DISCIPLINE

Violation of this policy shall result in appropriate disciplinary action, up to and including dismissal. Those who are not employees shall be subject to removal from the workplace.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>EMPLOYEE CONDUCT</p>
	<p><i>Subject</i></p> <p>Antiharassment / Antidiscrimination</p>

AUTHORITY The Transportation Cabinet has developed the policy herein pursuant to:

- Title VII of the Civil Rights Act of 1964
- Kentucky Civil Rights Act
- 29 Code of Federal Regulations (C.F.R.) 1604
- KRS Chapter 344
- KRS 344.040(1)
- KRS 18A.140
- KRS 18A.095
- KRS 509.080(1)(d)
- KRS 532.090(1)
- 101 KAR 1:345
- 104 KAR 1:050 Section 2

PURPOSE The Transportation Cabinet is committed to maintaining a work environment free from discrimination and harassment, and this policy applies to all personnel actions, including but not limited to recruiting, hiring, classification, compensation, benefits, promotions, transfers, layoffs, reinstatement, and educational programs.

The Cabinet does not tolerate discrimination or harassment of any kind against any "protected class," as defined below. Such acts constitute misconduct, which undermines the integrity of the employment relationship, and the offending employee shall be subject to disciplinary action, up to and including dismissal.

DEFINITIONS **Affirmative Action (AA)**—Refers to a set of policies and practices within a government or organization seeking to include particular groups based on their gender, race, creed or nationality in areas in which they were excluded in the past such as education and employment

Complainant—An employee of the Cabinet or an applicant who formally files a harassment or discrimination complaint in accordance with one or more of the authorities listed above

DEFINITIONS (CONT.)

Confidentiality—Protection of the privacy and due process rights of the complainant and the accused individual

Note: Consultation with others shall be strictly limited to those who may have information about an alleged incident or have a need to know.

Discrimination—The unfavorable or unfair treatment of a person or class of people in comparison to others who are not members of the protected class because of race, color, national origin, sex, age (40 or older), religion, sexual orientation, gender identity, veteran status, disability, political affiliation, or smoking status or in reprisal for opposition to discriminatory practices or participation in the Equal Employment Opportunity (EEO) process

Note: The Cabinet strictly prohibits job discrimination based on membership in any of the legally protected classes.

EEO Coordinator—The administrator of the Cabinet's EEO and Affirmative Action programs, located in the Office for Civil Rights and Small Business Development (OCRSD)

EEO Liaison—The Cabinet's EEO liaisons include the designated representative in each highway district and the EEO coordinator/liaison in OCRSD

Equal Employment Opportunity Commission (EEOC)—The federal agency with jurisdiction to investigate and resolve complaints of discrimination

Note: An individual must file a written complaint within 180 days of the alleged discriminatory incident.

Hostile Work Environment—A situation in which an employee cannot do his or her job without feeling harassed or threatened

The condition is determined by examining all circumstances, including:

- How frequently the alleged harassment occurs
- How severe the conduct is
- Whether it is physically threatening, intimidating, humiliating, or offensive
- Whether it unreasonably interferes with an employee's work performance

Kentucky Human Rights Commission—The state agency with jurisdiction to investigate and resolve complaints of discrimination

Note: An individual must file a written complaint within 180 days of the alleged discriminatory incident.

DEFINITIONS (CONT.)

Protected Classes—Those legally protected against discrimination and harassment on the basis of race, color, national origin, sex, age (40 or older), religion, sexual orientation, veteran status, or disability

Note: Kentucky law expands “protected classes” to include persons with HIV; gender identity; or persons’ political affiliation or smoking status (if the smoker complies with workplace smoking rules). Kentucky law also prohibits retaliation against persons who have filed a discrimination complaint or assisted someone else in filing a discrimination complaint.

Quid pro quo—(“something for something”); one thing in return for another

Retaliation—Actions including but not limited to the following:

- Verbal or physical threat against the person involved with a protected activity
- Denial of an employment benefit to which the employee is entitled
- Demotion
- Transfer or temporary assignment to a less-desirable position or location
- Encouragement of a hostile work environment

Three essential elements of retaliation:

- Protected activity—participation in the statutory complaint process
- Adverse actions—negative effects of terms and conditions of employment
- Causal connection—must be the reason for adverse action

PROHIBITED ACTIVITIES

Employees are entitled to a work environment free from harassment. The Cabinet strictly prohibits verbal or physical conduct by anyone that harasses, disrupts, or interferes with work performance or that creates an intimidating, offensive, or hostile work environment.

To ensure an environment free from harassment, the Cabinet prohibits certain behaviors, which include but are not limited to:

- Derogatory comments, jokes, or slurs based on one’s membership in one or more of the protected classes
- Unwanted physical contact of any kind, impeding or blocking movement, or physical interference with normal work movement when directed at an individual based on his or her membership in one or more of the protected classes

**PROHIBITED ACTIVITIES
(CONT.)**

- The display, mailing, or emailing of derogatory posters, cartoons, photographs, or drawings based on protected-class status
- Behavior that sexually harasses another person, as explained below

SEXUAL HARASSMENT

No person shall be subjected to or subject another person to unsolicited and unwelcome sexual overtures or conduct, either verbal or physical. Sexual harassment includes unwelcome heterosexual and homosexual advances. Sexual harassment, whether perpetrated by supervisory or nonsupervisory personnel, is unlawful.

Behavior that may constitute sexual harassment includes but is not limited to:

- Touching another person in an unwelcome manner
- Making unwelcome advances or requests for sexual favors
- Using sexually explicit, suggestive, or abusive language
- Making sexually suggestive jokes or degrading remarks about a person, a person's body, or clothing
- Displaying, mailing, or emailing sexually explicit or suggestive literature, pictures, photographs, or objects
- Making submission to sexual advances a condition of employment, continued employment, evaluation, compensation, benefits, promotion, or any other privilege
- Physical acts of a sexual, explicit, or intimate nature
- Off-duty, unwelcome conduct of a sexual nature that affects the work environment
- Engaging in indecent exposure

The Cabinet is committed to preventing sexual harassment of Cabinet employees by outside customers, agents, vendors, consultants, contractors, and others who conduct business with the Cabinet when the Cabinet knows, or should have known, of the behavior and fails to take immediate and appropriate corrective action.

SEXUAL HARASSMENT**(CONT.)**

The Cabinet is also committed to preventing harassment of outside customers, agents, vendors, consultants, contractors, and others who conduct business in the Cabinet workplace by Cabinet employees when the Cabinet knows, or should have known, of the behavior and fails to take immediate and appropriate corrective action.

EMPLOYEE MISCONDUCT**TOWARD****NONEMPLOYEE**

The Cabinet prohibits employee harassment or discrimination of anyone with whom the Cabinet conducts business and is an applicant for employment.

In addition to the prohibited activities aforementioned, an employee of the Cabinet who is responsible for providing services or benefits is forbidden from having a romantic or sexual relationship with a customer of the Cabinet when the relationship may pose a real or perceived conflict of interest with the employee's duties as an agent or representative of the Cabinet.

If an employee promises to grant benefits or services to a customer, or threatens to withhold them, to coerce favors, the employee not only could be subject to disciplinary action but also could face prosecution under [KRS 509.080\(1\)\(d\)](#) of the Kentucky Penal Code. Criminal coercion is a Class A misdemeanor under [KRS 532.090\(1\)](#) and is punishable by up to 12 months in jail.

EMPLOYEE**RESPONSIBILITY**

It is the responsibility of each Cabinet employee to understand and abide by the policy herein.

If an employee believes that he or she is being subjected to harassment, discrimination, or other prohibited behavior, the employee should tell the perpetrator in specific terms that the behavior is offensive or unwelcome; request, either in person or in writing, that he or she stop; and specify terms for future interactions.

The employee shall:

- Report the prohibited behavior, in writing with signature, to the employee's immediate supervisor; district, office, or department management; an EEO liaison; or the Cabinet's EEO liaison/coordinator in OCRSBD. If the alleged behavior involves the immediate supervisor, the employee shall file the complaint with the next-line supervisor or the Cabinet's EEO liaison/coordinator in OCRSBD. The signed report shall include:

EMPLOYEE**RESPONSIBILITY (CONT.)**

- ◆ Date of occurrence
 - ◆ Time of occurrence
 - ◆ Location of occurrence
 - ◆ Details of situation
 - ◆ Description of action
 - ◆ Names of witnesses
- If an employee feels discriminated against because he or she is a member of a protected class, the employee may file a discrimination complaint through one or more of the following channels:
- ◆ Verbal or written notification to the immediate supervisor; office, department, or district management; an EEO liaison; or the Cabinet's EEO liaison/coordinator in OCRSBD
 - ◆ Grievance procedure (see the Personnel Cabinet's *Employee Handbook*)
 - ◆ Personnel Board appeal
 - ◆ Human Rights Commission
 - ◆ Equal Employment Opportunity Commission

Employees shall file a complaint according to [GAP-902](#), "EEO/Civil Rights Complaint Procedures."

No provision herein prevents the complainant from pursuing redress through outside enforcement agencies such as the United States Equal Employment Opportunity Commission, the Kentucky Commission on Human Rights, or the Kentucky Personnel Board.

Retaliation against anyone involved in an investigation is unlawful. Anyone initiating or assisting in an investigation shall not be adversely affected in terms and conditions of employment or discriminated against in any manner because of the complaint. Any employee who reports or substantiates wrongdoing shall not be threatened or subjected to reprisal, either directly or indirectly.

SUPERVISOR**RESPONSIBILITY**

Supervisors should take steps necessary to prevent harassment, discrimination, or other prohibited behavior from occurring by:

- Affirmatively reinforcing the Cabinet's policies prohibiting such behavior
- Expressing strong disapproval

**SUPERVISOR
RESPONSIBILITY
(CONT.)**

- Developing appropriate sanctions
- Immediately calling the EEO liaison or the EEO liaison/coordinator in OCRSBD
- Informing employees of their right to file a complaint
- Developing methods to sensitize all concerned

The supervisor with whom an employee files a complaint or witnesses an incident of inappropriate behavior that may constitute harassment, discrimination, or retaliation should:

- Encourage the employee to file a written and signed complaint and, if the employee refuses to put the complaint in writing, shall write the complaint to the best of his or her ability, using the information provided verbally by the complainant
- Inform the complainant that the Cabinet is required by law to investigate allegations of harassment or discrimination, regardless of the employee's cooperation or participation in the investigation
- Inform the employee that the Cabinet shall protect the confidentiality of the allegation to the extent possible but cannot guarantee complete confidentiality because an effective investigation cannot be completed without revealing certain information to the alleged perpetrator and/or to potential witnesses
- Inform the complainant that the Cabinet shall not tolerate retaliation toward an employee because he or she made a report of alleged harassment or discrimination or assisted with an investigation
- Encourage the complainant to bring any retaliation to the attention of an immediate supervisor; district, office, or department management; an EEO liaison; or the Cabinet's EEO liaison/coordinator in OCRSBD
- Immediately forward the complaint to OCRSBD

Note: Inaction by any supervisor after receiving a complaint may result in disciplinary action against the supervisor, up to and including dismissal.

**OCRSBD
RESPONSIBILITY**

Upon receipt of a complaint, OCRSBD shall:

- Issue, if warranted, a Cease and Desist Memorandum to the alleged perpetrator

OCRSBD**RESPONSIBILITY****(CONT.)**

- Investigate, if warranted, and make every effort to conclude an investigation and resolve the complaint within 60 days unless an extension is warranted
- Request assistance, if necessary, from the Office of Human Resource Management (OHRM) in an investigation of allegations of sexual harassment or discrimination
- If an extension is warranted, notify complainant and respondent and provide an estimate of the additional time necessary to conclude and resolve the complaint
- Notify the complainant and respondent in writing of the final determination
- Forward a report to OHRM and to the Office of the Secretary

OHRM**RESPONSIBILITY**

In an effort to ensure that no employee is harassed or discriminated against, OHRM shall:

- Inform new employees in employee orientation sessions of Cabinet policies and procedures pertaining to harassment and discrimination
- Provide all employees training in the Cabinet's policies regarding antiharassment and antidiscrimination and a copy of this antiharassment and antidiscrimination policy
- Take appropriate action to remedy any violation identified in an investigative report from OCRSBD, including disciplinary action when warranted

DISCIPLINARY**ACTION/SANCTION**

Any employee who engages in discrimination or harassment shall be subject to disciplinary action, up to and including dismissal.

Anyone who interferes with an investigation or who retaliates against a complainant who has assisted in the investigation of a charge shall be subject to disciplinary action, up to and including dismissal.

All Cabinet employees have the right to pursue a complaint or grievance without threat of interference, coercion, restraint, or retaliation.

COUNSELING Assistance is available through the Kentucky Employees Assistance Program (KEAP) for those employees that experience personal or work-related problems resulting from workplace harassment or discrimination.

TRAINING All employees shall receive training in the Cabinet's antiharassment and antidiscrimination policies and procedures. The Cabinet shall:

- Provide all Cabinet employees with a copy of the Cabinet's policies and procedures pertaining to antiharassment and antidiscrimination
- Post the policies and procedures on the Cabinet's website and display them conspicuously in work areas of the Central Office and the district offices
- Inform new employees of these policies and procedures during employee orientation sessions
- Obtain the signature of each employee acknowledging receipt of the policies and procedures
- Place the signed acknowledgment in the employee's personnel file

All departments of the Cabinet shall maintain files on training regarding antiharassment and antidiscrimination.

Investigators and other personnel involved in the implementation of the antiharassment and antidiscrimination policies and procedures shall receive training as required by the Cabinet.

Every January, employees shall review this anti-harassment and anti-discrimination policy. Supervisors shall ensure that employees complete this review.

**CONTACT
INFORMATION**


To obtain information or file a complaint, please contact:

Kentucky Transportation Cabinet
Office for Civil Rights and Small Business Development, 6th Floor West
200 Mero Street
Frankfort, KY 40622

Phone: (502) 564-3601

Fax: (502) 564-1491



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>EMPLOYEE CONDUCT</p> <hr/> <p><i>Subject</i></p> <p>Drug-Free Workplace</p>
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**REGULATORY
AUTHORITY**

101 KAR 2:102, Section 2(2)(a)(4)

PURPOSE

To provide a safe work environment and a healthy, productive work force, Transportation Cabinet employees shall not unlawfully manufacture, distribute, dispense, possess, or use controlled substances at Cabinet workplaces or work sites. Furthermore, supervisors have a responsibility to report those employees reasonably suspected to be under the influence of alcohol or prohibited drugs (therefore demonstrating behavior that might endanger themselves or others) to the Appointing Authority.

CDL HOLDERS

SUSPECTED TO BE

UNDER THE INFLUENCE

For supervisors of CDL holders, refer to the [Drug and Alcohol Testing Handbook for CDL Employees](#). This handbook details the procedures to follow for reasonable suspicion testing.

EMPLOYEES SUSPECTED

TO BE UNDER THE

INFLUENCE

Supervisors shall exercise caution and prudence when they reasonably suspect an employee on duty to be under the influence of alcohol or prohibited drugs. If this situation arises, the supervisor shall:

1. Contact another supervisor, if available, to help observe specific employee behaviors
2. Document the immediate and specific behaviors, appearance, speech, odors, or other observations affecting work performance and behavior

Note: If the situation involves a CDL holder, supervisors need to complete the TC 12-23 form, *Reasonable Suspicion Checklist* ([Exhibit 9073](#)).

**EMPLOYEES SUSPECTED
TO BE UNDER THE
INFLUENCE (CONT.)**

3. Contact the Employee Compliance Branch (ECB) within the Office of Human Resource Management (OHRM) to discuss observations and determine a course of action
4. If ECB determines that the employee should be sent home:

- a. Offer the employee the option to use accumulated sick leave, and offer to call a family member, friend, or taxi for transportation

Note: If the employee refuses to use accumulated sick leave, pursuant to 101 KAR 2:102, Section 2(2)(a)4, the Appointing Authority shall issue a directed sick leave (sick leave without pay) letter to the employee. If this situation occurs after regular business hours (overtime), this note does not apply and the supervisor shall assign the employee to duties that he or she can safely perform for the remainder of the shift.

Note: If the employee insists on driving, the supervisor shall explain that he or she (the supervisor) has a responsibility to contact local law enforcement officials and report the employee as reasonably suspected of driving under the influence. If the supervisor has to call law enforcement officials, he or she will need to be prepared to give the employee's location, direction, and vehicle description (including license number).

Note: Supervisors **shall not** place themselves or other employees in a position of potential danger or liability by providing transportation to an employee reasonably suspected of being under the influence.

- b. Provide the employee with information regarding the Personnel Cabinet's Kentucky Employee Assistance Program (KEAP) and encourage him or her to contact the KEAP office
5. Gather witness statements from employees that can provide contemporaneous observations
 6. Send the completed documentation, TC 12-23 form (when applicable), and witness statements to ECB to determine appropriate disciplinary action

**VIOLATION OF
POLICY**

Any Cabinet employee violating this policy may:

- Be referred to KEAP for counseling or rehabilitation and satisfactory treatment
- Be suspended without pay up to 30 days
- Be terminated

A Cabinet employee convicted of any drug-statute violation occurring in the workplace shall notify OHRM in writing within 5 working days after conviction.

For any contract employee violating this policy, the Cabinet will notify the contracting agency within 10 days after receiving such notice from the employee or other actual notice of conviction. The Cabinet will take the appropriate personnel action against the employee within 30 days after receiving notice or as soon as practicable according to Kentucky State Personnel Laws and Rules.


**EMPLOYEE
ASSISTANCE**

In establishing a drug-free workplace, it is the Cabinet's policy that ongoing drug education will be provided to all employees regarding the danger of drug use during working hours and after working hours. The KEAP office maintains a list of approved drug-counseling services. The KEAP counselors are qualified professionals who will make a **confidential** assessment and referral for services and treatment for substance abuse and personal problems. The KEAP staff will see employees who are self-referrals for substance and personal problems affecting them, their families, and their work performances.

Employees may reach KEAP counselors at 1-800-445-5327. The KEAP office is located at:

Bush Building
403 Wapping Street
Frankfort, Kentucky
(502) 564-5788




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AUTHORITY Executive Order 2014-747

**TOBACCO-FREE
POLICY**

To comply with Executive Order 2014-747, the Kentucky Transportation Cabinet (KYTC) prohibits the use of all tobacco products, electronic cigarettes, and vaping devices on all properties owned, leased, or contracted for use by KYTC, including but not limited to all buildings or portions of buildings, land, and vehicles owned, leased, or contracted for use by KYTC.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>EMPLOYEE CONDUCT</p> <hr/> <p><i>Subject</i></p> <p>Employee Dress</p>
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**PERSONAL
APPEARANCE**

The Transportation Cabinet promotes safety, hygiene, and a positive environment for employees and the general public. All Cabinet personnel are advised that public relations and safety are essential parts of their jobs. Therefore, all employees shall be aware of the appearance they present in terms of work attire, personal hygiene, and grooming and shall wear the proper apparel to avoid job-related injuries.

**STATE EMPLOYEE
DRESS POLICY**

Per Personnel Cabinet policy, employees while on duty shall carry or wear employee identification badges or other agency-identifying clothing and shall not wear:

- Tops that expose their midriffs
- Tops with oversized or large commercial logos or offensive language
- Flip-flops

Note: The Personnel Cabinet has defined a *flip-flop* as "a flat, backless rubber sandal, usually secured on the foot by a thong between the first two toes, as for use at a beach, swimming pool, etc."

**KYTC EMPLOYEE
DRESS POLICY**

In addition to Personnel Cabinet requirements, supervisors may establish a dress code that is appropriate for their employees. The dress code may be established at the section, branch, division, department, or office level. When establishing a dress code, a supervisor may consider all relevant factors, which may include the following:

- The amount of contact the employee has with the public
- The safety and health concerns involved with the employee's job duties and the need for the employee to safely and effectively accomplish his or her duties
- The appropriate attire for the employee's occupation
- The need for the employee to be readily identifiable to the public as a Cabinet employee

KYTC EMPLOYEE**DRESS POLICY (CONT.)**

The dress code may be in writing and disseminated to all employees subject to the dress code. Office or department management shall submit any dress code policy within their standard operating procedures (SOPs) to the Office of Human Resource Management (OHRM) for review and approval.

Supervisors may include provisions in the dress code that inform employees (1) that a failure to adhere to the requirements of the dress code may result in disciplinary action, up to and including dismissal, and (2) that the employee may be directed to use leave time, or unapproved leave without pay, while travelling to obtain appropriate work attire. Supervisors may consult with OHRM on other provisions that may be included in the written dress code.

UNIFORMS

The Kentucky Transportation Cabinet (KYTC) shall provide eligible employees with sufficient uniforms and equipment to ensure that all such personnel present professional appearance and maintain safety adherence. This policy is separate from and in addition to personal protective equipment (PPE) requirements contained in the [Safety and Health Administration Guide \(SHA-502, SHA-509, and SHA-511\)](#).

Uniforms are provided to help the public identify KYTC employees and as a benefit in situations where clothing may routinely get ruined during the performance of regularly assigned tasks.

Note: Uniform items bearing the KYTC logo shall not be distributed to or used by nonemployees, to include inmate work crews contracted by KYTC.

The Secretary or designee shall regulate the wearing of uniforms and may regulate the appropriate uniform for special events.

Employees receiving uniforms shall wear the uniform of the day as prescribed by the Secretary or designee at all times while on duty unless otherwise authorized by a supervisor or this policy. Employees shall wear Cabinet-issued uniforms when conducting official business only and are not permitted to wear uniforms after normal work hours for personal use or other nonbusiness-related activities.

KYTC employees who are routinely exposed to hazards within or in close proximity to the right-of-way limits, or in other work areas where they are potentially exposed to the risk of moving vehicles, equipment, or roadway traffic should receive and wear uniform items of high visibility (hi-vis) material and approved protective footwear that meets the requirements of the [Safety and Health Administration Guide \(SHA-509 and SHA-511\)](#).

UNIFORMS (CONT.)

Hi-vis clothing is provided as an alternative to safety vests if employees are performing tasks as part of the regular duties where vests may hinder either their performance or their safety. Weather conditions may determine the use of the three-season jacket or rain gear.

KYTC may issue personnel who are required to perform their duties in locations other than in the right of way a uniform other than noted above that the commissioner or executive director has approved.

Employees who are issued a uniform other than noted above shall follow KYTC policy regarding PPE and headgear during times they are exposed to hazards within the right of way, or in other work areas where they are potentially exposed to the risk of moving vehicles, equipment, or roadway traffic. KYTC, however, shall make every effort to maintain consistency and uniformity across all assignments and locations.

Uniform Headgear—KYTC employees are encouraged to wear KYTC hi-vis headgear when working within the right of way or in other work areas where they are potentially exposed to the risk of moving vehicles, equipment, or roadway traffic. At all times when exposed to overhead hazards or other potential of head contact or impact with objects, employees shall wear protective (hard) hats in accordance with the PPE policy as detailed in the [Safety and Health Administration Guide \(SHA-502\)](#).

APPAREL SELECTION

Supervisors are responsible for the assessment, selection, and use of appropriate safety apparel within the jobsite. All personnel shall follow KYTC policy requiring the utilization of all safety equipment. Deviation from policy may result in disciplinary action.

Note: Nothing in this policy prevents any Cabinet organizational group from adopting and issuing the hi-vis uniform to its personnel.

MAINTENANCE & USE

Guidelines for maintenance and wearing of uniforms are as follows:

- No part of the uniform or issued accessories shall be distributed to non-Cabinet personnel without prior authorization from the Secretary or Commissioner.
- Uniforms and accessories shall fit properly and shall be free of holes, frayed edges, missing buttons, and faded colors.
- Any variance from these requirements shall be remedied as quickly as reasonably possible.

**MAINTENANCE & USE
(CONT.)**

- Employees shall wear KYTC-issued or approved footwear while in uniform in all areas where exposed to the hazards of moving equipment or vehicles or other hazards of foot injury.
- Uniforms or issued accessories no longer serviceable shall be replaced.
- When hi-vis apparel is required and multiple layers of clothing are worn, the outer-most layer must be a hi-vis vest or other garment to maintain full required area of hi-visibility material to drivers and equipment operators.
- Uniform alterations (for example, hemming the trousers, tapering the shirt, etc.) may be made by the employee when necessary; however, excessive alterations that detract from the authorized fit or appearance of the uniform may result in replacement of the uniform at the employee's expense.
- Removal or shortening of sleeves on hi-vis vests or shirts in a way that removes reflective material, and therefore reduces effectiveness and compliance of the garment, is specifically prohibited.
- Any personal accessory (such as necklaces, earrings, rings, etc.) which when exposed may create a safety hazard to the employee shall be either not worn or secured in a manner so that the safety hazard no longer exists.

**ISSUANCE OF
UNIFORMS**

KYTC will issue hi-vis and other safety apparel based on the employee's expected field time. Other Cabinet-approved items of uniform apparel will be issued as directed by the division director, chief district engineer, or department head.

For new hires, KYTC shall issue uniforms at the end of probation. KYTC shall issue required hi-vis and other PPE upon hire and during initial probation and may, at the discretion of the division director or chief district engineer, issue uniform items. However, during the probationary period all employees shall utilize appropriate PPE.

Upon receipt of apparel or PPE, employees shall complete a TC 25-3 form, *Personal Protective Equipment (PPE) Acknowledgment* ([Exhibit 9042](#)), and submit it to their supervisor for filing.

**REQUISITION OF
UNIFORM ITEMS**

Each division or district shall designate a property officer to administer the inventory records of uniform items the division or district acquires. The State Highway Engineer shall designate a coordinator to establish and maintain contracts, resolve contract discrepancies and disputes, liaise with vendors, and communicate contract information to user divisions and districts.

**ACCOUNTABILITY
OF ISSUED ITEMS**

Persons issued uniforms shall be responsible for accounting for all items. Whenever an employee terminates service with KYTC or transfers into another assignment not requiring the use of a uniform, he or she shall return all issued items to the property officer. The employee's immediate supervisor shall be responsible for the distribution of appropriate apparel and maintain an accounting system for the items issued and returned.

**REPLACEMENT
OF UNIFORMS**

If employees request replacement of uniform items prior to one year of use, a supervisor, manager, or safety coordinator shall inspect the uniform items before deciding to grant or deny authorization for replacement. PPE requirements shall be maintained at all times.


**ADA
ACCOMMODATIONS**

Allowances will be made for reasonable accommodations due to an ADA-qualifying disability. For more information, [GAP-304](#) details policies and procedures pertaining to the Americans with Disabilities Act.

FAILURE TO COMPLY

Persons who fail to comply with this policy shall be subject to disciplinary action up to and including dismissal from the Cabinet ([GAP-901](#)).



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>EMPLOYEE CONDUCT</p> <hr/> <p><i>Subject</i></p> <p>Confidential or Sensitive Information</p>
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**STATUTORY &
REGULATORY
AUTHORITY**

[KRS 11A.040 \(1\)](#), [KRS 61.870 to 61.884](#), [KRS 45A](#), [KRS 522.020](#), [KRS 522.030](#), [KRS 522.040](#), [18 USC 2724](#), [601 KAR 2:020](#)

DEFINITIONS

"Confidential or Sensitive Information" means that information protected from disclosure by law, regulation, policy or which an individual is generally accepted by society to have a reasonable expectation of privacy in, whether such information is obtained from or embodied in or by any media, document, writing or written data, material, or compilation.

"Document" means any physical embodiment of information or ideas, regardless of form or characteristic, including electronic versions thereof.

"Employee(s) and Agent(s)" means Transportation Cabinet employee, volunteer, co-op, intern or contractual entity and its employees.

"Media" means the physical material in or on which records may be stored or represented and which may include, but is not limited to paper, microform, disks, diskettes, optical disks, magnetic tapes, and cards.

"Procurement" means the purchasing, buying, renting, leasing, or otherwise obtaining of any supplies, services, or construction. It includes all functions that pertain to the procurement of any supply, service, or construction item, including description of requirements, selection and solicitation of sources, preparation and award of contract, and all phases of contract administration.

"Writing" or "written" means letters, words, or numbers, or their equivalent, set down by handwriting, typewriting, printing, photostating, photographing, magnetic impulse, mechanical or electronic recording, or other form of data compilation.

OVERVIEW

Confidential or sensitive information is protected by state and federal laws and regulations, public and agency policies, and reasonable societal expectations. The Transportation Cabinet is a responsible holder of all such information and ensures the privacy and security of protected confidential and sensitive information. The Cabinet handles all such information as required by federal and state laws and regulations and collects, stores, uses, and shares information only in the interest of the public and in the provision of public services.

Departments or offices may have additional requirements to protect work-related information.

Examples of confidential or sensitive information include, but are not limited:

- Any type of Social Security-provided information

Note: Federal Tax Identification numbers are not considered sensitive.

- Employee ID numbers
- Home addresses and telephone numbers
- Date of birth, height, weight, race, gender, marital status, and number of dependents
- Political affiliation, employment history, (nonpublic) wage rate, and any other information of a purely personal nature
- All public or private records or information, the disclosure of which is prohibited or restricted or otherwise made confidential or sensitive by federal law or regulation or the statutes or regulations of the Commonwealth
- Any information that is interpreted to be an unwarranted invasion of personal privacy pursuant to the Kentucky Open Records Act, currently KRS 61.870 to 61.884, including related regulations, decisions, and opinions
- Any information (including engineering estimates and other internal cost estimates) the disclosure of which would violate, obstruct, or interfere with the principles of law and equity, including the Uniform Commercial Code, the law merchant, and law relative to capacity to contract, agency, fraud, misrepresentation, duress, coercion, mistake, bankruptcy, and good faith, specifically as those principles and laws relate to procurement under the Kentucky Model Procurement Code, KRS 45A, and related regulations

EMPLOYEE & AGENT**RESPONSIBILITIES**

Employee and agent responsibilities toward confidential or sensitive information extend to all situations where they obtain, access, maintain, release, use, circulate, disclose, or dispose of media, documents, and writings containing confidential or sensitive information. Cabinet employees and agents shall:

- Safeguard confidential or sensitive information including, but not limited to, the examples listed in the previous section
- Keep physical media, documents, writings, or written data, material, or compilations containing confidential or sensitive information in a locked file cabinet or a locked desk when not in physical possession and control
- Use only the type, extent, and amount of information considered reasonably necessary to complete their duties or contract
- Act to protect the confidentiality, completeness, integrity, and accuracy of such information
- Comply with all state and federal laws and regulations, public and agency policies, and reasonable societal expectations when obtaining, accessing, maintaining, releasing, using, disclosing, or distributing any information, especially confidential or sensitive information, in any form except of the type, extent, and amount of information considered reasonably necessary to complete their duties or contract
- Become familiar with different types of protected information and do their utmost to protect it

Example: When circulating media, documents, or writings containing confidential or sensitive information, the sender shall alert the receiver to protect the confidentiality or sensitive nature of the data.

- Include confidential or sensitive information in media, documents, and writings only if it is considered reasonably necessary
- Label envelopes “Personal and Confidential” and seal them adequately before sending confidential or sensitive information
- If no specific guidance is provided regarding how to reply to a written or verbal request for confidential or sensitive information, release the information only after having received and maintained written approval from the parties affected by the information disclosure

Cabinet employees and agents shall not allow another person or entity to use their user IDs or passwords to access computer networks, electronic data, or electronic equipment

ELECTRONIC**TRANSMISSION**

Whenever possible, employees and agents shall not include confidential or sensitive information in electronic communication transmissions (email, File Transfer Protocol, etc.). However, electronic transmission of confidential or sensitive information is often preferable to facsimile transmission of such information when the physical security of and access to the destination fax machine cannot be guaranteed.

If sensitive information is sent via the Internet or other unsecured media transmission facility, employees and agents shall send the information encrypted. The Office of Information Technology can provide more information on current encryption solutions.

Employees and agents shall comply with the acceptable-use provisions of the CIO-060 policy, "COT Internet & Electronic Mail Acceptable Use" ([GAP-9052](#)), and of the CIO-061 policy, "Social Media" ([GAP-9053](#)), as well as those of the other enterprise information technology policies detailed on the website of the Commonwealth Office of Technology (COT):

<http://technology.ky.gov/policy/Pages/policies.aspx>

FACSIMILE**TRANSMISSION**

If sensitive information is to be received by fax, the recipient shall first have been notified of the time when it will be transmitted and also have agreed that an authorized person will be present at the destination machine when the material is sent. An exception will be made if the area surrounding the destination fax machine is physically restricted such that persons who are not authorized to see the material being faxed may not enter.

When sensitive information must be faxed, a Cabinet transmittal cover sheet shall first be sent and acknowledged by the recipient. After this is performed, the information may be sent via another call occurring immediately thereafter.

Confidential or sensitive Commonwealth of Kentucky information shall not be faxed (sent or received) via unauthorized intermediaries (hotel staff, rented mailbox store staff, etc.).

SHIPPING & MANUAL**HANDLING**

Employees and agents shall not supply confidential or sensitive information to vendors, contractors, or other external entities without properly executed contracts and confidentiality agreements specifying conditions of use, security requirements, and return dates. When shipping sensitive information, employees and agents shall obtain receipt of delivery.

**DISPOSAL OF
CONFIDENTIAL OR
SENSITIVE
INFORMATION**

Employees and agents shall afford special handling for all confidential or sensitive information regarding its disposal. Employees and agents shall immediately select one of the following options for discarding physical media, documents, writings or written data, material, or compilations (including electronic data storage devices):

- Shredding
- Burning in a specially approved burn facility
- Destroying by other means or measures approved by the COT Chief Information Security Officer
- Placing in a locked or otherwise adequately secure “Shred,” “Burn,” or “Destroy” container for eventual destruction and removal

Such secure containers shall be placed adjacent to every printer, copier, and facsimile machine to limit the risk of unauthorized disclosure and allow for the eventual destruction of media, documents, writings or written data, material, or compilations containing confidential or sensitive information.

Employees and agents shall not dispose of media, documents, writings, or written data, material, or compilations (including electronic data storage devices) containing confidential or sensitive information in regular garbage or recycling containers.

When considering the disposal of Cabinet information, employees shall also follow the records retention guidelines detailed in [GAP-1002](#).

POST-EMPLOYMENT

Employees and agents may not obtain, access, maintain, release, use, circulate, or disclose confidential or sensitive information after their employment, contract, or agency ends. State and federal law regulating confidential or sensitive information applies during and after employment, contract term, or agency.

Former employees and agents may face civil and criminal liability for the unauthorized handling of confidential or sensitive information, including the imposition of fines and imprisonment.

**AUDIT, INSPECTION,
& INVESTIGATION**

Confidential or sensitive information includes the place, date, and time of a Cabinet audit, inspection, or investigation. Employees and agents shall not notify, directly or indirectly, any person, entity, facility, or place of business of the potential time or occurrence of such an audit, inspection, or investigation.

**AUTHORIZING USE OR
RELEASE OF
CONFIDENTIAL OR
SENSITIVE
INFORMATION**

When in doubt about the confidential or sensitive nature of particular information or about the necessity for such information to undertake particular job duties, employees and agents shall consult with and seek the authorization of their supervisors or the Office of Legal Services before obtaining, accessing, maintaining, releasing, using, circulating, disclosing, or disposing of such confidential or sensitive information or the media, documents, or writings containing such confidential or sensitive information.

Nothing herein should be construed to prevent compliance with law enforcement or investigative agencies.

**PROCEDURE FOR
EMPLOYEES**

All employees shall review and sign the TC 12-263, *Employee and Agent Privacy and Security of Confidential or Sensitive Information Agreement* ([Exhibit 9054](#)) during employee orientation or thereafter and submit the original to the Division of Personnel Management for filing.

**PROCEDURE FOR
CONTRACT PERSONNEL
OR NONEMPLOYEE**

Supervisors may not allow a volunteer, co-op, intern, or a contractual entity and their personnel (other than a licensed attorney authorized by the Office of Legal Services) to undertake assignments or represent the Cabinet before signing the *Employee and Agent Privacy and Security of Confidential or Sensitive Information Agreement*.

Upon signing the agreement, the nonemployee agent shall submit the original to the office, department, or division holding the contract for services or supervising the co-op, intern, or volunteer.

**PROCEDURE FOR
SUPERVISORS**


Every January, all employees, volunteers, co-ops, interns, or contractual entities shall review this Confidential or Sensitive Information policy and sign (physically or digitally in the Cabinet's Learning Management System) the *Employee and Agent Privacy and Security of Confidential or Sensitive Information Agreement*. For those who do not receive a performance evaluation, the physically signed forms shall be maintained by the Highway District, Department, or Office.

VIOLATION OF**POLICY**

Employees who violate this policy may face disciplinary actions, up to and including dismissal.

The unauthorized obtainment, access, maintenance, release, use, disclosure, or distribution of confidential or sensitive information may result in state and federal civil and criminal liability against the employee and agent found to have released such information. Penalties that result include those referenced in [KRS 522.020](#), [KRS 522.030](#), [KRS 522:040](#), [KRS 11A.040 \(1\)](#), and [18 USC 2724](#).



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>EMPLOYEE CONDUCT</p>
	<p><i>Subject</i></p> <p>Code of Ethics & Conflict of Interest</p>

STATUTORY AUTHORITY KRS Chapter 11A

INTENT The policy herein is a supplement to, not a replacement of, KRS Chapter 11A, "Executive Branch Code of Ethics." The Kentucky statute shall be controlling in any situation where this policy conflicts with it but not in situations where the policy is more restrictive. The policy herein shall supersede all previous Cabinet policies, written and oral, relative to or in conflict with this policy.

REQUIRED CONDUCT The citizens of the Commonwealth have a right to expect honesty from state employees and to feel confidence in their government. As public servants, Cabinet employees shall strive to contribute to the public's positive experiences with the government.

Transportation Cabinet personnel shall:

- Exercise good judgment, common sense, and ethical behavior
- Be independent and impartial
- Make decisions and policies within the established processes of government
- Display actions that promote public confidence in the integrity of government

PROHIBITED ACTIVITIES Transportation Cabinet personnel shall not engage in any activity or enterprise that is or has the potential to be inconsistent, incompatible, or in conflict with their assigned Cabinet duties and responsibilities. Activities or enterprises deemed incompatible, inconsistent, or in conflict for Cabinet employees include but are not limited to the following:

- Using state time, facilities, equipment, materials, or supplies for private gain or advantage
- Receiving or accepting money or any other type of consideration from anyone other than the state for the performance of an act that would be required or expected to be rendered during the regular course of employment as Cabinet employees

PROHIBITED**ACTIVITIES (CONT.)**

- Soliciting or accepting personal loans, money, or property from any person or group other than a bank or other financial institution that conducts business with or performs services for the Cabinet, including contractual business and service relationships
- Receiving any interest or profit from the use or loan of state funds
- Performing any act other than in the capacity as Cabinet employees that may later be directly or indirectly subject to the control, inspection, review, audit, or enforcement by the employees or the Cabinet
- Disclosing or using confidential information acquired in the course of official duties for personal gain or benefit
- Providing confidential information to any person or group to whom the Cabinet has not authorized issuance of such information
- Providing names of personnel for a mailing list from office records unless the Cabinet records officer has provided authorization
- Using their influence as official Cabinet employees in a matter that involves a conflict between personal and public interests or for financial gain or special privileges
- Engaging in any conduct when appearing before a state agency that would lead the public to believe the employees are furthering their private interests
- Acting as representatives for the state in the transaction of business for themselves or for their family members
- Contracting or doing business with the state through any businesses in which the employee owns at least 5 percent interest
- Accepting compensation, other than state salaries, for performance of their official duties

GIFTS & GRATUITIES

No Transportation Cabinet employee, spouse, or dependent child shall solicit, accept, or agree to accept anything of economic value as a gift, gratuity, or favor—including travel expenses, meals, alcoholic beverages, and honoraria—totaling \$25 or more in a single calendar year from any person, corporation, public agency, or group that might reasonably be interpreted as affecting the impartial performance of the employee's responsibilities and duties.

GIFTS &**GRATUITIES (CONT.)**

Such a person or group is one that:

- Negotiates with the Cabinet
- Lobbies or attempts to influence actions or decisions of the Cabinet
- Is involved in litigation adverse to the Cabinet
- Has applied for or received funds from the Cabinet

Cabinet employees shall not receive compensation or anything else of monetary value for their services as employees other than that to which they are entitled from the Cabinet. This prohibition shall not preclude the acceptance of awards for meritorious public contributions given by public- service or civic organizations.

Aside from these restrictions, Cabinet employees shall be free to engage in lawful financial transactions to the same extent as any other citizen.

FRAUD

No employee shall make any false statement, certificate, mark, rating, or report with regard to any test, certification, or appointment made under any provision of the Merit System Act or Personnel Cabinet policies and procedures stated or referenced in this manual nor in any manner commit or attempt to commit any fraud preventing the impartial execution of the Merit System Act or Personnel Cabinet policies and procedures.

BRIBERY

No employee shall directly or indirectly give, render, pay, offer, solicit, or accept any money, service, or other valuable consideration for any appointment, proposed appointment, promotion or proposed promotion to, or any advantage in, a position in the classified service.

CABINET CONTRACTS &**SUBCONTRACTS**

Officials or employees of the Transportation Cabinet who are authorized in their official capacities to negotiate, make, accept, approve, or to take part in negotiating, making, accepting, or approving any contract or subcontract in connection with a project shall not have any financial or other personal interest in any such contract or subcontract.

No engineer, attorney, appraiser, inspector, or other person or entity performing services for the Transportation Cabinet in connection with a project shall have financial or other personal interest other than employment or retention by the Cabinet in any contract or subcontract in connection with such project.

REAL ESTATE**ACTIVITIES**

The Cabinet shall necessarily buy real estate to use as right of way for highways. Therefore, no officer or employee of such person or entity retained by the Transportation Cabinet shall have any financial or other personal interest in any real property acquired for a project unless such interest is openly disclosed upon the public records of the Cabinet and such officer, employee, or person has not participated in such acquisition for or on behalf of the Cabinet.

Cabinet employees shall be extremely careful that their personal real estate transactions neither constitute a conflict of interest nor give the appearance to the public of constituting a conflict of interest.

A Cabinet employee in doubt as to whether a contemplated real estate transaction constitutes a conflict of interest should request an interpretation from the Office of Legal Services.

No Cabinet employee shall:


- Purchase or attempt to purchase any real property or any improvement that is to be removed from any real property on the route or the close proximity to any highway project where right of way is to be acquired, is being acquired, or has been recently acquired by the Cabinet
- Act or offer to act as an agent for the sale of any property in close proximity to any highway project after the first preliminary plans for the project are formulated and prior to the advertising for bid of the highway project
- Make for either compensation or gratuity an appraisal of any property in the path of any highway construction project or in close proximity thereto for any person, firm, corporation, or other entity other than for the Transportation Cabinet
- Make any appraisal or provide any other service for any person, firm, corporation, or other entity that provides service to, sells products to, or in any other manner does business with the Transportation Cabinet if such appraisal or service or the compensation resulting therefrom could reasonably be construed as constituting a conflict of interest

REAL ESTATE**ACTIVITIES (CONT.)**

- Make any appraisal for, provide any other service to, or accept any compensation from any realtor, broker, appraiser, attorney, or other person, firm, corporation, or other entity providing personal services to the Transportation Cabinet in the field of appraising, negotiating, or examining files. This restriction shall also apply to those persons, firms, corporations, or other entities that have recently provided or may be expected to provide such services to the Transportation Cabinet
- Authorize any other employee to make appraisals or engage in any other outside activities for profit

For more-detailed information, contact the Office of Human Resource Management, Office of Legal Services, or the Executive Branch Ethics Commission.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>EMPLOYEE CONDUCT</p>
	<p><i>Subject</i></p> <p>Political Activity</p>

**STATUTORY
AUTHORITY**

KRS 18A.140

**PERMITTED
ACTIVITIES**

Kentucky law places certain restrictions upon the political activities of merit-system employees to protect them from political pressures in their jobs.

Permitted political activities for classified employees while off duty include the following:

- **Registering and Voting**—Classified employees may register and vote in public elections pursuant to applicable laws.
- **Expression of Opinions**—Classified employees have a right to privately express their opinions on all political subjects and candidates, but they may not take an active part in political management or in political campaigns.
- **Contributions**—Classified employees may make voluntary cash contributions to political parties, candidates, or organizations; they may not, however, make contributions of goods, labor, and services.
- **Membership in Political Clubs**—Classified employees may join a political club and attend its meetings but may not hold office or serve on committees of the club.
- **Political Pictures and Signs**—Classified employees may display political pictures or signs on their personal property.
- **Attendance of Political Rallies, Conventions, Etc.**—Classified employees may attend political rallies and conventions and may participate in the selection of committee members. They may also vote at the lowest level of the selection process for delegates to the party convention.

PERMITTED**ACTIVITIES (CONT.)**

- **Badges, Buttons, and Stickers**—Classified employees may wear political badges or buttons and may voluntarily display political stickers on their private automobiles; they may not, however, wear political buttons, badges, or other such designations while on duty or while conducting official business for the Commonwealth.
- **Precinct Election Officers**—Classified employees may serve as precinct election officers at the polls.
- **Constitutional Amendments, Referendums, Etc.**—Classified employees may work actively for or against constitutional amendments, referendums, or municipal ordinances.
- **Transporting Voters**—On their own time, classified employees may drive friends or relatives to the polls as a civic gesture but may not transport voters to the polls as an organized service to a political party, faction, or candidate.

PROHIBITED**ACTIVITIES**

Prohibited political activities for classified employees, even while off duty, include but are not limited to the following:

- **Political Party Involvement**—Classified employees are prohibited from serving on or for any political committee, party, or other similar organization or from serving as a delegate or alternate to a caucus or party convention. However, they may vote in the selection of delegates to a party convention and in the selection of precinct committee members.
- **Political Contributions**—Classified employees are prohibited from soliciting or handling political contributions and may not make contributions of goods, labor, or services to a political party, faction, or candidate.
- **Campaigning**—Classified employees are prohibited from participating in political campaigns, except for when a classified employee is a candidate for an unpaid, nonpartisan office where there is no actual conflict of interest with the employee's classified position.

PROHIBITED**ACTIVITIES (CONT.)**

- **Political Party Tickets**—Classified employees are prohibited from soliciting the sale of or selling items or tickets for a political party, faction, or candidate. However, classified employees may voluntarily purchase such items or tickets.
- **Political Club Involvement**—Classified employees are prohibited from serving as an officer of a political club or as a member or an officer of any of its committees or from being active in the organization of or addressing such a club on any partisan political matters.
- **Political Meetings and Rallies**—Classified employees are prohibited from serving in connection with preparing for, organizing, or conducting a political meeting or rally or from addressing such a meeting on any partisan political matter except to vote.
- **Partisan Activity at Election Polls**—Classified employees are prohibited from engaging in partisan activity at the polls (at primary or regular elections) as checkers, challengers, or watchers and are prohibited from soliciting votes and assisting voters in marking ballots.
- **Candidacy for Office**—Classified employees are prohibited from becoming candidates for nomination or election to any paid, partisan federal, state, county, or municipal office. They are also prohibited from soliciting others to become candidates for nominations or elections to such offices.
- **Nominating Petitions**—Classified employees are prohibited from initiating or circulating partisan political nominating petitions.
- **Solicitation of Political Support**—Classified employees are prohibited from canvassing a district or soliciting political support for a party, faction, or candidate, either in person or in writing, including assisting with mass mailings and distributing yard signs.

USE OF INFLUENCE

No person shall directly or indirectly use or promise to use any official authority or influence to attempt to secure any person an appointment, an advantage in appointment to a position in the classified services, an increase in pay, or other advantage in employment for the purpose of influencing the vote or political action of any person.

ASSESSMENTS FOR**POLITICAL PURPOSES**

No employee in the classified service shall directly or indirectly pay or promise to pay any assessment for political purposes. No person shall solicit any political assessment, subscription, contribution, or service of any employee in the classified service. However, this rule does not prohibit employees from voluntarily contributing to the political party of their choice.

PUBLIC OFFICE

Officers or employees of the classified service may be candidates for and occupy an elected office if the election is on a nonpartisan basis, the officers or employees have complied with the requirements of KRS 61.080, and the duties of the elective office do not interfere with, or create any conflicts of interest with, the state duties of the officers or employees in the classified service. An employee shall give notice to his or her appointing authority of his or her intent to run for elective office upon filing to run for the office.


Any Cabinet employee who becomes a candidate for election to public office, except for those offices mentioned in the preceding paragraph, and does not submit a resignation shall be requested to resign. Any employee failing to resign shall be separated from his or her position with the Cabinet.

**VIOLATION OF
PROHIBITED
ACTIVITIES**

Officers or employees of the classified service who willfully violate any of the foregoing provisions shall forfeit their offices or positions and for one year be ineligible for any office or position in the Cabinet's service.

Violation of any of the foregoing provisions may result in disciplinary action, up to and including dismissal.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>DISCIPLINE, GRIEVANCES, & COMPLAINTS</p> <hr/> <p><i>Subject</i></p> <p>Employee Discipline</p>
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**STATUTORY &
REGULATORY
AUTHORITY**

[KRS 18A.020, KRS 18A.095, 101 KAR 1:345, and 101 KAR 2:102](#)

APPOINTING AUTHORITY The Secretary of the Transportation Cabinet is the Appointing Authority for the Transportation Cabinet and may delegate that authority to other Transportation Cabinet employees as Appointing Authority designees. Only the Appointing Authority, or designee, shall issue a major disciplinary action, including fine, suspension, demotion, or dismissal of a Cabinet employee, as well as other major actions that may be a part of a disciplinary process, including reversion, involuntary transfer, administrative leave, or special investigative leave.

OVERVIEW

Management may request a major disciplinary action when an employee commits an infraction of a law, regulation, or policy or when corrective action has not been effective. Examples of major infractions that would warrant bypassing progressive disciplinary steps include, but are not limited to:

- Fraud
- Workplace violence (see [GAP-802](#))
- Falsification of official documents
- Theft
- Misuse of state resources
- Harassment or retaliation
- Failure to meet minimum requirements of job classification
- Failure to maintain required licenses
- Failure to report for emergency work assignments
- Violation of provisions of the Commonwealth Office of Technology (COT) enterprise policies, such as CIO-060, "Internet and Electronic Mail Acceptable Use" ([Exhibit 9052](#)), and CIO-061, "Social Media," ([Exhibit 9053](#)), as well as those of the other enterprise information technology policies detailed on the COT website:

<http://technology.ky.gov/governance/Pages/policies.aspx>

**REQUEST FOR
CORRECTIVE ACTION OR
MAJOR DISCIPLINARY
ACTION**

The procedure outlined below is not intended to be the exclusive means for reporting potential disciplinary actions. The Appointing Authority, or designee, may be notified of potential disciplinary actions through various means, including but not limited to Inspector General reports, driver license reports, positive drug test and alcohol test results, and Equal Employment Opportunity reports, as well as requests for corrective or major disciplinary actions from management regarding the actions of subordinate employees.

Management Responsibilities—To request a corrective action or a major disciplinary action, management may prepare the following information and submit it to the Employee Compliance Branch (ECB) in the Office of Human Resource Management (OHRM) as soon as practicable:

- Completed TC 12-227 form, *Request for Corrective or Major Disciplinary Action* ([Exhibit 9040](#)), detailing the date, time, place, witnesses, and description of the incident
- Evidence of violation including, but not limited to:
 - ◆ Each witness's statement (signed by witness and dated)
 - ◆ Employee's statement (signed by employee and dated)
 - ◆ Timesheets and leave requests
 - ◆ Investigative report
 - ◆ Performance-related documents or reports
 - ◆ Other relevant official documents (doctor's statements, logs, incident reports, client/contractor reports, uniform citations, vehicle damage estimates, etc.)
- Documentation of previous corrective action(s), including but not limited to:
 - ◆ Previous counseling or verbal reprimands
 - ◆ Performance evaluation plans
 - ◆ Performance improvement plans
 - ◆ Training records

Management should ensure that all information in the packet is complete and accurate. Incomplete or inaccurate information may result in delays to take appropriate corrective or major disciplinary action. If questions arise, management may contact ECB for guidance.

REQUEST FOR CORRECTIVE**ACTION OR MAJOR****DISCIPLINARY ACTION****(CONT.)**

Before forwarding all information to ECB, management shall notify the employee of the request for disciplinary action and have the employee sign the TC 12-228 form, *Notice of Request for Corrective Action or Major Disciplinary Action* ([Exhibit 9056](#)), to acknowledge receipt of the notice for such action. Management may have a witness present when notifying the employee of the request. If the employee refuses to sign the TC 12-228 form, the witness may sign where indicated.

OHRM Responsibilities—ECB shall:

- Review the request for corrective action or major disciplinary action and supporting documentation
- Elicit additional information or clarification, if necessary
- Recommend to the Appointing Authority, or designee, whether the incident warrants corrective action or major disciplinary action

If corrective action is appropriate, ECB, in consultation with the Appointing Authority, or designee, will determine whether a verbal warning or written reprimand is appropriate. If a verbal warning is appropriate, ECB may contact management to authorize giving the employee a verbal warning. If a written reprimand is appropriate, ECB may draft a written reprimand for delivery to the employee by management.

If a major disciplinary action is appropriate, ECB shall draft a written notice of a recommended disciplinary action and forward the notice and supporting documentation to the Appointing Authority, or designee, for review and approval.

Upon approval and signature of the Appointing Authority, or designee, ECB may send the disciplinary action letter to management for delivery to the employee. If the employee is not working, ECB may send the notice directly to the employee by certified mail.

VERBAL WARNING

Management may issue a verbal warning to an employee for a minor infraction that counseling or retraining may correct. Management may:

1. Hold a private meeting that may include a human resource representative or another supervisor with the employee to issue the verbal warning

**VERBAL WARNING
(CONT.)**

2. Explain the unacceptable conduct or work performance that is the reason for the warning
3. Review any policies, procedures, or available training opportunities relevant to the unacceptable conduct or work performance

Note: Management may ask the employee to sign all policies and procedures that management reviews with the employee and maintain the signed documents as evidence of the review.

4. Use additional means to ensure that the employee understands and corrects the behavior, such as:
 - ◆ Directing the employee to attend training
 - ◆ Preparing a performance improvement plan for the employee
 - ◆ Requiring the employee to provide a medical certification pertaining to the ability to perform certain duties
5. Inform the employee that future similar actions may result in more-severe disciplinary action
6. Document the subject matter and date of the meeting
7. Ask the employee to sign the documentation and then provide the employee a copy of it
8. File the original in the employee's performance evaluation folder in the supervisor's office

**WRITTEN
REPRIMAND**

In consultation with ECB, management may issue a written reprimand to an employee for misconduct, failure to meet job-performance expectations, and poor time and attendance. A written reprimand is the first officially documented step in the progressive disciplinary process.

To issue a written reprimand, management may:

1. Complete the TC 12-227 form, *Request for Corrective Action or Major Disciplinary Action*
2. Forward the TC 12-227 form and any supporting documentation to the office, department, or division head for review and signature

WRITTEN**REPRIMAND (CONT.)**

3. Upon signature of the office, department, or division head, forward the TC 12-227 form and any supporting documentation to the Appointing Authority, or designee, in OHRM

Note: In consultation with the Appointing Authority, or designee, ECB may:

- Review all documentation
 - Investigate the alleged incident as necessary
 - Prepare the letter of reprimand, which may include a reprimand for additional misconduct revealed as the result of an investigation, and forward a copy to management for delivery to the subject employee and to the respective office, department, or division head
4. Upon approval of the written reprimand by the Appointing Authority, or designee, hold a private meeting that may include a human resource representative or another supervisor with the employee to discuss the specific reason(s) for the written reprimand and review any policies or procedures relevant to the infraction
 5. Ask the employee to sign the reprimand and inform the employee that his or her signature does not indicate agreement with the reprimand, only receipt of it

Note: If the employee refuses to sign, a supervisor should note, in the presence of a witness, the employee's refusal and should have the witness sign the report where indicated.

6. Sign the written reprimand and forward a copy of the signed reprimand and, if applicable, the employee's written response to ECB for placement in the official employee personnel files maintained by OHRM and the Personnel Cabinet

If, upon investigation, ECB, in consultation with the Appointing Authority, or designee, decides that the incident does not warrant a written reprimand, the request for disciplinary action becomes equivalent to a verbal warning to the employee, and a copy of the report shall not appear in the employee's official personnel files.

WRITTEN**REPRIMAND (CONT.)**

Note: Under no circumstance shall management draft a written reprimand nor issue a written reprimand without first consulting the Appointing Authority, or designee, and ECB. Once the branch drafts the reprimand and the Appointing Authority, or designee, approves it, management may issue the written reprimand to the employee.

MAJOR DISCIPLINARY**ACTION**

A major disciplinary action may be required when an employee commits an infraction of a law, regulation, or policy or when prior corrective action has not been effective.

If the recommended disciplinary action is a demotion or a dismissal, ECB shall send the employee a notice of intent, which outlines the charges and gives the employee an opportunity to respond before receiving the final notice. The notice of intent shall state:

- Specific reasons for the disciplinary action, including any statutory, regulatory, or policy violations
- Specific activity on which the disciplinary action is based
- Date, time, and place of the activity
- Names of the parties involved
- Employee's right to respond in person with or without counsel by requesting within 5 working days a predemotion or pretermination hearing if the employee receives a notice of intent to demote or dismiss

If the employee requests a predemotion or pretermination hearing, the Appointing Authority, or designee, shall schedule the hearing within 6 working days after receipt of the request, unless the employee, pursuant to KRS 18A.095(6) waives the requirement for the 6 working days.

Within 10 working days, or as soon as practicable, after considering the employee's written response, the Appointing Authority, or designee, shall decide whether to amend, rescind, or proceed with the intended action and issue to the employee the final notice detailing the decision.

Within 5 working days after a predemotion or pretermination hearing, the Appointing Authority, or designee, shall decide whether to amend, rescind, or proceed with the intended action and issue to the employee the final notice detailing the decision.

PERFORMANCE

IMPROVEMENT PLANS A performance improvement plan is an optional process that supervisors may use to guide and document performance improvement. A supervisor may initiate a performance improvement plan any time to address performance or conduct issues. The supervisor shall consult with ECB prior to initiating a performance improvement plan.

REPORTING

VIOLATIONS A supervisor has the primary responsibility for maintaining discipline of those employees under his or her supervision and shall report employee delinquency, misconduct, or incompetence. A supervisor failing to report employee misconduct or to take appropriate remedial action is derelict in the discharge of his or her assigned duties and may be subject to disciplinary action.

MAINTAINING RECORDS**OF DISCIPLINARY**


ACTIONS ECB shall maintain copies of all official disciplinary actions in the employees' official personnel files and shall forward copies to the Personnel Cabinet for inclusion in the employees' personnel files there. ECB shall also provide copies of all notices to the appropriate office, department, or division head.

If an employee resigns during the pending review and/or investigation of a recommended disciplinary action, ECB shall prepare and issue a notice to the employee of the agency's decision to accept his or her resignation with prejudice.

ANNUAL LEAVE

Pursuant to 101 KAR 2:102, an employee dismissed for cause related to misconduct shall not receive payment of his or her accumulated annual leave.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>DISCIPLINE, GRIEVANCES, & COMPLAINTS</p> <hr/> <p><i>Subject</i></p> <p>EEO / Civil Rights Complaint Procedures</p>
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AUTHORITY The Transportation Cabinet has developed the Equal Employment Opportunity (EEO) complaint investigation procedures herein pursuant to:

- Title VII of the Civil Rights Act of 1964
- Executive Order 11246 as amended in Executive Order 11375
- Americans with Disabilities Act
- Age Discrimination in Employment Act
- Section 504 of the Rehabilitation Act of 1973
- Kentucky Civil Rights Act
- Federal-Aid Highway Act: Title 23 CFR 230, Subpart C, App. A, (B) (11)
- KRS Chapter 18A
- Other pertinent statutes and regulations

PURPOSE The Cabinet is committed to ensuring an environment free from discrimination and harassment against employees and those who conduct business with the Cabinet, as described in [GAP-803](#), "Antiharassment / Antidiscrimination." Employees wishing to file a discrimination complaint have two options:

- EEO/Civil Rights complaint process
- Appeal to the State Personnel Board process

Employees may elect to file complaints directly with the federal Equal Employment Opportunity Commission (EEOC) or the Kentucky Commission on Human Rights (KCHR).

The Cabinet's EEO/Civil Rights complaint procedures establish the process for filing, investigating, and resolving employment discrimination complaints. These procedures also:

- Ensure that any employee or applicant for employment shall be afforded an immediate and fair method for the resolution of discrimination complaints
- Provide the opportunity for employees to discuss, informally and confidentially, any allegations of unlawful discrimination

PURPOSE (CONT.)

- Encourage in-house resolution of alleged unlawful discrimination complaints
- Provide a mechanism to ensure that aggrieved individuals may pursue resolution free from interference, coercion, reprisal, or any other form of retaliation

Note: Any employee may participate in these procedures without fear of retaliation. The Cabinet prohibits retaliatory action of any kind and regards such action as a separate and distinct cause for complaint. Any interference, coercion, reprisal, or other intimidation against an employee who has participated in the EEO/Civil Rights complaint procedures shall result in disciplinary action against the responsible individual(s).

The Cabinet, however, seeks to resolve most complaints with the use of the internal EEO/Civil Rights complaint procedures herein. The goal of the Cabinet is to investigate and stop any prohibited activity immediately so that employees can focus their attention on job duties.

**EEO / CIVIL RIGHTS
COMPLAINT PROCESS
FOR EMPLOYEES**

The Cabinet's internal EEO/Civil Rights complaint procedures herein are not intended to duplicate or circumvent other available options.

The three major steps of the internal EEO/Civil Rights complaint procedures are as follows:

1. Inquiry
2. Informal Complaint
3. Formal Complaint

INQUIRY

An inquiry is the first major step in filing a complaint. An individual may approach any member of management, the Employee Compliance Branch, an EEO liaison, or the Office for Civil Rights and Small Business Development (OCRSD) with an inquiry. The Cabinet's EEO liaisons include the designated representative in each highway district and the EEO coordinator/liaison in OCRSD.

The recipient of the inquiry shall review this procedure with the individual making the inquiry. The recipient of the inquiry shall forward all inquiries to OCRSD within 2 working days of receipt, not including the day the inquiry is made. Within 15 working days of being notified of the inquiry, OCRSD may discuss the inquiry with the complainant in order to informally resolve the inquiry.

INFORMAL COMPLAINT If the inquiry is not resolved, then OCRSBD may bring the issue to the attention of management and persons other than the individual making the inquiry to determine whether the inquiry may be resolved informally. If the inquiry cannot be informally resolved, OCRSBD shall accept the inquiry as a formal complaint.

FORMAL COMPLAINT A formal complaint is the final step in the internal complaint process. If an individual chooses, he or she may bypass the inquiry/informal complaint process and file a formal complaint with OCRSBD at any time. Before a formal investigation is initiated, the complainant shall complete and sign the TC 18-6 form, *EEO Complaint* ([Exhibit 9057](#)). This statement shall include the complaint's basis (race, color, sex, etc.), issues (equal pay, failure to promote, etc.), incident dates, identity of the accused, and names of supporting witnesses. The EEO liaison or OCRSBD shall provide technical assistance as necessary. The *EEO Complaint* form may be submitted to the following address:

Kentucky Transportation Cabinet
Office for Civil Rights and Small Business Development
200 Mero Street
Frankfort, Kentucky 40622

OCRSBD allows the complainant 60 days to return the *EEO Complaint* form. Failure to return the form within 60 days may result in a closure of the complaint. The complainant may resubmit or refile the complaint at any time.

The employee may fax the document(s) to (502) 564-2114 or (502)-564-1491.

As appropriate, the assigned EEO investigator shall:

- Notify the office or department head of the affected work unit of the complaint investigation
 - Inform the accused of the factual allegations and give him or her an opportunity to respond by submitting supporting documentation, witnesses' names, and other relevant material
 - Conduct interviews with the complainant, accused, and all witnesses regarding information relevant to the complaint
- Note:** OCRSBD will provide interviewees with the TC 18-21 form, *Truth & Confidentiality Agreement for Equal Employment Opportunity (EEO) Investigations* ([Exhibit 9074](#)). Interviewees shall submit the completed TC 18-21 form to OCRSBD prior to the interviews.

**FORMAL COMPLAINT
(CONT.)**

- Collect and tabulate personal data relative to the complaint (timesheets, application, disciplinary actions, etc.) in order to provide comparative and documentary evidence
- Conduct on-site fact finding to collect information, interview witnesses, and review official files and records
- Request signed statements from all relevant witnesses
- Compile statistical data (terminations, new hires, etc.) relevant to the issues cited in the complaint
- Review personnel files of complainant and other key employees named in the complaint

To resolve conflicting issues and to verify whether or not the alleged discrimination in the complaint exists, OCRSBD shall:

- Evaluate all investigative data
- Identify each allegation on the complaint
- Analyze denials, corroborations, and defenses to each allegation

For an unsubstantiated complaint, OCRSBD issues a letter of findings indicating the claims were not substantiated to the complainant, the accused, and the office or department head.

For a substantiated complaint, OCRSBD issues a letter of findings indicating the claims were substantiated to the complainant, the accused, the Office of Human Resource Management (OHRM), and the office or department head. Also, OCRSBD issues an investigative report to the Secretary and the Appointing Authority designee(s) within OHRM for appropriate action.

Regardless of the investigation's determination (substantiated or unsubstantiated), if the complainant is represented by counsel, any and all correspondence shall be sent to the complainant's counsel.

When an investigation substantiates the allegations of a complaint, OCRSBD shall forward a summary report of the findings to the Cabinet Secretary and the Appointing Authority designee(s) within OHRM for final review and resolution. The Cabinet Secretary or the Appointing Authority designee(s) within OHRM shall determine the appropriate action.

FORMAL COMPLAINT**(CONT.)**

The entire investigatory process for the formal complaint should not exceed **60 days** from the date OCRSBD receives the completed and signed *EEO Complaint* form or the date OCRSBD receives the initial inquiry, whichever comes last. Upon written notification to the complainant, OCRSBD may extend the completion date of the investigation.

OTHER AVAILABLE**OPTIONS**

The following options are available to employees, concurrent with an internal complaint investigation. OCRSBD shall advise employees of all options available, including time limitations for filing complaints with state and federal compliance agencies:

- A state employee may file a complaint that alleges discrimination on the basis of race, color, national origin, sex, age (40 or older), religion, sexual orientation, gender identity, veteran status, disability, political affiliation, or smoking status or in reprisal for opposition to discriminatory practices or participation in the EEO process. The recipient of such complaint shall immediately notify the Cabinet's EEO coordinator in order to comply with the Kentucky Transportation Cabinet's Affirmative Action Plan.
- If a complaint is filed alleging discrimination or sexual harassment, the grievance will be suspended, and the complainant shall complete the *EEO Complaint* form and submit it to OCRSBD. If the outcome of the investigation conducted by OCRSBD is unsatisfactory to the complainant, then the complainant has the right to proceed with the grievance procedure outlined in **GAP-903**, "Employee Grievances," and the Personnel Cabinet's *Employee Handbook*.
- Any classified or unclassified employee may appeal directly to the state Personnel Board an action alleged to be based on discrimination due to race, color, national origin, sex, age (40 or older), religion, sexual orientation, gender identity, veteran status, disability, political affiliation, or smoking status or in reprisal for opposition to discriminatory practices or participation in the EEO process.
- The Kentucky Commission on Human Rights (KCHR) is the state agency that investigates complaints of discrimination.
- The Equal Employment Opportunity Commission (EEOC) is the federal agency that investigates complaints of discrimination.

**RESPONSIBILITIES OF
DEPARTMENTS, OFFICES,
& DISTRICTS**

Supervisors shall not request major disciplinary action against employees based on allegations raised in a complaint until the completion of the investigation.

Of note, cease and desist orders shall be issued by OCRSBD. Placement on special investigative leave shall be issued by OHRM.

RETALIATION

No employee shall retaliate against anyone who raises a complaint according to this procedure. Any employee who is found to have retaliated shall be subject to disciplinary action, up to and including dismissal.

**FAILURE TO
COOPERATE**

Per KRS 18A.095, employees who refuse or fail to cooperate in an investigation may be subject to disciplinary action.

**WITHDRAWAL OF
COMPLAINT**

To withdraw a complaint of discrimination, the complainant shall submit to OCRSBD a written request stating the reasons for withdrawal.


OCRSBD shall accept the request for withdrawal unless the office determines either of the following:

- The complainant was coerced, harassed, or compelled to withdraw the complaint
- The nature of the allegations merit further investigation

Upon acceptance of the request to withdraw the complaint, OCRSBD shall notify all relevant parties in writing of the decision to withdraw.

Upon rejection of the request to withdraw the complaint, OCRSBD shall notify the complainant in writing of the decision to proceed with the investigation.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>DISCIPLINE, GRIEVANCES, & COMPLAINTS</p>
	<p><i>Subject</i></p> <p>Employee Grievances</p>

AUTHORITY 101 KAR 1:375

In accordance with this regulation, *grievance* is defined as “a complaint filed by an employee which concerns some aspect of his or her conditions of employment over which the employee’s cabinet or agency has control and which has occurred or of which the employee has become aware, through the exercise of due diligence, within thirty (30) calendar days prior to filing.”

PROVISIONS

A classified employee who believes that he or she has been subjected to unfair or unjust treatment concerning his or her conditions of employment may file a grievance using the Personnel Cabinet’s *Grievance Form* ([Exhibit 9058](#)), located in the Personnel Cabinet’s online forms library at:

<https://personnel.ky.gov/Pages/Grievances.aspx>

An employee shall be entitled to file a grievance without interference, coercion, discrimination, or reprisal.

If a grievance alleges discrimination on the basis of race, color, religion, national origin, sex, disability, age (40 years or older), or other protected class, the recipient of such a grievance shall immediately notify and forward a copy of the grievance to the Office of Human Resource Management (OHRM), Employee Compliance Branch (ECB). ECB may forward the grievance to the Office for Civil Rights and Small Business Development (OCSBD) for investigation. If an investigation is initiated by OCSBD, the grievance will be held in abeyance until the OCSBD’s investigation is concluded. If the employee is dissatisfied with the results of the investigation, the employee may continue to pursue the grievance by contacting the ECB within 30 days of receiving the OCSBD investigation results to request a response to the grievance.

PROVISIONS (CONT.) If a grievance alleges conduct by an individual or entity holding a contract with the Commonwealth or by an employee that violates policies, procedures, regulations, or law, the matter may be referred to the Office of Inspector General (OIG), who may initiate an investigation. Bases for referral to the OIG include, but are not limited to, allegations of fraud in time and attendance, improper use of state equipment or resources, or failure to follow established policies or procedures. An employee may also file such a complaint directly with OIG.

PROCEDURE An employee shall file the grievance with his or her immediate supervisor within 30 days following the occurrence or of the employee's becoming aware, through the exercise of due diligence, of the action that is the subject of the grievance.

If the action or conduct of the first-line supervisor is the basis of an employee's complaint, the employee may file the grievance with the second-line supervisor.

A written agreement of both parties may waive intermediate grievance levels.

An employee shall state in writing the basis of his or her grievance, together with the desired resolution. If an employee wishes to submit additional information or documentation, he or she may attach it to the grievance form. An employee should include all additional information or documentation that the employee wants considered as part of the grievance when initially filing the grievance.

An employee shall forward a copy of the grievance form and any attachments to ECB.

An employee may not use state time or resources (copiers, printers, faxes, computers, etc.) to file and process his or her grievance. An employee who uses state time or resources to file or process a grievance may be disciplined, up to and including dismissal, notwithstanding the merits of the grievance.

GRIEVANCE LEVELS The immediate supervisor shall respond to the grievance within 10 working days. All supervisors in the management chain between the immediate supervisor and the Appointing Authority shall respond to the grievance within 5 working days. The Appointing Authority, or designee, shall respond to the grievance within 20 working days. At each level, the employee has 2 working days to appeal the grievance to the next level. In all cases, the calculation of the due dates for the responses or appeal shall not include the date of receipt.

EMPLOYEE**REPRESENTATIVE**

Employees may have a representative (counsel, co-worker, relative, friend, etc.) present at each stage of the grievance process. The employee's representative may advise the employee; however, any discussions shall be between the supervisor and the employee filing the grievance. The supervisor may also have a Cabinet representative present during the meeting.

SUPERVISOR**RESPONSIBILITIES**

Upon receipt of a grievance, the supervisor who makes the initial review shall forward a copy of the grievance and all documentation to ECB.

Upon receipt of a grievance, the supervisor shall inform the next-line supervisor that the grievance is in the supervisor's possession. The next-line supervisor shall monitor the supervisor reviewing the grievance to ensure response by the deadline. [101 KAR 1:375](#) specifies that failure of supervisory or management personnel to respond within the prescribed time limits shall automatically advance the grievance to the next review level. Upon failure to meet the deadline, the next-line supervisor shall obtain the grievance and respond within 5 working days of obtaining the grievance, unless the employee agrees in writing to extend the deadline.

If a supervisor cannot respond to a grievance within the time limits required by regulation, he or she shall obtain from the employee a written agreement to extend the time frame. A copy of any such agreement shall be forwarded with the original grievance.

If the employee accepts a supervisor's findings and decision, the supervisor shall notify ECB that the grievance has been resolved and forward a copy of the grievance with the employee's signed acceptance to ECB.

Any person who retaliates against any employee who files a grievance shall be subject to disciplinary action, up to and including dismissal.

ECB**RESPONSIBILITIES**

ECB shall track the progress of all grievances and notify OCRSBD if appropriate.

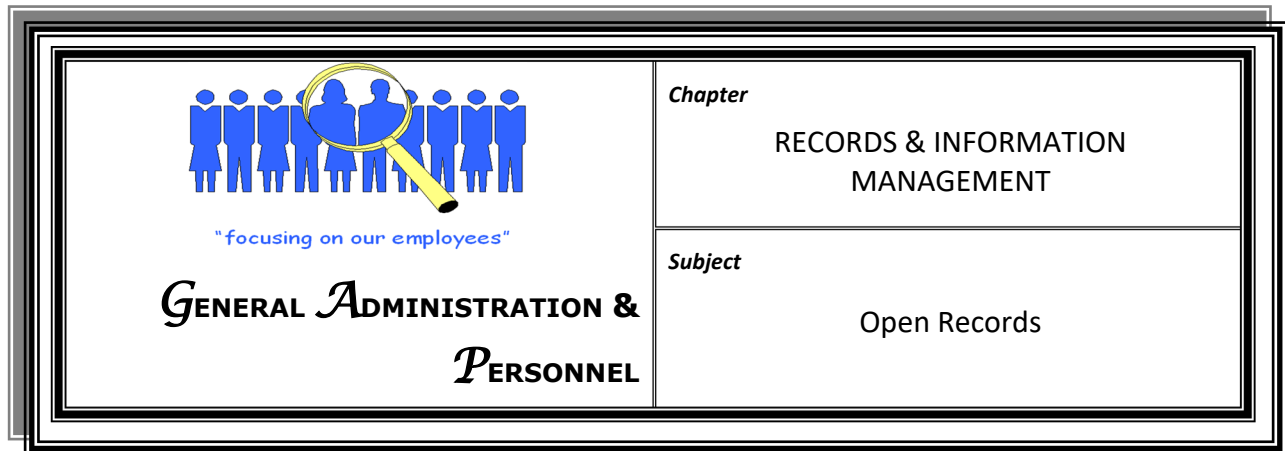
**INVESTIGATION
OF GRIEVANCE**

Employees requested by management, OHRM, OCRSBD, or the Office of Inspector General (OIG) to interview for evaluation or investigation of a grievance or complaint outside normal working hours shall receive compensatory time.

INVESTIGATION

OF GRIEVANCE (CONT.) Interviews to evaluate or investigate the grievance or complaint held by management, OHRM, OCRSBD, or OIG with the grievant or other employees shall not require the use of leave time.





**STATUTORY &
REGULATORY
AUTHORITY**

KRS 61.870–61.884 and 200 KAR 1:020

**DEFINITION OF
PUBLIC RECORD**

A public record is any paper, card, book, map, photograph, tape, disc, diskette, recording software, or other documentation—regardless of physical form or characteristics—that is prepared, owned, used, in the possession of, or retained by a public agency. Although in the possession of the Transportation Cabinet, a public record shall not include any record owned or maintained by a private person or corporation or any public agency that is not related to functions, activities, programs, or operations funded by state or local authority.

Disclosure of requested information is determined by the nature of the information itself, not by the identity of the requester or by the purpose for seeking the information.

OFFICIAL CUSTODIAN

The Executive Director of the Office of Legal Services serves as the official custodian of the public records of the Cabinet and is responsible for the overall supervision of Cabinet policies and procedures relating to access to public records.

**DESIGNATED
CUSTODIAN**

Each office or department head, division director, or other official designated by the Executive Director of Legal Services serves as custodian of records within his or her respective organizational unit and has the responsibility to comply with the provisions in this policy.

**CUSTODIAN
APPROVAL**

The custodian of records is to approve:

- Requests by other public agencies or officials for information deemed confidential (such agencies or officials include the Social Security Administration, the Revenue Cabinet, federal agencies, child-support officials, attorneys, credit bureaus, and collection agencies).

CUSTODIAN**APPROVAL (CONT.)**

- Additional time needed to collect data prior to rendering an opinion
- Final departmental reports to other governmental agencies or officials

The custodian of records also shall determine whether complying with an application for information by a public agency or an official would place an unreasonable burden of producing voluminous records or whether repeated requests would disrupt other essential functions of the agency (consult with the Office of Legal Services).

PUBLIC NOTICE

The custodian shall post in a prominent location to which the public has access a notice of regulations governing inspection of the public records.

**PERMISSION TO
INSPECT RECORDS**

Subject to the provisions of this policy, a person submitting a request to inspect public records must include with the request a statement that the person making the request is a resident of the Commonwealth as defined by KRS 61.870(10). A public agency may deny a request to inspect records that does not include such a statement. (KRS 61.872).

**REQUEST FOR
INSPECTION OF
OPEN RECORDS**

Generally, the TC 11-205 form, *Request to Inspect Public Records (Exhibit 9059)*, is used to make a request from the Cabinet, but a letter by mail or an email is also acceptable.

- Requests for nonconfidential information shall be in writing. Mailed requests shall be addressed to Open Records, 200 Mero Street, 6th Floor, Frankfort, KY, 40622. Emailed requests shall be sent to KYTC.OpenRecords@ky.gov. Kentucky Revised Statutes 61 *et seq.* state that an oral request need not be honored.
- Upon receiving an unwritten inquiry, the recipient shall clearly advise the person that the request is to be in writing to the Executive Director of the Office of Legal Services.
- If the person to whom the application is directed does not have custody, that person shall notify the applicant and furnish the name and the location of the Executive Director of the Office of Legal Services.
- Nonconfidential records shall be inspected during regular office hours. The custodian shall require written application describing records to be inspected.

**REQUEST FOR
INSPECTION OF
OPEN RECORDS (CONT.)**

- After inspecting records, an applicant may request copies for a fee. The fee may have to be paid in advance.
- If a nonconfidential record is in active use, in storage, or otherwise not available, the custodian shall notify the applicant within 5 working days of receipt of the application of the reason for the delay in providing access and the earliest practicable date, time, and place the record will be available for inspection.
- If any record contains confidential material, the agency shall separate the confidential portions and make the nonconfidential information available for examination.

**INFORMATION
FOR RELEASE**

Listed are the kinds of information for release:

- Employee's name, position, salary, length of service, and work location at the option of the Transportation Cabinet's Division of Personnel Management
- Final decisions, policies, or orders of the Cabinet
- Any other information of a nonconfidential nature

The custodian of the records requested for inspection shall promptly determine the availability of such records for inspection.

**RECORDS AVAILABLE
FOR INSPECTION**

When a record is available and subject to inspection, the custodian shall assign a Cabinet employee to assist the applicant to ensure protection of the record against damage and disorganization.

The applicant shall make the inspection in the presence of an employee of the Cabinet and on the Cabinet's premises during regular office hours.

The applicant shall not be allowed to remove original documents from the Cabinet's premises, except by permission of the official custodian. The custodian is responsible for copying the original documents to ensure that a complete file is maintained on the Cabinet's premises at all times.

RECORDS**UNAVAILABLE FOR
INSPECTION**

If a record sought is in active use, in storage, or otherwise not readily available, the custodian shall inform the applicant within 5 working days of receipt of the request of the reason for the delay in providing access and also the earliest practicable date, time, and place the record will be available for inspection.

**DENIAL OF
INSPECTION**

If a record is not available for inspection, the custodian shall orally inform the applicant, if present, that the record is unavailable. Furthermore, the custodian shall confirm denial in writing within 5 working days after receipt of the application. The custodian shall distribute copies of the denial as follows: one copy to the applicant and one copy to the Executive Director of the Office of Legal Services (official custodian).

If denying an application because the record sought is of a kind that should not be released, the custodian shall inform the applicant of the reason for denial, in whole or in part, and is to include a statement of the specific exception from the statutes and the reason the exception applies to the record withheld.

If the application for inspection places an unreasonable burden of producing voluminous records or if the custodian has reason to believe that repeated requests are intended to disrupt other essential functions of the Cabinet, the custodian may deny the request. The custodian, however, shall support denial for either of these reasons with clear and persuasive evidence.

**REEVALUATION
OF DENIAL**

If the custodian denies an application and the applicant requests an opinion from the Attorney General, who in turn issues an opinion in favor of the applicant, the Cabinet shall reevaluate its denial and may make the records available for inspection, unless appeal is warranted.

**NOTIFICATION OF
COURT ACTION**

The custodian shall notify the Attorney General and the Executive Director of the Office of Legal Services of any actions filed against the Cabinet in circuit court regarding the enforcement of KRS 61.870–61.884.

CUSTODIAN**RECORDKEEPING**

The custodian shall keep records of all:

- Requests for inspection
- Responses to requests
- Requests for copies of records
- Fees charged

FEES


The Cabinet requires payment for copies of records. Payment shall be made at the rate of 10 cents a sheet for letter- or legal-sized copies that are produced in a conventional and routine manner. Charges for other material or other types of copies—such as photographs, maps, or other graphic material—and for records stored in libraries and computer files shall be equal to, but not exceed, the actual cost of producing the material or copies. There shall be no charge for inspection only, unless copies are requested or unless there is a cost (as stipulated above) associated with providing information for inspection.

Before copies of records are prepared, requesters shall be informed of the actual cost of the copies or the approximate cost if the actual cost is not known.

The fees established herein shall not be charged to employees of the Cabinet for copies of records requested in the course of their employment and shall not apply in cases of documents printed for sale for which a fee is fixed by or pursuant to law or that are customarily distributed without charge.

In accordance with the provisions of this policy and the *Accounts Manual*, the custodian shall periodically submit all fees collected to the Division of Accounts, accompanied by sufficient identification of the funds to assure proper credit. The Division of Accounts shall deposit the fees to the account of the State Transportation Fund.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>RECORDS & INFORMATION MANAGEMENT</p> <hr/> <p><i>Subject</i></p> <p>Records Retention</p>
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AUTHORITY KRS 171.410–171.740, which established the State Archives and Records Commission and the Kentucky Department for Libraries and Archives, is the legal authority for matters relating to records retention within state government.

RETENTION Retention refers to a period—usually expressed in years—that a particular record shall be maintained. Records shall be retained in one of three ways:

1. For all time within the agency
2. For a defined period within the agency and then destroyed
3. For a defined period within the agency and then transferred either to the State Archives Center for permanent retention or to the State Records Center for a defined period and then destroyed

**STATE ARCHIVES
& RECORDS
COMMISSION**

Pursuant to the statute cited above, this 17-member body meets at least four times a year on matters relating to:

- Archives and records management
- Approval of schedules for the retention or destruction of records submitted by state and local agencies

**KENTUCKY DEPARTMENT
FOR LIBRARIES &
ARCHIVES (KDLA)**

This department:

- Establishes standards for the selective retention of records of continuing value
- Assists state and local agencies in applying such standards
- Prescribes the policies and procedures to be followed by state and local agencies in the conduct of their records-management programs

CABINET RECORDS**OFFICER**

Pursuant to [725 KAR 1:010, Section 1](#), the authority for records retention in the Transportation Cabinet lies with the records officer from the Office of Legal Services, as designated by the Secretary.

The records officer:

- Formulates and updates the Cabinet's Records Retention Schedule in cooperation with the KDLA
- Ensures that established guidelines are followed
- Coordinates all records management between the Cabinet and the KDLA
- Addresses all questions about the retention of Cabinet records

RECORDS RETENTION**SCHEDULE**

The Records Retention Schedule lists all Cabinet records by office, department, or division and provides the retention period and final disposition of each record. Final disposition is divided into three categories:

1. Retention
2. Transfer
3. Destruction

**TRANSFER OF
RECORDS**

Cabinet units shall transfer permanent or nonpermanent records according to the disposition instructions in the Cabinet's Records Retention Schedule or in the General Schedule for State Agencies.

To request a transfer of records, a Cabinet office, department, or division shall complete the PRD 70 form, *Records Transmittal to State Archives Center or State Records Center* ([Exhibit 9060](#)), and submit it to the Cabinet records officer for approval and signature. The records officer shall forward the form to KDLA, which shall pick up the records and deliver them to the appropriate center.

An office, department, or division that has records it needs to transfer but the records are not listed in the Records Retention Schedule shall submit to the Cabinet records officer a completed PRD 320 form, *Record Description and Analysis* ([Exhibit 9061](#)). The records officer shall verify the completed form and take appropriate action with KDLA to incorporate the records into the Cabinet's retention schedule.

When transferred records are ready for destruction, KDLA shall notify the appropriate office, department, or division through the records officer so that the office, department, or division has the final opportunity to retain the records beyond the approved retention period if necessary.

RETRIEVAL**PROCEDURES**

Only the Cabinet records officer or other Cabinet personnel whose names are listed on the L-A&R 140 card, *Records Request Authorization* ([Exhibit 9062](#)), may request records from KDLA.

The requesting office, department, or division shall provide the appropriate information to the Cabinet records officer, who is to complete the PRD 160 form, *Record Request* ([Exhibit 9063](#)), and mail it to KDLA for record pickup or for on-site review at the depository.

Shipment is normally by messenger mail in Franklin County (Central Office). The United States Postal Service or a special messenger delivers records to state offices outside Franklin County.

When the records are no longer needed, the Cabinet office, department, or division shall return them, along with the PRD 160 form, to KDLA for proper refiling.

DESTRUCTION**PROCEDURES**


Upon expiration of the specified retention period, records are eligible for destruction. To destroy records, the requesting office, department, or division shall complete the PRD 50 form, *Records Destruction Certificate* ([Exhibit 9064](#)), and forward it to the Cabinet records officer for signature. In turn, the records officer shall send the form to KDLA for processing.

An office, department, or division that has records it needs to destroy but the records are not listed in the Records Retention Schedule shall submit to the Cabinet records officer a completed PRD 320 form ([Exhibit 9061](#)). The records officer shall verify the completed form and take appropriate action with KDLA to incorporate the records into the Cabinet's retention schedule.

WEBSITE

www.kdla.ky.gov/



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>RECORDS & INFORMATION MANAGEMENT</p> <hr/> <p><i>Subject</i></p> <p>Reviewing & Copying Personnel Files</p>
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AUTHORITY	KRS 18A.020(3) & (4)
EMPLOYEE RIGHTS	KRS 18A.020(3) & (4) affords each employee the right to review his or her official personnel file and to copy any document in that file. Only the files kept by the Personnel Cabinet and the Transportation Cabinet's Office of Human Resource Management (OHRM) are considered official personnel files for employees of the Transportation Cabinet.
REVIEWING FILE	<p>An employee who wants to review his or her personnel file in OHRM shall follow this procedure, which is designed to allow employees to exercise their rights with as little disruption in the work environment as possible:</p> <ol style="list-style-type: none"> 1. The employee is to contact OHRM between the hours of 8:00 A.M. and 4:30 P.M. (EST) to request an appointment to review his or her personnel file by either: <ul style="list-style-type: none"> ➤ Submitting the TC 12-18 form, <i>Request to Review Personnel File (Exhibit 9065)</i>, to OHRM ➤ Calling OHRM <p>The employee shall review the file on his or her own time (during breaks, lunch, or pre-approved annual or compensatory leave). Any travel and other expenses associated with this process are the employee's responsibility.</p> <p>Note: OHRM will accommodate employees without appointments, but there may be delays, depending on the activities of the office.</p> 2. OHRM will provide space for the employee to review his or her file, with an OHRM staff member present during the review. 3. The employee shall request a staff member's assistance to photocopy pages, at a cost of 10 cents per page if the number of pages totals 30 or more. There is no charge for copies of fewer than 30 pages. 4. The employee may comment in writing on any item in his or her file. OHRM shall attach such comments to the specific document in the employee's personnel file to which they pertain.

EXPUNGED RECORDS

If a state employee or an applicant for a state position indicates that his or her conviction has been expunged by a judge or pardoned by the Governor, the following procedure shall be followed:


1. The employee or applicant shall submit to OHRM the certified court order showing the conviction has been expunged or the Governor's order indicating the pardon or civil rights restoration.
2. The employee or applicant shall request in writing that the information in the court document or the Governor's pardon letter be removed from each record in which it appears (applications, personnel action notifications, etc.). If the information appears in the job application, the employee shall submit an updated application, which will be added to his or her file. The old application will be destroyed. It is incumbent upon the applicant or employee to make sure that all information in his or her previous application, except that which has been expunged or pardoned, appears in the updated application.

Note: It is imperative that the Personnel Cabinet's general counsel has approved the Transportation Cabinet's process for reviewing and copying personnel files and that actions regarding the integrity of the files are consistent as both cabinets are custodians of the official employee files.

**CONFIDENTIAL
INFORMATION**

Information such as employee social security numbers, identification numbers, leave balances, and home addresses is considered confidential and shall not be posted or shared with other employees or the public. [GAP-807](#), "Confidential or Sensitive Information," provides more details on confidential information.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>RECORDS & INFORMATION MANAGEMENT</p>
	<p><i>Subject</i></p> <p>Guidance Manuals</p>

PURPOSE

A guidance manual is a collection of policy statements, operating procedures, standards and specifications, and sample forms and other exhibits. As a basic management resource, a well-developed guidance manual:

- States policies
- Outlines procedures, duties, responsibilities, and authority
- Provides standards for performance
- Educates users
- Serves as a training tool for new employees
- Supersedes all previous instructions, written or oral, relative to or in conflict with the contents therein

The Organizational Management Branch (OMB) is responsible for coordinating and administering all Cabinet activities relating to guidance manuals, including file maintenance.

DEFINITIONS

The Cabinet defines **policy** and **procedure** as follows:

Policy—A continuing directive that applies to recurring objectives or problems, establishes limits, and provides direction for action

Example: Snow removal and ice-control work shall be performed on roads that are part of the state-maintenance system.

Procedure—A standard method for performing specific work that supports policy

Example:

1. Plow roadways but do not salt until the air temperature exceeds 20°F and is rising.
2. Do not apply salt unless calcium chloride is added.
3. Plow and use abrasives only.

MANAGEMENT**RESPONSIBILITY**

Cabinet management is responsible for initiating the development or revision of policies and procedures in guidance manuals to ensure continuity and stability in Cabinet operations and services.

Generally, personnel at the division, office, or department level formulate policies, with input from other individuals that the policies affect. Policies require signature approval of not only the head of the division/office or department developing them but also the Office of Legal Services and the Cabinet Secretary. Personnel at the division level formulate procedures, with input from other individuals that the procedures affect. Procedures require signature approval of the head of the division/office or department developing them.

MANUAL OR REVISION**DEVELOPMENT**

Manuals provide important information and serve as helpful references to users. To ensure the most effective communication of ideas, the Cabinet encourages manual writers to keep these hints in mind:

- Organize the material with the user in mind.
- Express similar ideas in a similar manner.
- Use active, not passive, voice.
- Use clear, short, familiar words.
- Eliminate unnecessary words.
- Develop charts, illustrations, bulleted and numbered lists, etc., where possible to reduce lengthy, complex descriptions.
- Use the spell-check but do not rely upon it.
- Proofread, edit, and revise.

Upon completing a draft of the manual or revision, the writer forwards an electronic copy to the Organizational Management Branch (OMB) for editorial review and for preparation for final approval.

EDITORIAL REVIEW

OMB reviews the draft for:

- Policy and procedure conflicts (with statutes, regulations, and other Cabinet policies and procedures)
- Up-to-date information
- Unnecessary duplication of ideas
- Accurate cross-references
- Proper exhibits
- Accurate table of contents, table of exhibits, and alphabetical index
- Errors in consistency, clarity, style, language usage, grammar, spelling, and punctuation

Frequently, the branch reviewer meets with the writer to discuss the changes.

**PROCESSING NEW
MANUALS /POLICY
REVISIONS**

New policy manuals and policy changes to existing manuals require the review and approval of the Office of Legal Services and the Secretary. At the completion of the editorial review:

1. The reviewer saves the final draft electronically for future revisions
2. The reviewer submits the following to the head of the appropriate division/office or department:
 - Hard copy of the final draft
 - Completed TC 12-215 form, *Review and Approval of Guidance Manual* ([Exhibit 9066](#)), designating policy change (and procedure or minor change, if applicable)
 - Official memorandum (on letterhead) detailing the purpose of the new manual or policy revision and showing the proper approval channel ([Exhibit 9067](#))
 - Official Order detailing the purpose of the manual (for new or fully revised manuals only) ([Exhibit 9068](#))
 - *Official Notification of Policy Changes* ([Exhibit 9069](#)) detailing the purpose of the policy change (for policy revisions only)
3. The head of the division/office or department reviews the manual or policy change and:
 - Upon approval:
 - ◆ Signs the TC 12-215 form and returns that form only to the OMB
 - ◆ Initials the memorandum and forwards it and the remaining documents to the next person listed on the memorandum for review and approval
 - Upon disapproval:
 - ◆ Details any necessary corrections on the TC 12-215 form
 - ◆ Returns all of the documents back to OMB for corrections and resubmittal

**PROCESSING NEW
MANUALS / POLICY
REVISIONS (CONT.)**

4. Each person listed on the memorandum reviews the manual or policy change and:
 - Upon approval, initials the memorandum and forwards it and the other documents to the next person listed on the memorandum for review and approval
 - Upon disapproval, contacts OMB with his or her concerns, which OMB relays to the head of the division/office or department responsible for the manual or policy change
5. Upon receipt, the Office of Legal Services reviews the manual or policy change (particularly all information pertaining to policy to verify that the information does not conflict with any existing statutes, regulations, or Cabinet policies) and signs the Official Order (for new or fully revised manuals only) and forwards it and the other documents to the Secretary for review and approval
6. Upon approval, the Secretary signs the Official Order (for new manuals) and forwards all documents to OMB for final processing and filing

**PROCEDURE CHANGE
IN MANUAL**

Procedural changes require only the signature approval of the head of the division/office or department responsible for the changes. After completing the revision process, OMB submits to the head of the appropriate division/office or department:

- Hard copy of the updated policies
- Completed TC 12-215 form, *Review and Approval of Guidance Manual (Exhibit 9066)*, detailing the revised policies and designating procedure change (and minor change, if applicable).

If the updated policies satisfy the head of the division/office or department, he or she signs the TC 12-215 form and returns it and the policies to OMB for processing and filing. If more revisions are required, he or she notes the necessary updates on the TC 12-215 form and submits it and the policies to OMB for revision and resubmittal.

MINOR MANUAL**CHANGES**

OMB has the authority to make minor changes to a manual, such as:

- Revisions to references made in the text
- Updated exhibits (including forms)
- Index updates and revisions
- Minor formatting updates and revisions
- Corrections for errors in language usage, grammar, spelling, and punctuation

When making a minor change, OMB:

- Completes a TC 12-215 form, *Review and Approval of Guidance Manual*, detailing the revisions and designating minor change
- Attaches the TC 12-215 form to a hard copy of the revised policies and appropriately files them
- Updates all electronic versions of the manual (and hard-copy versions in stock)

PROCESSING AN**APPROVED MANUAL**

Upon receipt of an approved manual, OMB:

- Verifies the completion of all accompanying documents
- Informs the division/office or department responsible for the manual of its approval and works with that organizational unit to estimate the number of manual copies needed and create a list of recipients (districts, divisions, etc.)
- Takes the signed Official Order and 2 copies to the Division of Accounts to receive an Official Order number

Note: The Division of Accounts retains the original Official Order. OMB files one copy with the manual's revision tracking file and one copy with the manual's master print copy.

- For new manuals, creates a new revision tracking file that includes a hard copy of the manual and all approval documentation
- For fully revised manuals, replaces the outdated contents of the revision tracking file with the new version and approval documents
- Archives the old version of the manual
- Creates an ebook (.pdf) version of the manual
- Posts the completed ebook on the KYTC Policy Manuals website at:

<http://transportation.ky.gov/Organizational-Resources/Pages/Policy-Manuals-Library.aspx>

**PROCESSING AN
APPROVED MANUAL
(CONT.)**

- Informs the responsible division/office or department of the manual's Internet address
- Prepares a hard-copy and electronic version (master print copy) of the manual for printing
- Sends the master print copy to Kentucky Design & Print Services:
<http://transportation.ky.gov/print/Pages/default.aspx>
- Submits a print order to Kentucky Design & Print Services, using the procedures detailed in [GAP-1006](#)
- Appropriately files the master print copy
- Distributes print copies to the necessary recipients

To reduce printing costs, the Cabinet encourages employees to use the ebook (online) version of manuals in lieu of ordering a hard copy.

**PROCESSING MANUAL
REVISIONS**

Upon receipt of an approved policy or procedure change, OMB:

- Verifies the completion of all accompanying documents
- Informs the division/office or department responsible for the manual of the approved change
- Updates all affected indexes (table of contents, list of exhibits, etc.)
- Files a hard copy of the updated policies and indexes and all approval documentation in the manual's revision tracking file
- Updates the ebook (.pdf) version of the manual
- Adds revision date and update information on the KYTC Policy Manuals website
- Updates all stocked print copies of the manual
- Updates hard-copy and electronic versions of the master print copy

Note: For revisions, the first page of all stocked print copies and the master print copy needs to be a completed *Guidance Manual Transmittal* ([Exhibit 9070](#)).

SALES To defray a portion of production costs, the Cabinet charges external customers a reasonable price for manuals. Exceptions include:

- Reciprocal agreements between the Cabinet and other agencies
- Best interest of the Cabinet

PLACING ORDERS Customers may order guidance manuals by telephone, by U.S. mail, by email, in person, or online at:

<http://transportation.ky.gov/Organizational-Resources/Pages/Policy-Manual-Order-Information.aspx>


Completed order forms may be submitted via email to:

KYTC.GuidanceManuals@ky.gov

**OPERATING
GUIDELINES**

Because their technical and procedural tasks relate only to their internal operations, some divisions, offices, or departments do not publish a formal guidance manual. However, the Cabinet encourages these organizational units to formulate those tasks in written guidelines. The guidelines will assist managers in the training of new personnel or provide information during prolonged absences of key personnel to help ensure continued efficient operations of the divisions, offices, or departments. Such guidelines require approval by division/office or department heads.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>RECORDS & INFORMATION MANAGEMENT</p>
	<p><i>Subject</i></p> <p>Forms</p>

OVERVIEW

A form is a prescribed format to collect data for facilitating the exchange of information needed for a business transaction. A well-organized and well-maintained forms program is a valuable management tool.

The Organizational Management Branch (OMB) is responsible for coordinating and administering all Cabinet activities relating to forms, including form design and style (based on the governance of best practices) and file maintenance.

**REVIEW &
APPROVAL**

To ensure that each form meets the Cabinet's prescribed criteria, OMB reviews for approval all forms to be created, revised, published, and printed. Criteria for approval include:

- Necessity
- Design and style
- Legality

Once the branch publishes a form, any other existing version is abolished from circulation and archived. The Cabinet regards the current version maintained in the branch's files as the **official** version of the form. The use of any other version, no matter how similar, is considered in conflict with the official version and may prove detrimental to Cabinet operational efforts.

**FORM
IDENTIFICATION**

OMB assigns to each approved form a unique number, which shall conform to the branch's official style guide. The number is unique to the title of a form and can never be assigned to the title of another form.

FORM OWNERS

A form owner is any division, office, or department head who requests a form to be created or modified out of the necessity to prescribe the processing of information deemed essential to comply with that organizational unit's legal responsibilities. The form owner governs the content of the form, whereas OMB governs the design and style of the form.

FORM DESIGN**REQUEST**

The form owner and OMB work cooperatively in the content analysis and design of the form (the governance of best practices prescribes many of the design elements).

The procedure is as follows:

1. The form owner submits to OMB:
 - a. Typed or clearly hand-written final draft of a **proposed** form, with all the required information, including a description of the kind and amount of data that each field of the form is to capture
 - b. Printed copy of an **existing** form with clearly marked changes, including any changes to the kind and amount of data that each field of the form is to capture
 - c. TC 12-222 form, *Form Design Request* ([Exhibit 9071](#)), signed by the head of the division/office or department or by the designated forms liaison for the division/office or department
2. OMB designs the new or revised form and notifies the form owner for review and approval.
3. If necessary, the form owner meets with OMB to discuss any additional modifications, and OMB redesigns for review and approval.
4. Upon approval, OMB publishes the form to either or both of the following:
 - KYTC Forms Library on the Internet (for external use only) at:

<http://transportation.ky.gov/Organizational-Resources/Pages/Forms-Library.aspx>
 - KYTC Forms Library on the Intranet (for internal use only) at:

<https://intranet.kytc.ky.gov/apps/forms/pages/home.aspx>
5. OMB notifies the form owner that it is now available to users
6. The form owner notifies any other division, office, or department that may use the form that it has been issued or updated.

FORMS REGISTRY

OMB maintains the *KYTC Forms Registry* to provide current information about the Cabinet's forms. The registry lists the form:

- Number
- Title
- Owner
- Format (print, electronic, etc.)

The *KYTC Forms Registry* is online at:

<http://transportation.ky.gov/Organizational-Resources/Documents/KYTC%20Forms%20Registry.pdf>


OBSOLETE FORMS

OMB conducts periodic audits to identify forms that have become obsolete. The form owner is responsible for notifying OMB when a form becomes obsolete. Upon notification, the branch abolishes the form from circulation and archives it.

**FORMS AS EXHIBITS
IN MANUALS**

Many forms appear as exhibits in the Cabinet's guidance manuals. Their inclusion as exhibits is for informational and guidance purposes only and therefore not official versions of the forms to complete. The divisions, offices, or departments responsible for the content of their manuals shall ensure the most-current forms are used as exhibits. **GAP-1004**, "Guidance Manuals," discusses guidance manual revision procedures.



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LOCAL AREA**NETWORK PRINTERS**

All copying and printing performed by employees using local area network printers shall be double-sided unless the printer is incapable of double-sided output.

**KENTUCKY DESIGN &
PRINT SERVICES**

Kentucky Design and Print Services (KDPS), located on the first floor of the Transportation Cabinet Office Building, performs the following services:

- Graphic design and layout
- Design consultation
- Large format printing
- Coordination of media for events and meetings
- Creating multimedia
- Presentation design assistance
- High-volume copying for black-ink documents
- Black-and-white print on demand
- Full-color copying
- Folding, collating, stapling, and hole-drilling
- Perfect, GBC comb, spiral, and booklet binding
- Mounting on foam board
- Laminating
- Nameplates
- Building signs
- Name badges
- Padding
- Shrink-wrapping
- Grommets
- Engraving

**REQUESTS FOR
CABINET PRINTING
SERVICES**

All requests for printing by Cabinet personnel shall be made on the *Kentucky Design & Print Services Request* ([Exhibit 9072](#)), available at [Print.ky.gov](#), and submitted to Print@ky.gov (accessible through the Outlook global address listing or linked from the KDPS Internet site). All printing requests are for official use only and must be typed. KDPS will not accept handwritten forms.

The request shall clearly explain the services to be performed. The original or a sample or rough draft of the work to be performed shall accompany the request in electronic format. Any documents submitted for copying or printing “as is” shall be final drafts (all proofreading and editing completed). The graphic artists design and edit documents in accordance with customer specifications.

Note: The graphic artists can edit only the documents they have designed.

Note: The Office of Public Affairs shall approve artwork services for any Cabinet publication.

KDPS requires 15 working days for completion of all large orders unless other arrangements have been made with KDPS.

A copy of the printing request is attached to the completed job order. Completed job orders may be picked up or delivered to customer.

Note: All printing of Cabinet “TC Forms” requiring changes require prior approval from the Office of Human Resource Management, Organizational Management Branch. [GAP-1005](#) outlines the procedure.

**PRINTING
LIMITATIONS**

The following shows printing limits and requirements for specific print items:

- All guidance, training, and other manuals shall be posted to the KYTC Intranet. Hard copies shall be black-and-white and double-sided and shall be provided only to individuals who have a daily reference need.
- Internal newsletters shall be posted to the KYTC Intranet in lieu of hard copies.

PRINTING**LIMITATIONS (CONT.)**

- Personalized notepads shall not be printed. KDPS provides scratch paper and Cabinet notepads.
- There is one standard Cabinet letterhead for the Central Office. Each district may have one standard letterhead. Cabinet agencies (departments, divisions, branches, etc.) shall not use distinctive letterhead. Letterhead interactive templates are available online at:

<https://transportation.ky.gov/Pages/New-Team-Kentucky.aspx>

REQUESTS FOR OUTSIDE**PRINTING SERVICES**

Printing shall not be contracted out without specific written pre-approval from KDPS.

KDPS shall allow outside printing only if it is unable to satisfy the requirements requested and the requesting agency can pay for the work to be performed.

Note: KDPS will mediate the process and assist with file preparation.

Any public document shall include the name of the office that prepared it. In addition, any document distributed without charge shall indicate that the cost of printing was paid with state funds (KRS 57.375).


PRINTING**BUSINESS CARDS**

Business cards are printed only for personnel having frequent contact with the general public.

All requests for business cards require the approval of the employee's office, department, or division head.

Generally, the employee's official job title (as it appears on the employee's PAN [personnel action notification]) shall be printed directly under the employee's name. Any deviation from this style requires approval from KDPS.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>RECORDS & INFORMATION MANAGEMENT</p> <hr/> <p><i>Subject</i></p> <p>Public Relations</p>
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GENERAL**INFORMATION**

The Office of the Secretary and the Office of Public Affairs shall issue all announcements of projects, including the selections of route locations, the advertisements and awarding of projects, and other important matters pertaining to the publication of functions of the Cabinet.

The obvious need for accuracy of the details of the announcements dictates this policy. Moreover, the policy provides a safeguard that the announcements are those of the Cabinet rather than of an individual, department, or office. All news releases are posted to the Cabinet newsroom website at:

<http://transportation.ky.gov/pages/news-and-events.aspx>

INFORMATIONAL**PUBLIC MATERIALS**

All distribution material such as brochures, newsletters, or pamphlets should be sent to the Office of Public Affairs for approval prior to being finalized.

**INFORMATION FLOW
TO THE NEWS MEDIA**

Cabinet personnel shall release no information to the news media regarding details of plans for highway projects or programs until the Office of the Secretary and the Office of Public Affairs has officially approved the release of the details. With the exception of local advisories, all press releases and media advisories shall be sent to the Office of Public Affairs for approval prior to public release.

Cabinet personnel shall release no information to the news media regarding the Cabinet's estimates of costs or unit prices used in compiling estimates of costs for highway projects or improvements.

The Office of the Secretary and the Office of Public Affairs shall retain a written record of statements to the news media for clarification of any misunderstanding that may later develop.

**INFORMATION FLOW
TO THE NEWS MEDIA
(CONT.)**

Note: Cabinet personnel shall not refer the media or other interested persons to highway consultants for information on Cabinet projects without clearance from the Office of Public Affairs.

**RESPONSES TO NEWS
MEDIA INQUIRIES**

Those who may be called upon to respond to questions from the news media shall:

- Be well informed of current Cabinet public-information policies
- Respond to questions in a frank and factual manner
- Refrain from discussion outside their areas of expertise or responsibility
- Avoid conjecture, speculation, and personal opinion

The Office of Public Affairs or the district public information officers (PIOs) shall handle all media inquiries. Because the Office of Public Affairs works closely with the Office of the Secretary and the Department of Highways to coordinate responses to media inquiries, Cabinet employees shall forward all media inquiries to the Office of Public Affairs or the district PIOs for appropriate responses.

**REQUESTS
FOR EXCLUSIVE
INTERVIEWS**

The Office of the Secretary, the Office of Public Affairs, and the district PIOs shall coordinate all requests for exclusive interviews with other units of the Cabinet and with other agencies of state government if necessary.

**RESPONSES TO
COMPLAINTS OR
INQUIRIES**

The Cabinet shall respond by telephone to all complaints or inquiries it receives by telephone. A written response is permissible if the caller agrees. The Cabinet shall respond in writing to all complaints or inquiries it receives in writing.


As a normal work routine, each workstation should maintain a written record of answers to telephone inquiries so that the Cabinet can retrieve for clarification of any verbal misunderstanding that may later develop.

DISTRICT OFFICES

To create and maintain good public relations, district offices shall:

- Ascertain from the Office of the Secretary and the Office of Public Affairs all Cabinet plans and policies currently available to the public
- Assure that current announcements of these plans and policies are available to all persons concerned
- Publicize news related to current projects, such as announcements of detours
- Prepare for all public hearings and other public meetings in the districts by arranging locations, times, equipment necessary for presentations, etc.



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>RECORDS & INFORMATION MANAGEMENT</p>
	<p><i>Subject</i></p> <p>Phone & Document Translation Services</p>

AUTHORITY Title VI of the Civil Rights Act of 1964 (42 USC 2000d); 49 CFR Part 21; 23 CFR Part 200; EO 13166

POLICY As a recipient of federal financial assistance, KYTC must develop systems to provide limited English proficient (LEP) persons timely and meaningful access to services provided by KYTC, without unduly burdening the fundamental mission of the agency. To improve such access, the Office for Civil Rights and Small Business Development (OCRSBD) has contracted translation services (through a master agreement with the Commonwealth of Kentucky) that all KYTC areas may use to translate live calls and documents. Employees shall only use these services for official KYTC business.

Note: KYTC shall not charge citizens for translation services.

ANALYSIS OF SERVICES Managers and supervisors are directly responsible for ensuring that their employees receive the appropriate training regarding:

- How to use translation services
- How to request translated documents
- How to utilize I-Speak Cards to assist LEP office visitors

Managers need to consider the following factors in their analysis:

- The demographics (number or proportion) of LEP persons eligible to be served or likely to encounter the program
- The frequency LEP individuals interact with the program
- The nature and importance of the services provided by the program
- The available resources and associated costs


Managers may contact OCRSBD for more information or assistance with analyzing their business area services.

**OBTAINING
TRANSLATION
SERVICES**

OCRSBD's "KYTC Translation Services—Bridging the Language Divide" document provides specific details on how to obtain these services and is available for KYTC employees here:

<https://intranet.kytc.ky.gov/org/OHRM/Forms/Form%20Instructions%20Library/tc18020i.pdf>



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>GENERAL AGENCY PRACTICES</p>
	<p><i>Subject</i></p> <p>Inventory</p>

OVERVIEW

The following provides procedures and guidelines for taking the annual inventories of fixed assets, materials, and supplies for the Cabinet to provide accurate figures to be included on the Commonwealth's financial statements as of June 30 each year in accordance with generally accepted accounting principles (GAAP).

**GENERALLY ACCEPTED
ACCOUNTING
PRINCIPLES (GAAP)**

To comply with GAAP, those organizational units with only physical inventories at June 30 are required to take physical inventories of fixed assets, materials, and supplies each year and to adjust the perpetual inventory records to the actual counts. These inventories shall be reported as of June 30 each year. No transfers of fixed assets, materials, and supplies shall be made after inventorying begins, except in cases of emergency. All operating units with only physical inventories shall enter all repair orders, work orders, etc., into Cabinet-approved electronic inventory control systems (OMS, ARCHIBUS, etc.).

Note: Each organizational unit shall notify the Internal Audit Branch 10 days in advance of the date the unit will take the inventory.

Per [KRS 45.313](#), each budget unit shall maintain in a sanctioned inventory system the current inventory of assets having a useful life of more than one year and a value of \$500 or more. The inventory shall be available for examination by the Finance and Administration Cabinet or the Transportation Cabinet's Office of Audits at all times. In addition, designated officials are responsible for monitoring supplies and materials in specific areas.

Each year, the Cabinet's property officer within the Office of Budget and Fiscal Management shall notify the heads of the offices with physical inventories of that year's inventory reporting requirements and deadlines. Each organizational unit shall report its June 30 inventory data to the Office of Budget and Fiscal Management and the Division of Accounts as required for the Comprehensive Annual Financial Report (CAFR).

OFFICIAL INVENTORY**SYSTEMS OF CABINET**

The Transportation Cabinet's sanctioned inventory systems are as follows:

- ARCHIBUS—land, buildings, office furniture, technology hardware and software
- OMS (Operations Management System)—highway equipment, maintenance materials, aircraft
- Excel spreadsheet—easements on historic properties rehabilitated with federal funds

INVENTORY**REQUIREMENTS**

Personnel taking inventory shall abide by these requirements:

- Personnel, in teams of two, counting a consumable inventory shall be the same personnel from one area to another once the inventory count has begun.
- An auditor from the Internal Audit Branch or the Auditor of Public Accounts periodically observes the inventory process on a sample basis but does not count inventory except to test-count certain items to ensure the accuracy of the physical count. This test shall then be traced into the final inventory. A person experienced in measurement conversion may assist the auditor.
- Only prenumbered inventory sheets, computer printout sheets, maintenance inventory forms, or Facility Management sheets shall be used. Use of scratch paper shall not be permitted.
- Ink shall be used to record physical counts.
- All stockpiled items shall be inventoried, including items purchased with procurement cards (pro-cards) and items retained for reuse.
- Personnel shall take consumable inventory from floor to sheet, not from sheet to floor, to ensure all items are included in inventory.
- Operating unit shall store like items and supplies together and stack them in their proper locations to facilitate counting.
- As each item, group of items, or section is counted, a sticker tape or mark shall be placed in a prominent place to ensure that all items have been counted and to facilitate test counts by auditors.
- Items leased, rented, donated, consigned, or lent out shall be identified and marked. These items shall not be commingled or listed with other inventory items.

INVENTORY**REQUIREMENTS (CONT.)**


- If a count is found to be incorrect, the counter shall not erase but strike through the entry, make the correction, and have the auditor or another responsible person initial the correction.
- Items identified to be disposed of as surplus property shall be listed on separate sheets and not commingled with the other inventory. ([GAP-1102](#) explains surplus property policy and procedures.)
- After the physical count of the inventory is complete, all unused lines shall be crossed out and initialed by the responsible person.
- All inventory sheets shall be signed by the responsible persons.
- New items delivered to the warehouse shall be segregated (not put in stock), listed on a separate sheet, and not entered into the electronic inventory system until after the audit is complete.
- If items are discovered missing, the inventory taker shall attempt to determine reason why the items are missing and, if applicable, file a police report.

Note: The *OMS Materials Policy and Procedures Manual* provides more details for inventory recorded in the OMS inventory system.

**PERIODIC
INVENTORY
COUNTS**

In addition to taking the mandatory annual inventory, each office, department, division, or district may decide to conduct periodic inventories throughout the year to ensure efficient inventory control of materials, equipment, and supplies.



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	<p><i>Subject</i></p> <p>Surplus Property</p>

AUTHORITY KRS 42, KRS 45A, 200 KAR 5; *Disposal: Surplus Property Guidebook* from the Finance and Administration Cabinet's Division of Surplus Properties

**CUSTODIAN OF
SURPLUS PROPERTY
RECORDS**

The Finance and Administration Cabinet (FAC) has delegated authority to the Transportation Cabinet to declare and dispose of surplus personal property in a manner advantageous to the Transportation Cabinet.

The official property officer of surplus personal property records for the Transportation Cabinet is the Executive Director of the Office of Support Services (OSS), supported in this role by additional property officers from select Central Office areas of the Cabinet designated by the Executive Director of OSS. The OSS-designated property officers include:

- Director, Division of Equipment
- Director, Division of Maintenance
- Director, Division of Traffic Operations
- Director, Division of Facility Support Services
- Executive Director, Office of Information Technology

Organizational units throughout the Cabinet shall coordinate and communicate with the appropriate designated property officers to ensure Cabinet compliance with all statutes, regulations, and policies governing the disposal of surplus personal property. In turn, the designated property officers shall coordinate and communicate with the Executive Director of OSS, who is the primary liaison with FAC Division of Surplus Properties.

IDENTIFYING**SURPLUS PROPERTY**

Guidance on identifying state-owned personal property (materials and equipment) as surplus is as follows:

- Obsolete property, by either policy or regulation, can no longer be used in its current condition but can be transformed into usable property. For example, the *Manual on Uniform Traffic Control Devices (MUTCD)* has prohibited further use of the “Stop Ahead” message sign. In its place is the “Stop Ahead” symbol sign, thereby rendering the “Stop Ahead” message sign obsolete, which can be returned to storage for secondary use.
- Scrap property has no further use in Cabinet operations and cannot be transformed into usable property. Scrap metal and aluminum, as well as electronic scrap (e-scrap) property, may be recycled via a revenue-generating contract. Other scrap property may be disposed of as solid waste.

Note: “Temporary sign installations by legislative action [commemorative signs]” are exempt from being surplussed. These signs may be given to legislators, upon request, to distribute to the honorees.

- Damaged property is property damaged beyond repair for public use but may be cannibalized for parts.
- Lost or stolen property requires a police report, a letter of explanation, further investigation as deemed necessary, and removal from inventory if not recovered.

OVERVIEW OF**DISPOSAL METHODS**

Each major organizational unit (department, office, division, or district) may recommend an appropriate method for disposing of surplus property from the list of methods in the *Disposal: Surplus Property Guidebook*, which elaborates on the procedure for each method and lists factors to consider. The *Guidebook* may be obtained from FAC’s Division of Surplus Properties, or at:

<http://finance.ky.gov/services/surplus/Pages/default.aspx>

Chapter 2 of the *Guidebook* provides guidelines specifically for agencies with delegated authority, which the Transportation Cabinet has.

**OVERVIEW OF
DISPOSAL METHODS
(CONT.)**

However, for generally accepted practices for disposing of certain Transportation Cabinet materials and equipment, see *Personal Property Commonly Surplussed* ([Exhibit 9075](#)), which includes charts pertaining to:

- Division of Maintenance
- Division of Traffic Operations
- Division of Equipment
- Cabinetwide

Before completing the required forms, the organizational unit shall discuss recommended methods of disposal and coordinate the details with the Executive Director of OSS or with the appropriate OSS-designated property officer (see Page 1) from the Central Office.

Common disposal methods include:

- Transfer within Cabinet or another state agency
- Recycle using revenue-generating contract established by competitive bid
- Sell by public auction
- Sell by sealed bid
- Trade-in
- Deliver to FAC's Division of Surplus Properties
- Transfer to local government or nonprofit organization
- Cannibalize for parts
- Dispose as solid waste
- Other method, such as for hazardous materials (with approval from FAC's Division of Surplus Properties)

**DECLARING
PROPERTY SURPLUS**

The organizational unit shall complete the TC 77-1 form, *State-Owned Personal Property Declared Surplus* ([Exhibit 9076](#)), or the B217-2 form, *Declared Surplus* ([Exhibit 9077](#)), on items declared surplus and shall forward it to the appropriate designated property officer for approval and record keeping. Some of the methods of disposal may require additional forms as indicated in the *Disposal: Surplus Property Guidebook*.

The designated property officer shall return the approved form to the organizational unit so that it may carry out the selected method of disposal, update inventory records in the appropriate Cabinet-approved system, and submit to the property officer documented evidence that the disposal occurred. Each Cabinet area designated by the Executive Director of OSS is responsible for ensuring accurate inventory records and timely submission of proof of disposal.

TRANSFERRING**ITEMS**

To transfer surplus items, the organizational unit shall follow the procedure below:

1. By email or the Transportation Cabinet's Intranet, the appropriate designated property officer shall notify entities within the Transportation Cabinet of the items being declared surplus. The items shall post for 5 working days. If there is no response, the organizational unit shall proceed to the next step.
2. By email or the Internet (FAC's Division of Surplus Properties website), the appropriate designated property officer shall notify other state agencies of the items being declared surplus. The items shall post for 5 working days. If there is no response, the organizational unit shall proceed to the next step.
3. By email or written correspondence, the appropriate designated property officer shall notify eligible local governments, schools, and nonprofit organizations of the items being declared surplus. Not all local governments or nonprofit organizations are eligible. FAC's Division of Surplus Properties will assist in the determination of eligible nonstate agencies. Eligible nonstate agencies that would like any of the items shall complete the B217-42A form, *Direct Transfer of Surplus State Property to Non-State Agencies* ([Exhibit 9078](#)), and return the form to the Transportation Cabinet's property officer.

DISPOSAL BY**REVENUE-GENERATING****CONTRACT**

The revenue-generating contracts established by competitive bid to recycle scrap metal and aluminum, as well as electronic scrap, or e-scrap, serve as the tracking mechanism for disposal and therefore require no submission of forms.

Note: Commemorative signs shall be secured in a location different from that of other scrap metals for possible distribution.

DISPOSAL BY**TRADE-IN**

The appropriate designated property officer shall seek information from purchasing officers or vendors to determine whether the property can be used for trade-in on a new purchase and to obtain quotes and allowance from vendors for trade-in. The organizational unit with the property shall work with the property officer, the purchasing officer, and the vendor to secure appropriate records and to coordinate the handling and removal of the surplus property. The organizational unit is responsible for updating inventory and filing appropriate records, using the TC 77-1 form for documentation.

SELLING ITEMS

For sale of surplus items to the public, the Central Office shall select the appropriate sales method—that is, public auction or sealed bid. These methods are listed under “Sales to General Public” of the *Disposal: Surplus Property Guidebook*. The Transportation Cabinet advertises its public auctions on two Internet sites:

- FAC’s Division of Surplus Properties Internet site:

<http://finance.ky.gov/services/surplus/Pages/publicauctions.aspx>

- Transportation Cabinet’s Internet site:

<http://transportation.ky.gov/Equipment/Pages/Public Auction.aspx>

Note: State employees shall be permitted to purchase items at each sale of surplus personal property owned by the Commonwealth of Kentucky when such property is sold at public auction or by sealed bid.

**ITEMS OF \$5,000
OR MORE**

For declaring surplus any items with a suspected initial value of \$5,000 or more, the organizational unit may determine the initial value of the items from OSS or through eMARS. The Executive Director of OSS shall send a copy of the approved B217-2 form to FAC’s Fixed Assets Branch so that items can be removed from inventory. After the final disposition, OSS shall ensure update of inventory.

**DISCARDING SOLID
WASTE ITEMS**

Each organizational unit may take to a local landfill any solid waste items (trash) that are useless, damaged beyond repair, or missing parts that render the property dangerous but not hazardous. Cabinet property officers shall ensure removal of such items from inventory.

**HAZARDOUS
MATERIALS**

If hazardous materials exist or if there is a question as to the potential hazardous nature of the property, the organizational unit shall contact OSS, who shall, in turn, contact the Transportation Cabinet’s Division of Environmental Analysis, the FAC’s Hazardous Material Coordinator, or the FAC’s Division of Surplus Properties to ensure disposal of the hazardous materials in accordance with state and federal waste-management laws and regulations. Some examples of such materials are:

- Lead acid batteries
- EPA-regulated chemicals/materials
- Biologically soiled items
- Items containing Freon (other than automotive air conditioning systems, for example, useless refrigerators)

**UNDISPOSED-OF/
UNWANTED ITEMS**

In accordance with [KRS 45A](#) and the FAC's surplus property procedures, the appropriate designated property officer shall arrange for delivery of items that the Transportation Cabinet did not dispose of to FAC's Division of Surplus Properties warehouse. Upon receipt of the TC 77-1 form from an organizational unit requesting delivery of items to the warehouse, the property officer shall process the transaction through the Surplus Property Management System (SPMS). Upon authorization by the SPMS, the property officer shall coordinate with FAC's Division of Surplus Properties to schedule a date for the delivery of the items to the warehouse.


**RETENTION
SCHEDULE**

The Transportation Cabinet shall retain all records of surplus property for three years.

VIOLATIONS

Employees shall not take or be given permission to take any state-owned or Cabinet contractor-owned personal property (materials, equipment, etc.), including items to be discarded, as their own property. The Cabinet shall properly dispose of all state-owned surplus property as explained herein. Violators of this policy are subject to disciplinary action.



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	<p><i>Subject</i></p> <p>Property Loss Control</p>

OVERVIEW

The Cabinet is committed to minimizing losses that occur to Cabinet vehicles, equipment, and other property and materials attributable to employee carelessness, negligence, or intentional abuse.

When a vehicle- or equipment-related incident results in loss of Cabinet property, district safety coordinators conduct inspections and file reports. Among those who receive the reports is the recording secretary for the Property Loss Control Committee.

**RECORDING SECRETARY
ROLE**

All of the reports become part of a case review file, which also includes a personnel record check by the committee's recording secretary if the reports suggest safety violations by the employee involved in the incident. The record check includes the employee's:

- Job title
- Hire Date
- Position status (full-time, part-time, interim, probational)
- Driving history record when the incident involves a driven vehicle

The recording secretary forwards the case review file to the chairperson of the Property Loss Control Committee who schedules the file on the agenda of the next monthly committee meeting.

**PROPERTY LOSS
CONTROL COMMITTEE**

The Property Loss Control Committee shall be responsible for gathering evidence relating to incidents of loss where careless, negligent, or intentionally abusive employee conduct may have been the cause.

The appropriate property loss control committee (the Central Office or a district office) shall determine relevant facts of an incident and shall advise the office or department head whether employee carelessness, negligence, or intentional abuse was the cause. The office or department head shall then take appropriate action.

Note: [GAP-901](#) details employee disciplinary procedures.

**PROPERTY LOSS
CONTROL COMMITTEE
(CONT.)**

The Central Office committee consists of the following, or their designees:

- Chief of Staff (Chair)
- Employee's office or department head
- Director, Division of Equipment
- Branch Manager, Employee Safety and Health Branch
- Recording Secretary, as designated by the chair (nonvoting)

District office committees consist of the following, or their designees:

- Chief District Engineer (Chair)
- Administrative Coordinator
- Employee's Transportation Engineer Branch Manager
- Equipment Section Supervisor
- Safety Coordinator
- Recording Secretary, as designated by the chair (nonvoting)

Each of these committees:

- Meets as scheduled by the committee chairperson to review case files submitted since the last meeting
- Reviews all evidence in each case of incident of property loss to determine whether employee carelessness, negligence, or intentional abuse may have been the cause
- Gathers additional evidence relating to the incident as needed to verify employee carelessness, negligence, or intentional abuse
- Makes decision on the basis of the evidence, and advises the appropriate department or office head whether employee carelessness, negligence, or intentional abuse was involved

PROPERTY LOSS**CONTROL COMMITTEE****(CONT.)**


Within 5 business days of its meeting date, the committee shall forward a copy of the case review file and the final disposition, along with a copy of the committee's minutes, to the:

- Employee's department or office head
- Branch Manager, Employee Compliance Branch
- Executive Director, Office of Inspector General
- Executive Director, Office of Legal Services (only if incident involves fatality, injury, or collision with a third party)
- State Highway Engineer (only if incident involves personnel or equipment in the Department of Highways)

DISCIPLINARY ACTIONS

Upon consulting with the Office of Inspector General, the Employee Compliance Branch shall review the case for proper assessment of disciplinary action. [GAP-901](#) details employee disciplinary procedures.



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**STATUTORY &
REGULATORY
AUTHORITY**

200 KAR 40, 200 KAR 2:006, KRS 44.045 (2), KRS 281A

**FLEET
MANAGEMENT**

To conduct official state business, the Transportation Cabinet requires some employees to travel to fulfill their duties and responsibilities. According to 200 KAR 2:006 Section 5 (2), employees shall use state-owned vehicles when traveling on state business when such vehicles are available and feasible.

The Finance and Administration Cabinet's (FAC's) Office of Fleet Management is responsible for assigning state-owned vehicles (for permanent use, temporary use, or individual trips) to cabinets, agencies, and other entities of the Commonwealth of Kentucky. The Office of Fleet Management also:

- Provides vehicle refueling, maintenance, and accident repair
- Receives new vehicles and verifies vehicle specifications
- Prepares new and used vehicles for distribution to customer agencies
- Meets with customer agencies to determine vehicle needs
- Provides billing and inventory information
- Provides other services for state-owned vehicles

The Office of Fleet Management's website lists more services, provides contact information, contains relevant policy and procedure manuals, and is located at:

<https://finance.ky.gov/office-of-the-secretary/office-of-fleet-management/Pages/default.aspx>

FLEET COORDINATOR	<p>The Secretary of the Transportation Cabinet has designated the Director of the Division of Equipment as the Cabinet's fleet coordinator, who serves as the Cabinet's liaison to the Office of Fleet Management. To meet the Cabinet's state-owned vehicle needs and to ensure employees comply with Office of Fleet Management policy, the fleet coordinator:</p> <ul style="list-style-type: none">➤ Maintains a listing of the Cabinet's vehicle managers and vehicle coordinators➤ Disseminates pertinent information from the Office of Fleet Management to the Cabinet's vehicle managers and vehicle coordinators, including, but not limited to:<ul style="list-style-type: none">◆ New insurance cards to be placed in the vehicles◆ Updated Cabinet and Office of Fleet Management policies and procedures◆ Citizen operator complaints◆ Requests for missing information (such as unreported mileage)➤ Oversees billing and reporting processes➤ Coordinates vehicle transfers between Cabinet organizational units
VEHICLE MANAGERS	<p>Cabinet vehicle managers are the executive directors or commissioners, or their designees, authorized to manage and operate state vehicles. Vehicle managers:</p> <ul style="list-style-type: none">➤ Evaluate their organizational units' vehicle needs and consult with the fleet coordinator➤ Designate vehicle coordinators for their organizational units➤ Review with their vehicle coordinators that operators are following proper usage and reporting procedures and policies
VEHICLE COORDINATORS	<p>Vehicle managers assign vehicle coordinators the responsibility of carrying out the administrative requirements pursuant to the policies and procedures for using fleet vehicles that includes, but is not limited to:</p> <ul style="list-style-type: none">➤ Authorizing the use of state vehicles➤ Interpreting vehicle policies and providing assistance to vehicle managers and operators regarding these policies➤ Communicating information regarding vehicle needs to vehicle managers, operators, and supervisors

**VEHICLE COORDINATORS
(CONT.)**

- Enforcing any procedures that an organizational unit may develop in addition to those outlined in this manual, the *Agency Guide for the Commonwealth's Vehicles*, and the *Guide for Drivers of the Commonwealth's Vehicles* to improve operations (such as special time constraints for reservations, specialized spreadsheets for internal analysis, etc.)
- Ensuring adherence to vehicle maintenance procedures
- Ensuring operators receive a fuel card and know which fuel sites accept the card

Note: The Office of Fleet Management lists participating fuel sites at:

<https://finance.ky.gov/office-of-the-secretary/office-of-fleet-management/Pages/default.aspx>

- Reporting monthly mileage for all vehicles under their purview
- Monitoring vehicle and equipment use (such as mileage logs)
- Investigating citizen operator complaints
- Assisting in obtaining missing accident report information
- Monitoring operators' licenses and CDL qualifications to ensure compliance

**SUPERVISOR
RESPONSIBILITIES**

The supervisor of an employee using fleet vehicles shall:

- Maintain up-to-date knowledge of applicable vehicle policies and procedures
- Perform initial accident reporting and investigation, as detailed in the *Safety and Health Administration Guide (SHA-708, "Property Damage Reporting")*
- Educate staff and operators of all applicable vehicle usage policy and procedures
- Ensure employees receive proper training to operate assigned vehicles
- Ensure accurate reporting of vehicle usage, including monitoring the GPS website
- Submit requests for vehicle assignments
- Manage hours or logs, including a review of personal use
- Discuss reported citizen operator complaints with operators

FLEET VEHICLE**MAINTENANCE**

When a vehicle is due for scheduled maintenance, the Office of Fleet Management electronically notifies the vehicle coordinator assigned to the vehicle and details the proper procedures to follow.

When a vehicle needs unforeseen maintenance or repairs, the operator shall report any issues to the Office of Fleet Management Help Desk, who will direct the operator where to take the vehicle. When in the Frankfort area, operators are to bring the vehicle to the State Service Garage.

FLEET VEHICLE**BREAKDOWNS****& ACCIDENTS**

If a fleet vehicle breaks down or is involved in an accident, no matter how minor, operators shall:

- Contact the Office of Fleet Management, using the accident reporting hotline located on a red sticker in the vehicle or on the blue key pouch
- Report all accidents of, or damages to, Fleet Management vehicles to the State Service Garage, which requires a police report or a written explanation as to how the damages occurred
- Follow the policies and procedures in the *Safety and Health Administration Guide* ([SHA-708](#), "Property Damage Reporting")
- Notify their vehicle coordinators

REPLACING FLEET**VEHICLES**

The Office of Fleet Management contacts the Cabinet's fleet coordinator and vehicle coordinator when a vehicle needs scheduled replacing. All Cabinet-generated requests for vehicle replacements shall go to the fleet coordinator.

PURCHASING/LEASING**NEW FLEET VEHICLES**

To purchase or lease new vehicles for the state fleet, the Cabinet's vehicle managers complete an EO1 and submit it through the Office of Budget and Fiscal Management to the Office of Fleet Management for consideration and approval by FAC's Technical Review Committee and Finance Exceptions Committee.

REPORTING**PROCEDURES**

Cabinet employees shall report usage for vehicles acquired through the Office of Fleet Management, using the following procedure:

1. Operators shall call in their end-of-month odometer readings to their vehicle coordinators by the 25th of each month.

Note: If the 25th of the month is on a weekend or holiday, operators shall call in the end-of-month readings on the previous business day.

2. Vehicle coordinators shall enter the end-of-month readings into AssetWorks by the second business day following the 25th of each month.

3. On the second business day following the 25th, the fleet coordinator reviews all reported readings for omissions and anomalies and contacts those vehicle coordinators with questionable submittals.

Note: If an organizational unit fails to report the mileage for a vehicle, the fleet coordinator may reassign or remove a vehicle from that organizational unit.

BILLING

The Office of Fleet Management charges the Transportation Cabinet a monthly rate that includes service and fuel expenses for work-shared and permanently assigned vehicles. The Office of Fleet Management charges the Cabinet for each mile driven. Vehicle coordinators should review reported mileage throughout the month to ensure an even distribution of mileage usage exists between vehicles.

CABINET**EQUIPMENT**


For information regarding the administration of equipment owned, rented, and leased by the Transportation Cabinet, refer to the *Equipment Manual*:

<http://transportation.ky.gov/Organizational-Resources/Policy%20Manuals%20Library/Equipment.pdf>

The website address of the Division of Equipment is as follows:

<http://transportation.ky.gov/Equipment/Pages/default.aspx>



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	<p><i>Subject</i></p> <p>User Requirements, Assignments, & Responsibilities</p>

STATE VEHICLES "State vehicles," as stated herein, refers to all vehicles and equipment under the purview of not only the Office of Fleet Management within the Finance and Administration Cabinet (FAC) but also the Transportation Cabinet.

MINIMUM STANDARDS Transportation Cabinet employees and other authorized agents of the Cabinet may operate state vehicles (which include all devices used for carrying, conveying, or transporting people, materials, objects, etc.) if they meet the following minimum standards:

- Possess a valid Kentucky operator's license
- Be at least 18 years of age
- Have appropriate management approval

The Cabinet's vehicle coordinators and supervisors shall consult with the Office of Human Resource Management or the Division of Equipment regarding any requests for an exception to the minimum standards. The Central Office shall document and file approvals for exceptions.

**OPERATOR
QUALIFICATIONS &
RESPONSIBILITIES**

Operators shall promptly report in writing to their immediate supervisor when their licenses have expired or have been suspended or revoked. Supervisors shall report any failure of operators to comply with policies and procedures to the Employee Compliance Branch. The branch shall review the changes in the status of driving records. Any change in the status of an operator's driving record resulting in disqualification, or the failure to report such change, may result in revocation of the privilege of operating state vehicles and may include other disciplinary action, up to and including dismissal.

**SPECIAL LICENSURE
& TRAINING**

Depending upon the type of state vehicle, the Cabinet may require special licensing or training prior to vehicle use. The Cabinet shall train equipment operators in safe operation procedures in accordance with the vehicle manufacturer's operator's manual and the employee safety and health policies governing their use as set forth in the *Safety and Health Administration Guide* (**SHA 1701—1732**, "Vehicle & Equipment Safety").

Pursuant to KRS 281A, a commercial driver's license (CDL) is required to operate certain commercial motor vehicles (CMV). Those employees required to obtain a CDL shall follow the policies and guidelines of the Kentucky State Police detailed in the *Commercial Driver License Manual* located at:

<https://www.kentuckystatepolice.ky.gov/driver-testing>

Prior to driving a state CMV, employees requiring a CDL shall take a drug test (see *Drug and Alcohol Testing Handbook for CDL Employees*) and may be subject to random testing. The handbook is available at the following website:

<https://intranet.kytc.ky.gov/org/OHRM/em/Pages/Employee-Compliance.aspx>

**SPECIAL NEEDS
ACCOMMODATIONS**

Those employees seeking a special needs accommodation (larger automobile, special equipment for health reasons, etc.) shall follow the procedures detailed in **GAP-304**, "Americans with Disabilities Act (ADA)."

**PERMANENTLY
ASSIGNED VEHICLES**

Permanently assigned state vehicles are issued to only specific employees who exclusively use them in an official capacity and for the performance of assigned duties. Generally, the Cabinet prohibits the use of state vehicles for commuting purposes.

To obtain a permanently assigned state vehicle from the Office of Fleet Management, the head of the office or department to which the vehicle will be assigned shall provide the necessary justification information to the Division of Equipment Director. The Office of Fleet Management's website provides the criteria required for obtaining a permanently assigned vehicle:

<https://finance.ky.gov/office-of-the-secretary/office-of-fleet-management/Pages/default.aspx>

PERMANENTLY**ASSIGNED VEHICLES****(CONT.)**

The Equipment Division Director reviews and recommends approval of the request to the Secretary of the Transportation Cabinet. The Secretary of the Transportation Cabinet then submits for approval a letter to the Secretary of the Finance and Administration Cabinet (FAC) that details the criteria met to justify the vehicle's assignment.

Upon approval, each driver issued a permanently assigned vehicle shall complete and sign the TC 12-258 form, *Employee Use of Permanently Assigned Vehicles* ([Exhibit 9079](#)), and submit it to his or her supervisor for signature approval and filing in the supervisor's office file.

WORK-SHARED**VEHICLES**

A work-shared vehicle is a state vehicle driven by a group of state employees who are usually within a single funding source or an unrestricted funding source.

An employee shall not use a work-shared vehicle for personal travel, such as commuting. Generally, such vehicles are located at the workstation of the employee unless otherwise authorized by the employee's office or department head.

FLEET MANAGEMENT**MOTOR POOL**

If an employee's duties require the use of a state vehicle and his or her office or department is temporarily unable to provide a work-shared vehicle, the employee, with supervisory approval, may obtain a vehicle from the Office of Fleet Management's Motor Pool only through his or her vehicle coordinator. Operators shall follow the policies and procedures detailed in the FAC's *Guide for Drivers of the Commonwealth's Vehicles* located at:

<https://finance.ky.gov/office-of-the-secretary/office-of-fleet-management/Pages/default.aspx>

VEHICLE USAGE**REQUIREMENTS**

Operators of state vehicles shall comply with the following policies:

- Operation of a state vehicle shall be for official state business only. Incidental use associated with official business away from the employee's headquarters city is strictly limited and may include incidental travel mileage.
- Operators shall operate only those state vehicles for which the Cabinet has approved them to operate.

VEHICLE USAGE**REQUIREMENTS (CONT.)**

- All operators of and passengers in state vehicles shall comply with all federal regulations and Kentucky laws, including the Kentucky seat belt law ([KRS 189.125](#)).
- Operators are personally responsible for the cost of all traffic citations, parking tickets, etc.
- Operators shall ensure all vehicle doors are locked and windows are closed when leaving vehicles unattended.
- Operators shall comply with the requirements of the Internal Revenue Service and the Kentucky Revenue Cabinet relating to mileage reimbursement and personal use of state vehicles or equipment.

Note: If an employee utilizes a state vehicle for personal use (including commuting) and does not reimburse the state for that use, the value of any nonreimbursed personal use is considered a taxable fringe benefit. KYTC uses the commuting rule (detailed in IRS Publication 15-B, “Employer’s Tax Guide to Fringe Benefits”) to determine the fringe benefit value (currently \$1.50 per each one-way commute, or \$3 each workday) that will be applied to the employee’s wages. This rule does not apply to a qualified nonpersonal-use state vehicle as long as the employee complies with the assignment requirements.

- On rare occasions, and only with prior approval from their department or office head, operators may park state vehicles at a state facility other than their normal worksite when the arrangement is in the best interest of the Cabinet and not for personal benefit.
- Operators shall ensure that assigned vehicles meet state and federal regulations regarding permits, safety devices, equipment, and loads prior to operation.
- Operators noticing a problem with a state vehicle that may require unscheduled maintenance shall report the problem to their vehicle coordinator, who shall consult with the fleet coordinator.
- For unscheduled emergency repairs, operators shall follow the instructions in the information/incident kit located in the state vehicle. If the kit is not there, operators shall contact their organizational unit’s vehicle coordinator for direction.

Note: Operators should ensure that the information/incident kit is located in the vehicle before use.

VEHICLE INCIDENTS

Operators shall immediately report any accident or any damage involving a state vehicle by following the procedures detailed in the *Safety and Health Administration Guide* ([SHA-708](#), “Property Damage Reporting”) and shall report accidents involving injuries using the procedures in the *Safety and Health Administration Guide* ([SHA-707](#), “Injury or Illness Reporting”).

The Division of State Risk’s Kentucky Self-Insured Auto Program policy states that anyone utilizing an insured Commonwealth vehicle with KYTC permission is covered. FAC’s *Guide for Drivers of the Commonwealth’s Vehicles* (see link in following section) states that someone who is covered by a signed contract with the state to perform a specific function or provide a specific service is an “authorized agent” and is covered. State liability insurance does not cover accidents if either of the following conditions exists:

- An unauthorized operator of the state vehicle operated the vehicle.
- An authorized operator of the state vehicle was operating the vehicle outside the scope of his or her employment.

Note: In either of these cases, the operator may be personally responsible for the damages to any third party and may also be responsible for payment of damages to the state vehicle.

For incidents involving an employee’s privately owned vehicle, the employee’s own automobile insurance shall be responsible for determining potential payments for damages, and the employee shall be responsible for insurance deductibles. Under no circumstances shall the state pay for repairs to an employee’s privately owned vehicle.

For workers’ compensation issues, operators shall consult [GAP-303-1](#).

FUEL-CARD USAGE

All Cabinet operators of state vehicles shall abide by the policy pertaining to the use of fuel cards. For details, refer to the FAC’s *Guide for Drivers of the Commonwealth’s Vehicles* and the *Equipment Manual*, respectively, at:

- <https://finance.ky.gov/office-of-the-secretary/office-of-fleet-management/Pages/default.aspx>
- <http://transportation.ky.gov/Organizational-Resources/Policy%20Manuals%20Library/Equipment.pdf>

Operators shall sign fuel receipts and submit them to the Transportation Cabinet fleet coordinator to be on file for one year. Cards shall be used only for state vehicle fuel purchases. The Office of Fleet Management lists participating fuel sites at:

<https://finance.ky.gov/office-of-the-secretary/office-of-fleet-management/Pages/default.aspx>

PROHIBITED USES

Cabinet employees operating state vehicles shall not:

- Violate any traffic laws and regulations
- Drive recklessly or exceed the posted speed limits
- Engage in text messaging while driving state vehicles

Note: The Cabinet may exempt from this provision, in whole or in part, any employees that are engaged in or used for protective, law-enforcement, or national-security responsibilities or on the basis of other emergency conditions as set forth in KRS 189.292(3).

- Carry illegal drugs or alcoholic beverages in state vehicles
- Carry unauthorized firearms
- Transport nonstate employee passengers, including family members, without the expressed authorization by the Director of the Office of Fleet Management via the FM-6 form, *Authorization to Transport Non-State Employee Passengers in a Commonwealth-Owned Vehicle* ([Exhibit 9080](#))

Note: Prior to transporting nonstate employee passengers in **KYTC-owned** vehicles or equipment, employees shall submit a completed TC 11-209 form, *Waiver & Release for Ride-Along in KYTC-Owned Vehicles & Equipment* ([Exhibit 9047](#)), to the Office of Legal Services.

- Use state vehicles for personal use (such as delivering goods or services for personal gain), with the exceptions of preapproved commuting and incidental stops, such as:
 - ◆ Stops at a restaurant for a meal
 - ◆ Stops at a nearby automated teller machine or financial institution to obtain cash for meals
 - ◆ Stops at an urgent care facility or emergency room
 - ◆ Stops at a service station or convenience store

Note: While in official travel status requiring an overnight stay away from home, an operator may use a state vehicle for incidental stops to conduct activities necessary for the employee's health and well-being (going to a pharmacy, grocery, laundromat, fitness center, etc.) The *Accounts Manual* details employee travel policies and procedures.

Note: Operators shall not make incidental stops at gaming and sports venues, liquor outlets, and other locations unlikely involved with official state business or allowable incidental use.

PROHIBITED USES
(CONT.)

- Drive while impaired by fatigue, alcohol, drugs, or any other condition

Note: Operators of state vehicles who feel that their driving abilities may be impaired shall cease operating the vehicle immediately. Employees who believe another employee is impaired have a duty to prevent that person from operating a state vehicle.

- Smoke in state vehicles
- Operate state vehicles if not on Cabinet-assigned duty
- Operate state vehicles that the Cabinet has not approved them to operate
- Ask, request, or allow any employee not on Cabinet-assigned duty (or any nonstate employee) to operate a state vehicle
- Use state vehicles for commuting unless the Cabinet requires employees to commute in state vehicles for valid business needs (such as those employees with permanently assigned vehicles)
- Make modifications of Fleet Management vehicles, including affixing signs, stickers, antennas, bike racks, ski racks, etc., without prior written authorization from the Office of Fleet Management

Note: Operators may modify Transportation Cabinet equipment only with prior written authorization from the Division of Equipment.

- Tamper with the global positioning system (GPS) device that may be installed in the state vehicle

Note: GPS information may be monitored by authorized personnel at any time.

- Transport live animals without prior written authorization from the vehicle manager
- Install or use radar-detection devices
- Transport hitchhikers
- Transport bicycles inside state vehicles
- Use any state vehicle for any trip exclusively for the purposes of campaigning in support of or in opposition to any candidate for national, state, or local office unless use of the vehicle is required for purposes of security protection provided by the state

**PROHIBITED USES
(CONT.)**

- Use any state vehicle for purposes that include campaigning in support of or in opposition to any candidate for national, state, or local office unless the person pays the state a fee comparable to the commercial market rate for the use of a similar vehicle and for any services provided by the state to operate the vehicle
- Use state vehicles for any purpose not expressly authorized in this policy or by the Secretary, or designee, of the Transportation Cabinet

**VIOLATION OF
POLICY**

Any prohibited use of state vehicles is a violation of Cabinet policy. Upon learning of potential problems or abuse, the Cabinet shall investigate. Based on the evidence from the investigation, the Cabinet may revoke or restrict the operator's vehicle-use privileges and may subject the operator to disciplinary action, up to and including dismissal. Operators questioning the appropriate use of state vehicles should consult their supervisors or vehicle coordinators.

CABINET EQUIPMENT


For more-detailed information regarding equipment owned, rented, and leased by the Transportation Cabinet, refer to the *Equipment Manual*:

<http://transportation.ky.gov/Organizational-Resources/Policy%20Manuals%20Library/Equipment.pdf>

The website address of the Division of Equipment is as follows:

<http://transportation.ky.gov/Equipment/Pages/default.aspx>



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>GENERAL AGENCY PRACTICES</p> <hr/> <p><i>Subject</i></p> <p>Monitoring Subrecipients of Federal Awards</p>
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AUTHORITY CFR Title 2 Subtitle A Chapter II Part 200

OVERVIEW Many federal entities, such as the Federal Highway Administration (FHWA), require federal funds to flow through state agencies (or pass-through entities) to subrecipients. A pass-through entity is a nonfederal entity that provides a federal award to a subrecipient to carry out part of a federal program.

The Transportation Cabinet serves as the pass-through entity of federal awards to subrecipients for the purposes of this policy.

Each applicable department, office, and division shall monitor applicable subrecipient activities to ensure:

- Awards are used for authorized purposes in compliance with laws, regulations, and provisions of contracts or grant agreements
- Performance goals are achieved

**SUBRECIPIENT &
CONTRACTOR
DEFINITIONS**

CFR Title 2 Subtitle A Chapter II Part 200.93 defines a *subrecipient* as “a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency.” Subrecipients:

- Determine who is eligible to receive federal financial assistance
- Have their performance measured against whether the objectives of the federal program are met
- Have the responsibility for programmatic decision making

**SUBRECIPIENT &
CONTRACTOR
DEFINITIONS (CONT.)**

- Have responsibility for adherence to applicable federal program compliance requirements
- Use federal funds to carry out a program of the entity as compared to providing goods or services for a program of the pass-through entity

CFR Title 2 Subtitle A Chapter II Part 200.23 defines a *contractor* as “an entity that receives a contract.” The contract is for obtaining goods and services for the organization's own use or the use of beneficiaries of the federal programs. Contractors:

- Provide the goods and services within normal business operations
- Provide similar goods or services to many different purchasers
- Operate in a competitive environment
- Provide goods or services that are ancillary to the operation of the federal program
- Are not subject to the compliance requirements of the federal program

Each applicable department, office, and division responsible for oversight of federal funds shall determine whether the recipients of those federal funds are either subrecipients or contractors. This determination impacts whether or not the recipient is subject to the requirements below.

Note: A recipient may be a subrecipient and a contractor. In this case, payments received for goods and services provided as a contractor would not be considered as federal awards and not subject to the audit requirements below.

CFR Title 2 Subtitle A Chapter II Part 200.230 provides more guidance on distinguishing between a subrecipient and a contractor. The Council on Financial Assistance Reform (COFAR) provides resources online at:

<http://cfo.gov/cofar/cofar-resources/>

**RESPONSIBILITIES OF
PASS-THROUGH ENTITY**

CFR Title 2 Subtitle A Chapter II Part 200.331 outlines responsibilities for pass-through entities:

**RESPONSIBILITIES OF PASS-
THROUGH ENTITY (CONT.)***A pass-through entity must:*

- 1} Identify Federal awards made by informing each subrecipient of CFDA name and number, federal award identification number, federal award date, federal amount obligated and awarded, federal award project description, if the award is Research and Development (R&D), and name of federal awarding agency.*
- 2} Advise subrecipients of requirements imposed on them by Federal laws, regulations, and the provisions of contracts or grant agreements as well as any supplemental requirements imposed by the pass-through entity including identification of required financial and performance reports.*
- 3} Evaluate each subrecipient's risk of noncompliance with Federal statutes, regulations, and provisions of contract or grant agreements to determine appropriate subrecipient monitoring.*
- 4} Monitor the activities of subrecipients as necessary to ensure that Federal awards are used for authorized purposes in compliance with laws, regulations, and the provisions of contracts or grant agreements and that performance goals are achieved.*
- 5} Ensure that subrecipients expending \$750,000 or more in Federal awards during the subrecipient's fiscal year have met the audit requirements as required by CFR Title 2 Subtitle A Chapter II Part 200 Subpart F – Audit Requirements for that fiscal year.*
- 6} Issue a management decision on audit findings within 6 months after receipt of the subrecipient's audit report and ensure that the subrecipient takes appropriate and timely corrective action.*
- 7} Consider whether subrecipient audits, onsite reviews, or other monitoring necessitate adjustment of the pass-through entity's own records.*
- 8} Require each subrecipient to permit the pass-through entity and auditors to have access to the records and financial statements as necessary for the pass-through entity to comply with CFR Title 2 Subtitle A Chapter II Part 200.331.*
- 9} Consider taking enforcement action against noncompliant subrecipients as described in CFR Title 2 Subtitle A Chapter II Part 200.338.*

**RESPONSIBILITIES OF
PASS-THROUGH ENTITY
(CONT.)**

In addition to CFR Title 2 Subtitle A Chapter II Part 200.331 requirements, project and program managers shall properly monitor the activities of subrecipients by following the specific federal guidelines established for their assigned programs.

Each department, office, and division managing subrecipients shall have specific monitoring procedures designed to ensure the proper administration of their programs; however, all monitoring procedures shall include those detailed herein.

**NOTIFICATION OF
FEDERAL AWARD
INFORMATION**

The pass-through entity shall inform subrecipients of the following federal award information needed for their records:

- Catalog of Federal Domestic Assistance (CFDA) name and number (available online at www.cfda.gov)
- Federal Award Identification Number (FAIN) and project description
- Name of federal awarding agency
- Amount of award
- Time period that costs can be charged

**REQUIRED INFORMATION
INCLUDED IN WRITTEN
AGREEMENTS**

Written agreements with subrecipients shall include, but not be limited to, the following federal compliance information:

- Audit requirements of CFR Title 2 Subtitle A Chapter II Part 200 Subpart F
- Requirement for charging costs in accordance with the approved scope of work and CFR Title 2 Subtitle A Chapter II Part 200 Subpart E
- Prior approval requirement for certain costs and extensions to the award closing date
- Method in which they will be paid (reimbursement, monthly, etc.)
- Items to include in their contracts with other entities, such as Davis-Bacon prevailing wages
- Allowable sources of matching funds
- Spending limits in certain areas if applicable (administration, supplies, etc.)

**REQUIRED INFORMATION
INCLUDED IN WRITTEN
AGREEMENTS (CONT.)**

- Requirement to maintain property records for equipment costing over \$5,000 purchased with federal funds and to perform a physical inventory of equipment
- Accounting for and use of program income
- Applicable laws for procurement of goods and services, public works, real property, etc.
- Requirement to ensure transactions meet suspension and debarment rules
- Reporting requirements
- Notification that the grantor agency and auditor shall have access to records for monitoring and audit purposes
- Cabinet division, office, or department responsible for answering questions or providing technical assistance

**DURING THE AWARD
MONITORING**

Project or program managers shall monitor and document the activities of subrecipients to ensure they are using the federal funds for approved purposes. Monitoring activities normally occur throughout the year and may take various forms, such as:

- Reviewing performance reports submitted by subrecipients
- Performing visits at subrecipients' worksites to review programmatic records and observe operations (such as construction inspections or invoice reviews related to reimbursement request verification)
- Maintaining regular contacts with subrecipients and making appropriate inquiries concerning program activities
- Ensuring compliance with federal and state requirements, including but not limited to the Brooks Act for hiring architectural and engineering firms, the Uniform Act for right-of-way acquisition, construction contracting, and oversight pursuant to the Code of Federal Regulations, as outlined in the Cabinet's stewardship agreement with FHWA

DURING THE AWARD**MONITORING (CONT.)**

When developing a program's monitoring procedures, project and program managers shall consider the following risk factors:

- **Program complexity**—Programs with complex compliance requirements have a higher risk of noncompliance.
- **Percentage passed through**—The larger the percentage of program awards passed through, the greater the need for subrecipient monitoring.
- **Award amount**—Larger dollar awards are of greater risk and require greater subrecipient monitoring.
- **Subrecipient risk**—Subrecipients shall be evaluated for risk of noncompliance with federal statutes, regulations, and the terms and conditions of the award. The factors should include consideration of: 1) prior experience with the same or similar subawards; 2) previous audits and the extent to which the same or similar subaward has been audited as a major program; 3) new personnel or substantially changed systems; and, 4) extent and results of federal awarding agency monitoring (if the subrecipients receive federal awards directly from a federal awarding agency).

Each applicable department, office, and division should incorporate these concepts and practices into monitoring procedures to improve subrecipient compliance rates.

ENSURING**SUBRECIPIENT OBTAINS****REQUIRED AUDITS**

The pass-through entity shall ensure that subrecipients obtain required audits. Note that many Cabinet subrecipients are county governments. The Auditor of Public Accounts (APA) conducts fiscal court audits annually. To ensure subrecipients obtain required audits, the project manager of each applicable department, office, and division shall:

- Maintain a tracking system to monitor the amount of federal funds reimbursed to subrecipients annually
- Communicate annually with subrecipients to determine whether they have exceeded the threshold requiring a single or program-specific audit under CFR Title 2 Subtitle A Chapter II Part 200.501 (currently \$750,000 in total federal expenditures in their fiscal year from all sources)

ENSURING SUBRECIPIENT**OBTAINS REQUIRED****AUDITS (CONT.)**

- Send a letter ([Exhibit 9082](#)) annually (a copy of which to be included in the project file) to subrecipients asking them to either submit their single audit and Data Collection Form to the Federal Audit Clearinghouse or submit a certification that they have not spent over \$750,000 in federal funds from **all** sources to the Office of Audits, Internal Audit Branch

Note: Subrecipients are required to arrange for their own audits, except for county governments, which are audited by the APA.

Note: If a single audit is not required, subrecipients shall provide certification that their federal expenditures from all sources did not exceed \$750,000.

- Send the Office of Audits a correspondence log by September 30 noting to whom the letter was sent, letter's date, contact information, and due date of the audit report

If a single audit is required, the Office of Audits, Internal Audit Branch, shall ensure that the single audit and Data Collection form, including all findings and recommendations, is submitted to the Federal Audit Clearinghouse within 30 days after completion of the single audit or 9 months after the end of the subrecipient's fiscal year, whichever comes first.

If subrecipients failed to obtain a required audit in accordance with CFR Title 2 Subtitle A Chapter II Part 200 Subpart F, the Internal Audit Branch shall follow up with the subrecipients until the audit is completed, while documenting all correspondence to obtain the late audit reports using the Audit-Tracking Summary (to be included in the project file). The Internal Audit Branch shall inform the project manager if a subrecipient fails to submit the audit report. The project manager shall withhold reimbursements until the subrecipient complies as noted below.

Program and project managers shall follow up with any required corrective actions in a timely manner.

SUBRECIPIENT**NONCOMPLIANCE****WITH REPORTING****REQUIREMENTS**

If a subrecipient fails to comply with these auditing requirements, the project or program manager shall take appropriate action, such as withholding further funding until the subrecipient meets the audit requirements.


**SCHEDULE OF
EXPENDITURES OF
FEDERAL AWARDS
(SEFA)**

The Division of Accounts, Program Billing Branch, is required to compile the SEFA, which details all federal awards (by type of program and CFDA number) received and expended during the fiscal year. Branch personnel use eMARS reports and feedback from each applicable department, office, or division when compiling the SEFA.

The Program Billing Branch notifies each applicable department, office, or division of reporting requirements annually at the end of the Cabinet fiscal year.

The *Accounts Guidance Manual* provides more information on the object code requirements for SEFA reporting ([ACC-906](#), "Subrecipient Monitoring").



 <p>"focusing on our employees"</p> <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p>Chapter</p> <p>FACILITY ADMINISTRATION</p> <hr/> <p>Subject</p> <p>TCOB Access & ID Badges</p>
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ID BADGES

While on duty in the Transportation Cabinet Office Building (TCOB), all full-time or part-time employees of the Cabinet shall have in their possession their official employee identification (ID) badge. To obtain an ID badge, employees shall submit the TC 77-31 form, *Kentucky Transportation Cabinet Building Employee Security Access (Exhibit 9085)*, to Kentucky Design and Print Services (KDPS).

Employees shall adhere to these provisions for use of the ID badge:

- Upon entering the TCOB, the employee should have his or her official ID badge in his or her possession. The badge permits access to:
 - ◆ TCOB only from 6:00 a.m. to 6:00 p.m., Monday—Friday, unless otherwise authorized
 - ◆ TCOB's east and west parking garages 24 hours a day every day of the year, unless otherwise authorized
- The employee shall utilize only his or her assigned ID badge, maintaining visibility at all times.
- The employee shall scan his or her ID badge each time upon entering the building through a restricted door or accessing an elevator in the lobby. Cameras shall monitor these areas. To prevent a possible security breach, the employee shall not share the use of his or her badge or permit another person to follow or "tailgate" into the building.
- The employee shall not carry the badge in any manner that could damage the electronic mechanism inside, such as in a wallet.
- If the badge is lost or stolen or becomes defective or obsolete, the employee shall immediately contact KDPS to ensure building security and access.

ID BADGES (CONT.)

- KDPS shall replace, at no cost to the employee, a badge that no longer functions. Replacement for any other reason shall cost the employee \$10. (Checks will need to be made payable to Kentucky State Treasurer.)
- Any employee terminating employment with the Cabinet shall return the badge to his or her immediate supervisor, who shall forward the tendered badge to the KDPS.

Note: For security purposes, supervisors shall immediately notify KDPS (via email to KYTC.BadgeRequests@ky.gov) of employee separations from KYTC to remove TCOB access.

- Any violation of the provisions herein may be considered misconduct and may subject the employee to disciplinary action, up to and including dismissal.

If employees require changes to badge access from their original submission, they shall resubmit a completed TC 77-31 form with the updated information following the procedures above.


AVI TOKENS

The Cabinet no longer issues automated vehicle identification (AVI) tokens, which formerly allowed TCOB parking garage access. AVI token usage is obsolete; therefore, employees need to return tokens to the KDPS badge station.

VISITOR ACCESS

All visitors (excluding state employees wearing state-issued badges) shall enter the TCOB through the right door at the front entrance on Mero Street. Visitors conducting driver licensing business will report to the Division of Driver Licensing area located on the first floor. Conference Center visitors will proceed to their assigned meeting space or room on the first floor. Visitors conducting business on other floors shall report to and sign in at the receptionist desk and will receive an identification sticker which is required to visibly be worn at all times. Visitors shall sign out at the receptionist desk before leaving the TCOB.



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STATUTORY AUTHORITY KRS 174

PURPOSE

The use of a motor vehicle on TCOB property is a privilege, not a right, and is governed by the provisions established herein. The purpose of this policy is to facilitate the safe and orderly conduct of Transportation Cabinet Office Building (TCOB) business and to provide controlled parking facilities in support of this function within the limits of available space. Other Cabinet locations may adopt any of the provisions herein to assist in the orderly and safe operation and parking of motor vehicles.

Note: These provisions are subject to change, upon reasonable notice, when necessary to facilitate the parking program. Upon approval of necessary changes, the Cabinet will announce the changes through appropriate Cabinet media prior to the effective date of the changes. The Cabinet's policy for operating and parking a motor vehicle at the TCOB is in effect 24 hours every day.

**COMMONWEALTH &
CABINET LIABILITY**

No liability shall be created by the granting of privileges to operate and park a motor vehicle on property owned, leased, or otherwise controlled by the Cabinet. Kentucky State Police (KSP) Facilities Security Officers patrol parking facilities 24 hours a day.

Failure of the Kentucky State Police Facilities Security Officers or Cabinet personnel to enforce any parking regulation or policy shall not be construed as a waiver for future enforcement.

**PARKING PERMIT/
AUTHORIZED SPACE**

Cabinet parking regulations are in effect all year, including holidays.

**VIOLATORS WITH ID
BADGES OR AVI CARDS**

An employee, contractor, visitor, or other person using a fraudulent ID badge or AVI token or possessing a lost or stolen parking permit or AVI token shall be subject to disciplinary action, which may include loss of privileges to park or operate a motor vehicle on property owned, leased, or controlled by the Cabinet.

VISITOR PARKING**ACCOMMODATIONS**

The Cabinet has designated a number of visitor parking spaces. The Cabinet prohibits TCOB employees or contractors from parking in the designated visitor spaces. Any TCOB employee or contractor found in violation may be subject to disciplinary action, as well as to the ticketing and towing of the unauthorized vehicle at the owner's expense, pursuant to KRS 56.850.

DESIGN OF PARKING**SPACES**

White Stalls /Spaces—The Cabinet has marked stalls with two white lines on either side and across the closed end of the space, with the exception of some disabled-accessible spaces, which the Cabinet has marked with blue or yellow lines on each side of the space.

Bumper Blocks—The Cabinet has placed bumper blocks in some spaces to reduce collisions or damages. The Cabinet permits only one vehicle per bumper block, other than a moped.

Yellow Markings—Yellow curbs and hashed-out areas designate fire lanes or no-parking zones. Yellow-marked areas are tow-away zones and are to be kept clear at all times for emergency vehicles. A driver shall not park, double-park, or leave unattended a vehicle:

- Next to any yellow line
- On any yellow-striped or hashed-out area
- In a fire lane
- In any area with a NO PARKING sign

Maximum Vehicle Dimensions—The maximum vehicle size the parking garages accommodate is 6 feet, 10 inches in height; 7 feet in width (including mirrors, running boards, and other protrusions); and 18 feet in length (including attachments and protrusions).

DESIGNATED**PARKING SPACES**

Drivers of extended-length vehicles (greater than 18 feet) shall park only in exterior parking spaces in the northeast or northwest corner of the garages so as not to curtail traffic flow by protruding into the path of traffic. In no case shall a driver of an extended-length vehicle park in an interior space.

Drivers of motorcycles and scooters may park in any available space in the east garage. Up to two drivers of motorcycles may park in one regular parking space.

DESIGNATED PARKING**SPACES (CONT.)**

The Cabinet has designated special parking spaces for:

- Visitors
- State vehicles (on roofs of east and west garages)
- Specific personnel from the Office of Homeland Security, Kentucky State Police, Division of Equipment, Division of Environmental Analysis, and Transportation Operations Center (in the rear parking lot of the TCOB)

PROHIBITED PARKING

The Cabinet permits parking only within marked spaces or stalls in Cabinet lots or parking structures. To mark with signs or paint all areas where parking is prohibited is impossible. However, the Cabinet strictly enforces the following guidelines. The Cabinet prohibits drivers from parking:

- In no-parking areas
- In disabled-accessible spaces without a proper permit
- In a way that blocks:
 - ◆ Disabled-accessible spaces
 - ◆ Fire lanes
 - ◆ Fire exits
 - ◆ Doorways
 - ◆ Dumpsters
- Within 10 feet of a fire hydrant
- In loading or unloading zones, unless actually loading or unloading

Note: Flashers must be on, and time shall be limited to 20 minutes with a loading-zone permit.

- Parallel to another vehicle parked alongside a curb (double-parked)
- In service entrances, construction sites, or spaces reserved for maintenance vehicles
- On the lawn, sidewalk, crosswalk, parking lot or garage driveways, or ramps
- Straddling painted lines or bumper blocks
- Beyond the time in time-limited areas
- In areas where a permit is not valid
- Over, or adjacent to, yellow lines or curves
- Against the flow of traffic
- In areas or spaces closed by barricades or other traffic-control devices
- In areas reserved for visitors (on the ground level of the east garage and the parking court in front of TCOB)

TRAFFIC REGULATIONS The Cabinet encourages all employees to be patient, considerate, tolerant, and cautious while others are driving into or out of parking spaces. Driving with headlights on, obeying the speed limit, driving cautiously on the turns, and being courteous and patient while waiting for other employees to enter or exit a parking space are all parts of being a responsible driver.

The following regulations shall govern traffic on property owned, leased, or controlled by the Cabinet:

- Driving on grass or sidewalks shall be prohibited at all times except in the performance of required official duties.
- Motor vehicle accidents on Cabinet property shall be reported to the Kentucky State Police. Accident reports shall be available upon request for insurance purposes. **GAP 1104-2** provides guidance on vehicle incident reporting procedures.

**TRAFFIC VIOLATIONS
& PENALTIES**

A motor-vehicle operator shall be responsible for moving-traffic violations and criminal citations issued to vehicles registered in his or her name or in the name of a family member.

REPAIRS

No one shall make any repair other than an emergency repair to a motor vehicle on property owned, leased, or controlled by the Cabinet.

**REMOVAL &
IMPOUNDMENT**

Unless prior arrangements have been made with them, the Kentucky State Police Facilities Security Officers have the authority to remove from state property and impound a motor vehicle that:

- Appears to have been abandoned (7 days or more)
- Is parked illegally in or blocking a disabled-accessible space
- Is parked in a restricted area without authorization
- Displays an automatic vehicle identification (AVI) token that has been reported lost or stolen or has been forged or altered
- Inhibits traffic flow by:
 - ◆ Being parked in a fire lane, driving lane, or tow-away zone
 - ◆ Blocking a doorway, dumpster, fire hydrant, or emergency exit

Note: Towing, storage, and impoundment fees shall be the sole responsibility of the vehicle's registered owner.


TEMPORARY CLOSURE**OF PARKING FACILITIES**

The Office of Support Services has the authority to temporarily close individual parking stalls, spaces, floors, areas, driveways, or other Cabinet parking facilities when necessary to accommodate the needs of the Cabinet. These needs include, but are not restricted to:

- Street/garage cleaning
- Maintenance and repairs
- Parking for special events sponsored by or held on Cabinet or adjacent property

Notices detailing the restrictions, dates, and times shall be posted as far in advance as possible.




 <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>FACILITY ADMINISTRATION</p> <hr/> <p><i>Subject</i></p> <p>TCOB Workstation Relocation & Reconfiguration</p>
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**REQUEST FOR
WORKSTATION
RELOCATION OR
RECONFIGURATION**

To request a change in location or layout of office space, the department or office head shall complete the TC 77-9 form, *Relocation Request* ([Exhibit 9086](#)), and submit it for review and signature approvals to the Director of the Division of Facilities Support.

Upon review of the request, the Director of the Division of Facilities Support shall forward a copy of the form indicating approval or denial of the request to the requesting department or office head.



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**COORDINATOR OF
CONFERENCE CENTER**

The Office of Support Services, Division of Facilities Support, manages the Transportation Cabinet Office Building (TCOB) Conference Center. Conference Center personnel are responsible for setting up its own equipment and the scheduling of all meeting rooms, conference rooms, and the auditorium in the Conference Center.

The TCOB lobby receptionist desk is also considered part of the Conference Center facility. This desk is responsible for:

- Greeting visitors
- Answering and directing telephone calls
- Signing in all TCOB guests with photo ID and, as required, calling Cabinet personnel to escort guests upstairs

PERMITTED USE

The Transportation Cabinet reserves the right to decide whether a prospective event is appropriate to be held in the TCOB.

The Cabinet permits the following types of entities to hold events in the TCOB:

- State government agencies
- Approved businesses offering employee benefits programs, such as insurance and deferred compensation
- Approved charitable organizations
- Approved nonprofit private organizations

PROHIBITED USE

The kinds of events that the Cabinet prohibits in the TCOB include but are not limited to the following:

- Political activities
- Commercial activities
- Gambling or any other games of chance regardless of proposed use of proceeds

**PROHIBITED USE
(CONT.)**

- Solicitations in or on grounds of the TCOB
- Bake sales or similar fund-raising programs by groups outside the Transportation Cabinet
- Any profit-oriented program

**RESERVING THE
CONFERENCE CENTER**

The Conference Center is available for use from 8:00 a.m. to 4:30 p.m. weekdays, excluding state-observed holidays.

Note: Under no circumstances shall users of the Conference Center be allowed on Cabinet premises before or after business hours without prior approval from the Office of the Executive Director of Support Services.

Cabinet Employees—Transportation Cabinet employees shall submit a completed TC 77-24 form, *Room Information and Lease Agreement (Exhibit 9088)*, via email to kytc.conferencecenter@ky.gov.

Military & Other State Government Agencies—The agency is to contact Conference Center staff to reserve a meeting room and submit a completed TC 77-24 form via email to kytc.conferencecenter@ky.gov.

Approved Business Offering Employee Benefits Program—The business is to contact Conference Center staff to reserve a space in the lobby (for which there is no rental charge).

Approved Nonprofit Private Organization—The organization is to contact Conference Center staff to reserve space in the Conference Center. Conference Center staff shall provide the organization with information about the requirements for holding an event in the Conference Center and a TC 77-24 form.

The TC 77-24 form is available online at:

<http://transportation.ky.gov/Conference-Center>

A responsible representative from the organization shall sign the rental information and lease agreement located at the same site.

The TC 77-24 form details meeting room capacity, equipment options, and rental charges.

**SEATING CAPACITY &
RENTAL FEE**

The table below provides seating capacity and rental charge for Conference Center rooms.

MEETING ROOM	CAPACITY	RENTAL CHARGE (all day)*	RENTAL CHARGE (½ day or less)*
Auditorium (C105)	250	\$900	\$500
Computer Lab (C112)	16	\$300	\$150
Conference Rooms, Small (4 rooms)	5	\$200	\$100
Conference Room, Medium (C110)	14	\$250	\$150
Conference Room, Large (C109)	28	\$300	\$150
Conference Room, Large (C107)	36	\$350	\$175
Hearing Room (C121)	24	\$300	\$150
Training Room (C117)	50	\$400	\$200
Training Room (C118)	50	\$400	\$200
Video Conference Room (C122)	24	\$300	\$150

*Prices are subject to change without notice.

**EQUIPMENT
AVAILABILITY**

Equipment is available on a first-come, first-served basis. The Conference Center recommends an advance request of at least one week. The following equipment is available in all rooms:

- Projector and screen or tv monitors
- Video conference units

The following equipment is available upon request:

- Podiums
- Flip charts
- Extension cords
- Dry erase makers
- Easels

No copy machine is available for use by event participants.

PAYMENT	<p>State government agencies shall enter their eMARS template or funding string on the TC 77-24 form. The Conference Center will complete the IET for all charges.</p> <p>If the state agency elects to not pay the charges through eMARS, the agency, like a nonprofit private organization, shall forward a check or money order, made payable to the Kentucky State Treasurer, to:</p> <p style="padding-left: 40px;">Kentucky Transportation Cabinet Conference Center 200 Mero Street Frankfort, KY 40622</p>
FOOD & BEVERAGE	<p>With prior approval from Conference Center staff, event participants may serve food and nonalcoholic beverages. The Conference Center reserves the right to impose limitations. The Cabinet prohibits food or beverage in the auditorium.</p>
CATERING	<p>The user may elect to use catering services of their choice, upon approval.</p>
DECORATIONS	<p>The user shall hang nothing on the walls, furniture, windows, or doors by any type of tape, fastener, or adhesive. The user may use flipchart stands (available upon request at no charge) or dry-erase boards (already in the rooms) to attach posters or displays with painter's tape only. The user shall not have glitter or confetti (including decorative confetti and loose potpourri on tables) inside or outside the Conference Center.</p> <p>The user shall display and remove all decorations, floral arrangements, and rented items (tables, chairs, linens, etc.). Conference Center staff may assist with the arrangement of such items but shall not load, unload, or display the items for the user. Unless the Conference Center staff grants prior approval, the user shall not bring such items any sooner than one day before the event and shall remove them no later than the next business day.</p> <p>The Conference Center does not:</p> <ul style="list-style-type: none">➤ Accept or sign for deliveries➤ Store materials / supplies of guests
PARKING	<p>Parking is available:</p> <ul style="list-style-type: none">➤ On the first level of the east parking garage, marked VISITOR PARKING➤ In the parking lot off Mero Street facing the east parking garage➤ On each side of Mero Street in front of the TCOB (2-hour parking)

OTHER REQUIREMENTS**& INFORMATION**

Conference Center guests can sign in at 8:00 a.m. and rooms shall be vacated and guests signed out by 4:30 p.m. (without the prior approval of the Office of the Executive Director of Support Services). Guests are expected to strictly adhere to their allotted times and sign in with photo id upon arrival and sign out when leaving. Appropriate identification (TCOB-issued badge, government id, etc.) must be visible at all times while in the TCOB.

SMOKING

Smoking is not permitted on state property, which includes all areas inside the TCOB, parking garages, and exterior grounds owned or leased by the Cabinet.

**CANCELLATION
OR TERMINATION
OF EVENT**


For canceling an event, the Transportation Cabinet requires the lessee to submit in writing a 24-hour notice of cancellation. Failure to comply shall result in the lessee's forfeiture of all prepaid charges.

If the facility becomes untenable for any reason not the fault of either the Conference Center or the contracted party, the contract shall terminate. If termination occurs before the contracted event begins, the Conference Center shall refund all monies paid. If termination occurs during the event, the Conference Center shall charge only a pro rata portion for that time. In the event of such termination, the Transportation Cabinet bears no responsibility for any claim for damages or compensation that may arise from the termination.

DAMAGES

The Conference Center shall charge the user the cost of any damage to the Conference Center or its property and equipment that the user incurs during the event. For example, the Conference Center may impose a surcharge of up to \$100 for each area of carpet soiled by food or beverage. The decision to impose any surcharge rests solely with the Conference Center staff.



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OVERVIEW

The Facilities Maintenance Branch of the Division of Facilities Support shall keep all real property owned by the Transportation Cabinet in good condition on a continuing basis.

**CENTRAL OFFICE
PROPERTIES**

The Director of the Division of Facilities Support acts as the Cabinet's agent to ascertain that all Central Office properties are kept in good repair. The branch manager of the Facilities Maintenance Branch determines necessary property repairs and services. The office or division head submits in writing the request for repair or maintenance (other than emergency) to the Facilities Maintenance Branch.

**TRANSPORTATION
CABINET OFFICE
BUILDING**

In the Transportation Cabinet Office Building, the head of the office or division space needing repairs informs the building superintendent.

**DISTRICT OFFICE
PROPERTIES**

The Facilities Maintenance Branch, assisted by members of a district's regular crews whenever possible, performs all ordinary repairs and maintenance in the district, including the maintenance of the Cabinet-owned parking lots in the districts.

Note: Multidistrict HVAC personnel shall be under the guidance and direct supervision of the Facilities Maintenance Branch.

**EMERGENCY
MAINTENANCE**

In case of emergency maintenance, the Director of the Division of Facilities Support shall be contacted as soon as the necessary steps have been taken to protect lives and property.

**LOADOMETER
STATIONS**

The Division of Facilities Support shall maintain loadometer buildings and their permanent fixtures. The Division of Facilities Support is responsible for paying the necessary insurance premiums. The Justice and Public Safety Cabinet, Department of Motor Vehicle Enforcement, is responsible for the operations of these installations.

REST AREAS

The Division of Maintenance is responsible for major specialized repairs of interstate, primary, and secondary rest areas. The Division of Facilities Support provides technical assistance, as required, to the districts. Rest areas (roadside parks) with *M.P.* (milepost) project prefixes are the sole responsibility of the district.

**BUDGET/COSTS
FOR REPAIR &
MAINTENANCE**

Under the direction of the Executive Director of the Office of Support Services and the Secretary of Transportation, the Division of Facilities Support may obtain and administer price contracts for the maintenance and repair of facilities and equipment.

The branch purchases all repair and maintenance materials, including those for emergencies, in accordance with the established procurement procedures outlined in the Cabinet's *Purchases Guidance Manual*.


All costs for the repairing, reconditioning, or replacing of any parts of buildings (such as plumbing, HVAC, electrical, carpentry, or plumbing costs) are considered ordinary repairs and maintenance and are charged to the KA48 account.

All expenditures incurred and charged against the KA48 account shall have prior approval from the Director of the Division of Facilities Support, or designee. For repairs, district personnel make requests through the maintenance computer program and send the requests to the branch manager of the Facilities Maintenance Branch.

**MAJOR ADDITION
OR RENOVATION**

An office, division, or district submits a written request to the Division of Facilities Support for construction of any new structures or additions to existing buildings. Any major addition to, or betterment of, an existing building is considered a capital improvement and is charged to a capital project. If requests are approved within the capital projects budget, the Division of Facilities Support shall prepare plans and specifications for the purpose of a construction contract.



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**JANITORIAL
SERVICES**

The Facilities Administration Branch is responsible for all janitorial services contracts related to Central Office buildings and properties.


For necessary janitorial services for any Transportation Central Office building—except for the Transportation Cabinet Office Building (TCOB) at 200 Mero Street—the branch shall be contacted and shall perform the necessary paperwork, walk-through, and other appropriate action to see that services are established.

PEST CONTROL

The Facilities Administration Branch is responsible for all pest-control contracts related to Central Office buildings and properties except for the TCOB.

When an office or building encounters a problem with pests, the Facilities Administration Branch shall be informed of the problem by a work order.



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RESPONSIBILITY

The Design Construction Branch of the Division of Facilities Support shall systematically review and update the inventory of all Transportation Cabinet-owned lots and buildings. The inventory shows the locations, functions, and physical descriptions of all the Cabinet-owned lots and buildings.

**MANAGEMENT OF
INVENTORY**

When the budget for the acquisition of properties that the Cabinet needs for purposes other than right of way (maintenance sites, equipment sites, traffic sites, additions to sites, etc.) has been approved, the Design Construction Branch prepares a list of such projects for the establishment of a project number and the initiation of files for each project.

The Division of Right of Way and Utilities is responsible for the acquisitions of properties for the approved projects. After making an acquisition, the division places all pertinent information describing the newly acquired property in a permanent property file and then submits the file to the Design Construction Branch of the Division of Facilities Support. Information in the file includes:

- Title report
- Appraisal
- Plat
- Legal description of acquired property
- Copy of the recorded deed
- Percolation test, if necessary

The Design Construction Branch then uses the plat, legal description, and any other pertinent information to design the approved budgeted project.

After completion of a project, the Design Construction Branch stores all pertinent information in the Archibus inventory program.


**MANAGEMENT OF
INVENTORY (CONT.)**

Photographs of all sides of the project shall be taken and placed in the project file.

The Division of Facilities Support and the district offices shall report to the Executive Director of the Office of Support Services any changes to any lots or buildings owned by the Transportation Cabinet.

All changes to any Transportation Cabinet-owned lot or building shall comply with the specifications as outlined in this policy manual.



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	<p><i>Subject</i></p> <p>Facilities Insurance</p>

**FIRE & TORNADO
INSURANCE**

The Design Construction Branch of the Division of Facilities Support shall acquire mandatory insurance coverage on the following properties of the Transportation Cabinet under the Fire and Tornado Fund as required by the Kentucky Revised Statutes. The Kentucky Office of Insurance annually appraises these properties for insurance purposes:

- Transportation Engineer (TE) Supervisors' offices
- Administration buildings
- State-owned buildings such as warehouses, district garages, and maintenance garages
- Storage plants
- State-owned buildings on rights of way
- Radio towers, tower buildings, equipment in the tower buildings, and equipment with the towers

**INSURANCE
REGISTER**

The branch maintains an insurance register on coverage carried by the Cabinet. The register includes such pertinent information as:

- Names of Company and Agency
- Policy Number
- Term of Policy
- Premium
- Description of Coverage

**REPORTING DAMAGE
BY ANY CAUSE**

For any cause that damages insured property belonging to the Cabinet, the chief district engineer, division director, or the person in charge of the damaged property:

1. Takes the necessary steps to protect lives and property
2. Notifies the Executive Director of the Office of Support Services

REPORTING DAMAGE**BY FIRE OR WIND**

Upon receipt of the report of property damage from the division or district, the Design Construction Branch prepares the *Insurance Notice of Loss of Property or Property Damage* ([Exhibit 9090](#)) and submits it to the Kentucky Office of Insurance if the damage was caused by fire or wind.

Note: The Design Construction Branch shall notify the Kentucky Office of Insurance immediately by telephone for cases involving suspected arson or losses exceeding \$1,000.

INVESTIGATING**CLAIMS**

Upon receipt of the *Insurance Notice of Loss*, the Kentucky Office of Insurance investigates the claim. Any negotiations regarding the settlement of the claim are handled between that agency and the Design Construction Branch.

DISTRIBUTING**PROOF OF LOSS**


After completing the investigation, the Kentucky Office of Insurance prepares six copies of the approved proof of loss (photographs, reports, etc.) and distributes them as follows:

- All copies are submitted for approval to the Design Construction Branch, which forwards the approved copies to the Finance and Administration Cabinet.
- The Finance and Administration Cabinet processes all copies of the branch-approved documents and returns one copy to the Design Construction Branch.

DAMAGE BY CAUSES**OTHER THAN FIRE****OR WIND**

For damage not caused by fire or wind, the Design Construction Branch determines whether the party responsible for the loss shall pay for the damage. If so, the branch forwards the file to the Office of Legal Services for collection or litigation. Upon receipt of the cost-of-repair statement from the Office of Legal Services, the Design Construction Branch withdraws the file from active status and holds it in inactive status for a period of one year, after which the file shall be closed.



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	<p><i>Subject</i></p> <p>Leasing Real Property</p>

**COORDINATING
LEASE REQUESTS**

When a need to lease real property exists, the prospective lessee shall submit a request, in writing, to the Design Construction Branch of the Division of Facilities Support.

The branch shall coordinate lease requests with the Finance and Administration Cabinet (FAC).

With assistance from the prospective lessee, the branch shall periodically review the property-leasing needs for the Transportation Cabinet (KYTC) and shall recommend the initiation of new leases or the renewal (or termination) of existing leases to FAC.

The Secretary of FAC has the final authority for the approval of all KYTC leases for real property.

**LEASING REAL PROPERTY
FOR CABINET USE**

The procedure for leasing real property is as follows:

1. The prospective lessee shall complete the SR-4 form, *Office Space Lease Agreement Request* ([Exhibit 9091](#)), and submit it, along with a cover memorandum citing the justification for and the intended use of the proposed lease property, to the Executive Director of the Office of Support Services, at least 120 calendar days preceding the necessity of the space.
2. The Design Construction Branch shall review the request and, upon approval, submit a recommendation, along with the SR-4 form, to the Executive Director of the Office of Support Services and to the Secretary of the Transportation Cabinet.
3. Upon approval by the executive director and the Secretary, the Design Construction Branch shall then submit the SR-4 form to FAC, which shall review the request to determine whether available state-owned space already exists.

**LEASING REAL PROPERTY
FOR CABINET USE (CONT.)**

4. If suitable space does not exist in a state-owned or -occupied building, FAC shall place an advertisement in a newspaper having general circulation in the applicable county, soliciting sealed written proposals for the negotiations of a lease of space meeting the requirements of KYTC.
5. After opening all proposals, FAC shall notify each person who submitted a proposal that the property is to be inspected for suitability and conformity to the advertised specifications. The owner shall provide access to the property at an appointed time during normal business hours.
6. The inspection team shall include representatives from both FAC and KYTC. The team shall inspect each property and submit a report to FAC. Together, FAC and KYTC shall determine the proposal best fulfilling the Commonwealth's needs.
7. When making the determination, FAC and KYTC shall consider factors including but not limited to:
 - Property location and public accessibility
 - Condition and state of repair
 - Conformity with the requirements of occupational health and safety regulations
 - Regulations of the state fire marshal
 - Health and sanitation regulations
 - Americans with Disabilities Act requirements
 - Proposed rental rates
 - Conformity to the advertised requirements
8. At its discretion, FAC selects the proposal most closely conforming to the requirements of the advertisement and meeting applicable fire, health, safety, and sanitation code requirements and the KYTC needs. FAC shall notify, in writing, all persons submitting proposals of its action of awarding the lease.
9. After selecting the property, FAC shall complete the B-217-5 form, *Office Space Lease Agreement* ([Exhibit 9092](#)), and submit it to the Executive Director of the Office of Support Services for signature, who shall then forward the signed agreement to FAC for final processing.
10. Upon execution of the agreement, FAC shall submit one copy to the Design Construction Branch of the Division of Facilities Support.
11. The lessee using the space shall be responsible for lease payments.

LEASE RENEWAL

The procedure for renewing a lease is as follows:

1. Each year the Design Construction Branch shall request that every lessee with a lease that expires June 30 of that year review the need for the lease and advise the branch whether the space will be needed for the next fiscal year.
2. Upon receiving the branch's recommendations, FAC shall contact the lessors of the properties that KYTC needs to renew. If the lessors agree to enter into other lease agreements with the same terms and conditions as the existing agreements, FAC shall process the agreements. As before, the payments for the leased properties shall remain the responsibility of the lessees using the properties.
3. If a lessor does not agree to enter into another lease agreement with the same terms and conditions as the existing agreement, FAC may advertise the property to be leased.
4. The Design Construction Branch shall submit a written request to FAC that a particular lease be canceled. Upon receiving this request, FAC shall issue a letter of cancellation to the lessor 30 days prior to the effective date of cancellation.
5. FAC shall prepare the B-217-6 form, *Lease Modification Agreement* ([Exhibit 9093](#)), and submit it to the Executive Director of the Office of Support Services for signature, who shall forward the signed agreement to FAC for final processing.
6. Upon execution of the modification, FAC shall submit one copy of the agreement to the Design Construction Branch of the Division of Facilities Support.

LEASE EXTENSION

The procedure for extending a lease is as follows:

1. When the Transportation Cabinet needs to extend a lease for another year, the Design Construction Branch shall prepare an award of contract in the eMARS program and forward it to FAC for approval.
2. Upon its approval of the contract, FAC shall submit one copy to the Design Construction Branch, which, in turn, shall submit a copy to the lessee.

EMERGENCY LEASES


A bona fide emergency requiring purchase of newspaper advertisements for leased space exists only when the Secretary of the Transportation Cabinet certifies in writing to the Secretary of the Finance and Administration Cabinet that one of the following conditions exists:

- A fire, windstorm, or other cause has damaged or destroyed Cabinet-leased premises.
- Conditions of the leased premises violate regulations of the Kentucky Occupational Safety and Health Commission, and such violations cannot be remedied within 30 days after the issuance of a citation to the lessor of the premises.
- The leased premises are deemed unsafe or unfit for occupancy due to any conditions constituting a violation or infraction of fire or health laws and regulations and cannot be made safe within a reasonable time.
- The necessity of leased premises arises from the enactment or adoption of federal legislation or state legislation, and the effective date mandates compliance before the space can be acquired by advertisement.
- The agency's functions will be impaired or have to be discontinued unless other quarters are immediately located and occupied by the agency.

Upon receipt of certification, FAC shall take such action as appropriate to locate and negotiate for the lease of suitable replacement quarters. The lease by the Commonwealth of any real property under conditions deemed by the Secretary of the Transportation Cabinet to be of an emergency nature is to be undertaken only with the expressed written approval of the Governor.

After selecting the lease property, FAC shall submit the B217-5 form to the Design Construction Branch of the Division of Facilities Support, which shall return the agreement to FAC for final processing.



 <p>GENERAL ADMINISTRATION & PERSONNEL</p>	<p><i>Chapter</i></p> <p>FACILITY ADMINISTRATION</p> <hr/> <p><i>Subject</i></p> <p>Lot Acquisition</p>
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EVALUATING**CABINET NEEDS**

The Division of Facilities Support and each district office shall determine maintenance lot requirements that include approximate acreage, location, and utilities.

PROPERTY PROPOSALS

The Finance and Administration Cabinet's Division of Real Properties shall prepare newspaper advertisements listing the minimum requirements for the purpose of obtaining proposals. The division and the district office shall review all proposals received and conduct a joint inspection of those proposals meeting the minimum requirements.

**ACQUISITION OF REAL
PROPERTY**


The procedure for acquiring real property is as follows:

1. The Division of Facilities Support and the district office shall prepare a joint recommendation of the selected property to the State Highway Engineer for approval.
2. The Division of Facilities Support shall request the Finance and Administration Cabinet to conduct a survey of the selected property.
3. The Division of Facilities Support shall submit the survey to the Division of Right of Way and Utilities and request an appraisal of the property.
4. The Division of Right of Way and Utilities shall obtain an Option to Purchase Agreement and submit it to the State Highway Engineer for approval.
5. The Division of Right of Way and Utilities shall prepare an Official Order for the Secretary's approval.
6. The Office of Legal Services shall prepare the deed.

**ACQUISITION OF REAL
PROPERTY (CONT.)**

7. The Division of Facilities Support shall obtain the deed and the check and submit them to the Division of Right of Way and Utilities for closing and deed recording.
8. The Division of Right of Way and Utilities shall return the original deed to the Division of Facilities Support for placement in the permanent project file.



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	<p><i>Subject</i></p> <p>New Cabinet Facilities Construction</p>

DESIGN**ASSIGNMENT LIST**

At the beginning of each fiscal year, the Design Construction Branch prepares an annual schedule of projects. The branch aligns the list of projects in the order the Executive Director of the Office of Support Services has approved. Moreover, any changes in the order of priority require the executive director's approval. Factors establishing priority are:

- Determination of district needs through a work order or a direct request from the executive director
- Facility assessment criteria
- Placement of projects with respect to tolerable letting timetable
- Construction of projects with regard to construction season
- DECA (Finance & Administration Cabinet's Division of Engineering & Contract Administration)/Lynn Imaging/Ecomm (User Agency Only)

NEW BUILDING**DESIGN, ADDITION,
& RENOVATION****PROCEDURES**

A study of chief district engineer requests evaluates any of the following:

- Funding source availability

Note: The Division of Facilities Support shall delegate and instruct the usage of capital project funding for district office and Central Office projects. If a project in the Central Office or a district office requires appropriation of capital project funds, the Division of Facilities Support shall decide the correct fund to use and delegate the proper amount.

- Requested size
- Crew size and function
- Existing facilities
- Lot study to determine the following:

**NEW BUILDING
DESIGN, ADDITION,
& RENOVATION
PROCEDURES (CONT.)**

- ◆ Location
- ◆ Existing facilities, if any, on the lot
- ◆ Location of necessary utilities, including electric, water, gas, and sewer
- ◆ Accessibility to public roads, particularly to entrance location with respect to safety
- ◆ Probable building site by requesting the district office and Division of Facilities Support to make a contour survey

START-UP

Upon completion of a project approved in the budget or authorized by the Secretary of the Transportation Cabinet, the contractor or manufacturer's representative performs a start-up of all equipment prior to occupancy. Personnel from the district or division, along with personnel from the Design Construction Branch, view the start-up.

At the time of the start-up, all pertinent drawings and information relating to the equipment shall be submitted to the Design Construction Branch representatives. Equipment includes, but is not limited to:

- Rail Hoist
- Heating System
- Cooling System
- Sewage Treatment

After completing the evaluation, the Design Construction Branch shall:

1. Prepare a preliminary site plan locating all existing and proposed improvements
2. Prepare a floor plan to correspond to desired building layout
3. Complete plans with necessary details, mechanical and electrical sheets, and elevation
4. Submit plans and specifications for approval to the Department of Housing, Buildings, and Construction of the Public Protection Cabinet; and the Department of Natural Resources and the Division of Water of the Energy and Environment Cabinet
5. Prepare a cost estimate and verify budgeted funds
6. Request approval of a letting date

**BUILDING
CONSTRUCTION
PROGRAM**

The Design Construction Branch shall prepare the annual capital construction budget for the Division of Facilities Support. The budget shall include a priority listing of the building construction program of the Transportation Cabinet. The State Highway Engineer shall submit a priority listing of district needs to the Division of Facilities Support prior to the biennial budget deadline. If it does not receive information from the State Highway Engineer, the Division of Facilities Support shall include its own recommendations for the coming year for the district offices that do not report.

Approval of the capital construction budget constitutes approval of the projects necessary to carry out the program. Projects not included in the biennial budget are not initiated except as authorized by the Secretary.

Regarding the buildings, the Design Construction Branch shall:

- Assign building numbers
- Participate in RFP DECA selection
- Design and construct rigid-frame metal buildings
- Design major buildings such as maintenance garages, storage sheds, and salt structures or additions thereto

Note: The division shall hire, through the Finance and Administration Cabinet, design consultants for major buildings, such as district office buildings or buildings that require the seal of an architect.

- Develop programmatic needs for major buildings
- Provide contract administration for the construction phase of projects
- Render assistance, upon request, in supervising other matters relating to the construction of rest-area buildings
- Provide the Division of Facilities Support, upon completion of a project, all data, including building information, necessary to update the property inventory in ArchiBus
- Furnish the Division of Facilities Support, upon completion of a project, all data necessary to assure full coverage of the completed facility from DECA archive to KYTC

**MAJOR CONSTRUCTION
OR RECONSTRUCTION
OF BUILDINGS**

Upon Cabinet approval of the major construction or reconstruction of buildings, the branch manager of the Design Construction Branch and the construction superintendent shall:

- Hold a preconstruction meeting prior to commencement of construction
- Hold monthly (or bimonthly) progress meetings to evaluate progress of construction compliance with the construction schedule
- Approve monthly payment applications

Note: DECA approves all invoices to be paid.

- Conduct final inspection prior to final payment of the contract

Note: During the substantial and final inspection.

The construction superintendent shall also:

- Make daily or weekly visits to the job site to determine compliance with contract documents (DECA/Ecomm/user agency reports)
- Sample and test reinforcing steel
- Submit samples to the Division of Materials for testing
- Maintain a progress file containing plans, specifications, shop drawings, test results, and correspondence relating to the project
- Initiate contract modifications (RFIs and change orders)

The Finance and Administration Cabinet shall:

- Advertise and let bids for construction
- Administers the contract through Ecomm
- Supervise construction (on large projects where architectural engineering services were obtained through the Finance and Administration Cabinet)
- Initiate advice of change
- Prepare monthly estimates, if contract allows partial payments

ADMINISTERING**A CONTRACT**

As may be necessary to complete a project, the Design Construction Branch shall:

- Issue instructions
- Approve shop drawings
- Check insurance certificates
- Determine compliance with prevailing wage requirements
- Approve payments

CONTRACT**MODIFICATION**

The Design Construction Branch shall write to the Finance and Administration Cabinet a letter requesting contract modification for necessary changes in technical specifications.

Note: Highway districts or Cabinet divisions shall not authorize any construction or change; such authorization is the responsibility of the Design Construction Branch with DECA.

PARTIAL**PAYMENTS**

The Design Construction Branch is responsible for administering and approving partial payments if, upon award of contract, the contractor meets the following conditions:

- Completes and submits the pay application to the Division of Accounts
- Completes and has notarized the pay application and returns it to the Design Construction Branch prior to the release of final payment

Note: The Design Construction Branch shall receive all required payroll forms, approvals, certifications, and closeout documents prior to the release of final payment.

INSPECTING**CONSTRUCTION**


The Design Construction Branch shall inspect all phases of construction. Upon request, the district shall assist the branch in the inspection of construction and furnish inspectors as necessary. After final inspection and acceptance of the completed building, the Executive Director of the Office of Support Services shall provide written notification to the prospective occupants as to when building occupation may occur.

**INSPECTING
CONSTRUCTION
(CONT.)**

No building shall be occupied or utilized by any district, division, department, or office until the facility has been inspected and approved by:

- Housing and Building Code
- State Fire Marshal
- Plumbing inspector
- Electrical inspector
- Any housing, building, construction inspectors responsible for such inspections



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	<p><i>Subject</i></p> <p>Procuring & Requesting Printing & Engraving Supplies</p>

RESPONSIBILITY Kentucky Design and Print Services (KDPS) is responsible for procuring, stocking, and issuing many of the Cabinet's office, printing, and engraving supplies.

PROCURING SUPPLIES KDPS shall obtain supplies at the lowest possible prices due to central volume purchasing. They shall stock the following items:

- Copy Paper (limited to 5 boxes per request)
- Printer Paper
- Envelopes
- Letterhead (on limited basis)

REQUESTING SUPPLIES The procedure for requesting printing, engraving, or office supplies under the purview of KDPS is as follows:


1. The requesting office shall submit a completed *Kentucky Design & Print Services Request* form (**Exhibit 9072**), to KDPS. Agencies may submit requisitions via email to Print@ky.gov.

Note: **GAP-1006** details print request information.

2. Upon receipt of the completed requisition, KDPS shall:
 - a. Fill the order
 - b. Deliver the shipment if to a local agency

Note: Districts may pick up their supplies or have them delivered via a Division of Equipment transport truck. Districts that choose to pick up supplies shall be responsible for the safe delivery to their destinations. Supplies shall not be transported in open vehicles unless necessary and shall not be released during inclement weather.




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	<p><i>Subject</i></p> <p>General Procurement Procedures for Office Supplies</p>

POLICY

Generally, to procure office supplies, requesting offices shall follow the procedures detailed in the:

- *Accounts Guidance Manual*
- *KYTC Procurement Card User Guide*
- *Purchases Guidance Manual*



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	<p><i>Subject</i></p> <p>Requesting Office, Engineering, Laboratory, & Photographic Equipment</p>

**PROCEDURE FOR
REQUESTING
EQUIPMENT**

Equipment (office, engineering, laboratory, or photographic) eligible for federal participation shall be interaccounted to the proper program. This information shall be entered on the TC 77-10 form, *Requisition* ([Exhibit 9094](#)).

A separate TC 77-10 form shall be submitted for any of the following:

- Office furniture
- Office equipment
- Engineering equipment
- Laboratory equipment
- Photographic equipment

Requests for furniture of different categories shall be submitted on separate TC 77-10 forms.

Requests for special-purpose equipment shall include:

- Complete specifications
- Preferred brand name
- Model number
- Recommended vendor name (including address, telephone number, and, if possible, representative name)
- TC 73-102 form, *Agency Request for Quotation* ([Exhibit 9095](#)) from vendors


The procedure for requesting new equipment is as follows:

1. The requesting office shall complete and submit the TC 77-10 form, along with a letter of justification, to the Director of the Division of Facilities Support. Agencies may submit requisitions via email.
2. The director, or designee, shall review the requisition to determine whether it conforms to established policy and whether funds are available.

**PROCEDURE FOR
REQUESTING NEW
EQUIPMENT (CONT.)**

3. Upon approval of the request, the division shall prepare the proper purchase documents in accordance with established purchasing policy.
4. Processing of all requisitions for items costing \$500 or more is contingent upon approval by the office/department/division head, or designee.
5. The division shall assign an inventory number to new equipment costing \$500 or more and complete the TC 77-6 form, *New Office, Engineering, & Laboratory Equipment Assignment* ([Exhibit 9096](#)).



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	<p><i>Subject</i></p> <p>Tracking Fixed Assets</p>

FIXED ASSETS

Central Office—Assets appraised at or costing \$500 or more with a useful life exceeding one year is a fixed asset and is assigned an inventory number. An item properly assigned to an employee becomes that employee's responsibility. If equipment is lost, stolen, or damaged due to employee carelessness, neglect, or intentional abuse, the employee may be held financially accountable.

Each fiscal year, the Division of Facilities Support conducts a physical inventory of equipment in the Central Office and district offices as detailed in [GAP-1101](#).

District Offices—All fixed assets in the district offices shall be assigned to the chief district engineer, or designee.

FORMS

The KYTC Forms Library offers equipment disposition forms at:

<https://intranet.kytc.ky.gov/apps/forms/pages/home.aspx>

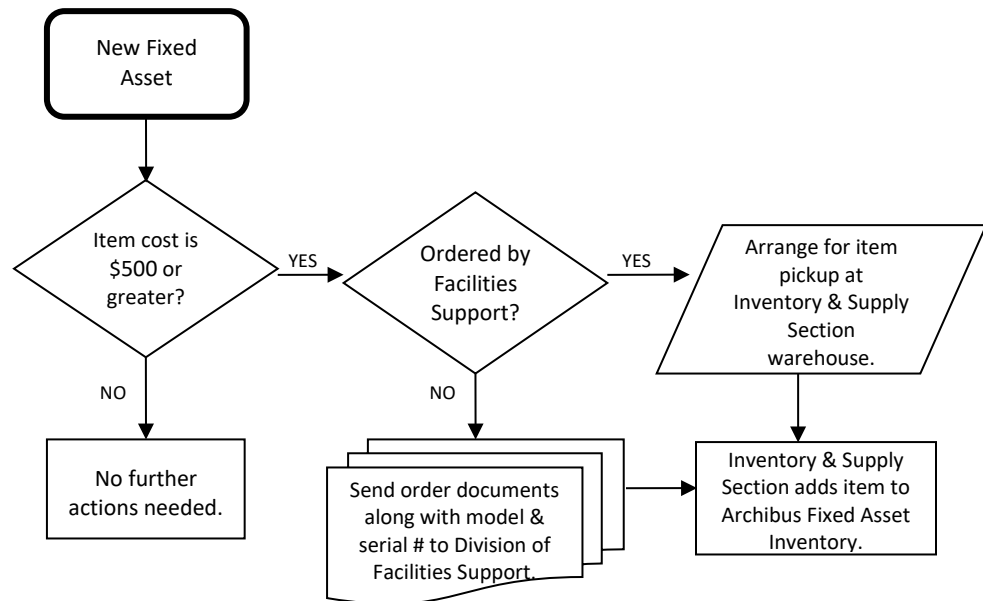
**ASSIGNING NEW
FIXED ASSETS**

When the Division of Facilities Support receives an item, a TC 77-6 form, *New Office, Engineering, & Laboratory Equipment Assignment* ([Exhibit 9096](#)), is completed and submitted to the Inventory and Supply Section supervisor for acceptance. The section shall enter the TC 77-6 form information into the Archibus Fixed Asset Inventory. A copy of the TC 77-6 form shall accompany the item when delivered, for the district or division's record.

For items not purchased through the Division of Facilities Support, regardless of how the fixed assets are purchased or delivered, the requestor shall submit copies of all related purchase documents and information to the Division of Facilities Support. This information shall include requisitions, purchase orders, and packing slips, along with model numbers and serial numbers for the items.

ASSIGNING NEW FIXED ASSETS (CONT.)

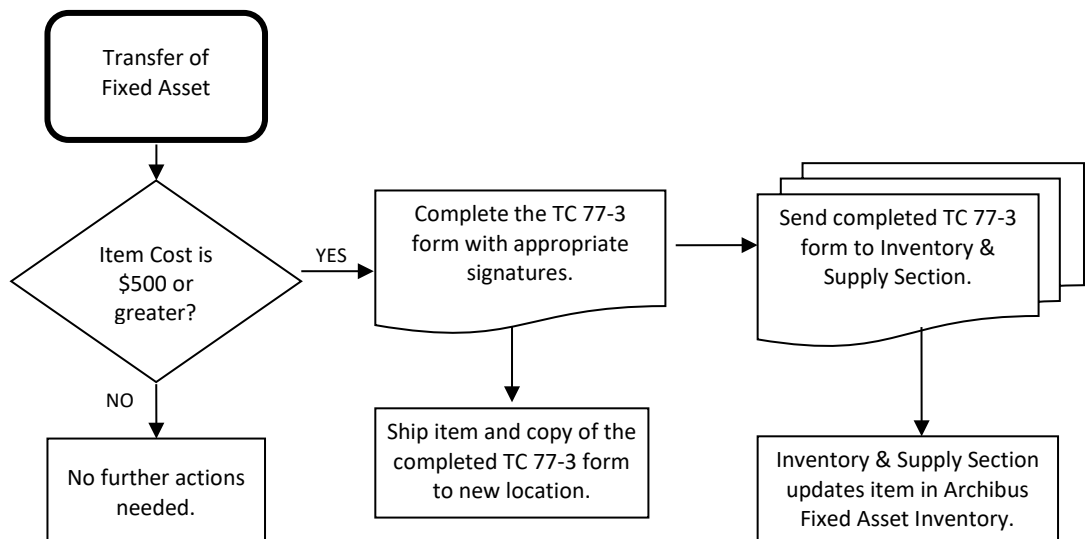
New Fixed Asset Assignment Flowchart



TRANSFERRING FIXED ASSETS

To transfer an item from one organizational unit to another within the Cabinet, the transferor shall complete the TC 77-3 form, *Equipment Transfers* ([Exhibit 9097](#)), and submit it to the Inventory and Supply Section to update the Archibus Fixed Asset Inventory. The TC 77-3 shall include the state inventory identification number, model number, and serial number for the item. A copy of the form shall also accompany the item being transferred to the other organizational unit for its record.

Fixed Asset Transfer Flowchart



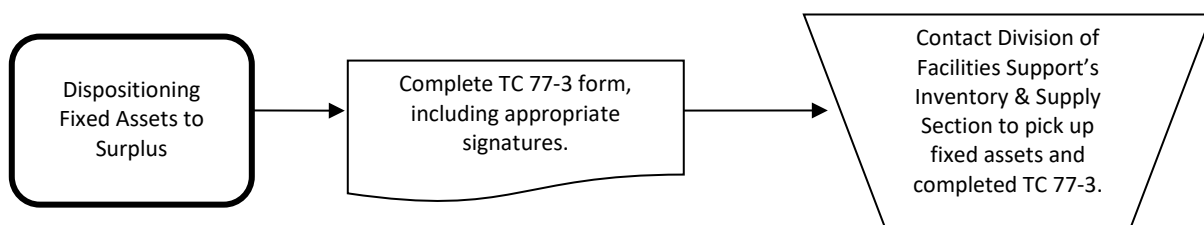
**FIXED ASSET REPAIRED
OR REPLACED UNDER
WARRANTY**

For items being repaired or replaced under warranty, the Central Office or district office shall complete the TC 77-3 form, *Equipment Transfers*, and submit it and all related documents to the Division of Facilities Support. This information includes requisitions, purchase orders, and packing slips, along with the state inventory identification number, model number, and serial number for the item. The Inventory and Supply Section shall update the Archibus Fixed Asset Inventory.

**REMOVING ITEMS
FROM INVENTORY**

Central Office—To remove (or dispose of) fixed assets from inventory:

1. Central Office organizational units shall complete the TC 77-3 form, *Equipment Transfers*, and send it to the Division of Facilities Support.
2. Central Office organizational units shall contact the Inventory and Supply Section of the Division of Facilities Support to arrange for pickup of disposal items.
3. After receiving the completed TC 77-3 form and obtaining the items for disposal, the Division of Facilities Support shall complete the online surplus form and deliver the surplus items to the Finance and Administration Cabinet's (FAC) Division of Surplus Property.
4. The Inventory and Supply Section shall update the Archibus Fixed Asset Inventory.

Central Office Surplus Flowchart

**REMOVING ITEMS FROM
INVENTORY (CONT.)**

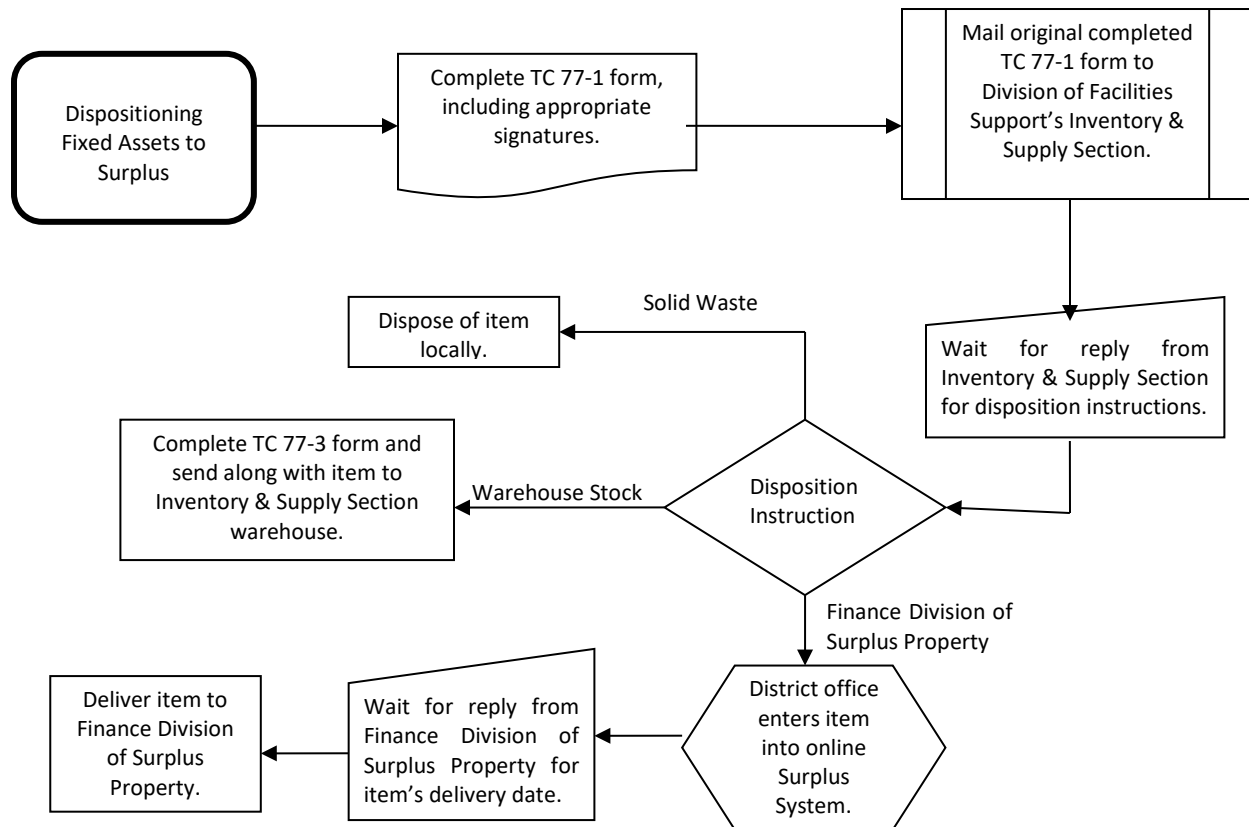
District Office—To remove (or dispose of) fixed assets from inventory:

1. The district office shall complete the TC 77-1 form, *State-Owned Personal Property Declared Surplus* ([Exhibit 9076](#)), and submit it to the Division of Facilities Support.
2. The Division of Facilities Support shall determine the disposition of each item on the TC 77-1 and reply to the originator with instructions for disposal of each item.
3. The Inventory and Supply Section shall update the Archibus Fixed Asset Inventory

To dispose of an item, the district office shall follow the instructions shown in the table below. Final disposition of surplus items depends on the item and its condition.

Disposition Instructions


Item Disposition	District Action
Solid Waste	Dispose of item locally.
Division of Facilities Support Warehouse Stock	Send completed TC 77-3 form and item to Division of Facilities Support's Inventory and Supply Section warehouse.
FAC Division of Surplus Property	District office completes the FAC's online surplus form and delivers the item to the FAC's Division of Surplus Property per their instructions.

District Office Surplus Flowchart**REPORTING LOST OR
STOLEN FIXED ASSET**

The procedure for reporting lost or stolen fixed assets is as follows:

1. When a fixed asset is presumed lost, the employee who was using the fixed asset shall notify in writing the division director, district administrative coordinator, or the operations manager, explaining the complete details of the circumstances surrounding the loss. The person receiving the notification shall forward written documentation of the loss to the Division of Facilities Support.
2. If a fixed asset is presumed stolen, the person responsible for the fixed asset shall file a police report. The division director, district administrative coordinator, or the operations manager shall forward all documentation surrounding the loss to the Division of Facilities Support. If the fixed asset was stolen, a copy of the investigation report shall accompany the memorandum requesting removal from inventory.
3. Upon approval, the Inventory and Supply Section shall update the Archibus Fixed Asset Inventory.



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	<p><i>Subject</i></p> <p>Repairing Office, Engineering, Laboratory, & Photographic Equipment</p>

**MAINTENANCE
AGREEMENTS**

The Facilities Administration Branch within the Division of Facilities Support has the responsibility for the maintenance and repair of office, engineering, laboratory, and photographic equipment.

The Director of the Division of Facilities Support, or designee, shall establish maintenance agreements for selected office machines when a company has adequate statewide service facilities and when the Transportation Cabinet has a sufficient number of machines to justify the expenditures for the agreement.

The director, or designee, has the authority to grant approval for the repair of all equipment not covered by an established maintenance agreement. Approval is based on the age and condition of the equipment and the cost of repair.

Slow or inefficient service by a vendor holding a maintenance agreement shall be brought to the director's attention.

**REPAIRING
EQUIPMENT**

The procedure for repairing Central Office and district office equipment is as follows:

1. A user shall notify the Facilities Administration Branch by telephone or email of any equipment repair needed.
2. If the equipment is under a maintenance agreement, the branch shall provide the local agent's information so that the user can arrange for repairs.
3. If the equipment is **not** under a maintenance agreement, the branch shall issue an authorization number for repair on a per-call basis through a local vendor.


**REPAIRING
EQUIPMENT (CONT.)**

4. The branch shall not provide a DO/PO for a repair unless the operator furnishes the branch with a description of the repair requested, along with the equipment's:
 - State Item Number
 - Type
 - Brand
 - Vendor Name

Note: If the vendor's estimated repair is more than \$5,000, the requestor shall obtain a cost estimate of the repair and forward it to the Facilities Administration Branch for approval before allowing the vendor to proceed with the repair.

5. Invoices for repair of all office, engineering, laboratory, and photographic equipment located in the Central Office shall be forwarded to the Facilities Administration Branch for payment. All repair invoices shall have DO/PO document numbers assigned prior to the repair of the equipment and shall be signed by the operators of the equipment.



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	<p><i>Subject</i></p> <p>Requesting Copy Equipment</p>

REQUEST**REQUIREMENTS**

Kentucky Design & Print Services shall receive all requests for copy equipment. Each request shall provide the following information:


- Number and type of needed copies
- Special features required of the copy equipment
- Justification or reason for the copy equipment
- Other information pertinent to the request

**KENTUCKY DESIGN
& PRINT SERVICES
RESPONSIBILITIES**

The division has the responsibility and authority to:

- Send recommendation to the Commonwealth Office of Technology for approval of all requests for copy equipment
- Review correspondence related to copy equipment
- Write all contracts and agreements with suppliers of copy equipment
- Coordinate the placement and location of copy equipment
- Coordinate any additions or reductions in the total number of copy machines



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<u>EXHIBIT NUMBER</u>	<u>EXHIBIT TITLE & FORM NUMBER</u>	<u>MANUAL REFERENCE</u>
9033	Advanced Leadership Academy Application, TC 12-208	503
9095	Agency Request for Quotation, TC 73-102	1302
9037	Annual Employee Performance Evaluation	605
9016	Annual Leave Sharing Application	402-2
9017	Annual Leave Sharing Donation.....	402-2
9041	Appeal Form.....	608
9026	Application & Designation for Family & Medical Leave, TC 12-239	409
9003	Application for Compensatory Time or Overtime, TC 12-240	206-1, 206-2
9015	Application for Leave, TC 12-1	401
9019	Application for Sick Leave Sharing	403-2
9009	Attachment E – Accumulated Leave for Workers’ Compensation, WCF-2	303-1
9080	Authorization to Transport Non-State Employee Passengers in a Commonwealth-owned Vehicle	1104-2
9048	Bridging Opportunities Training Program – Expectation & Participation Acknowledgment, TC 18-22	511
9043	Bridging Opportunities Training Program Application – College Program, TC 18-15	511
9028	Certification by Healthcare Provider for Serious Health Condition of Employee, TC 12-246	409
9029	Certification by Healthcare Provider for Serious Health Condition of Family Member, TC 12-247.....	409


<u>EXHIBIT NUMBER</u>	<u>EXHIBIT TITLE & FORM NUMBER</u>	<u>MANUAL REFERENCE</u>
9025	Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave, TC 12-248	409
9024	Certification of Qualifying Exigency for Military Family Leave, TC 12-249	409
9052	COT Internet & Electronic Mail Acceptable Use Policy, CIO-060.....	807, 901
9053	COT Social Media Policy, CIO-061	807, 901
9002	Daily Attendance & Project Report, TC 12-261	206, 401
9078	Direct Transfer of Surplus State Property to Non-State Agencies, B-217-42A	1102
9030	Docking Pay for Tardiness Table	206-1, 206-2
9057	EEO Complaint, TC 18-6	902
9036	Employee Acknowledgment Form – Employee Performance Evaluation System	604
9054	Employee & Agent Privacy & Security of Confidential or Sensitive Information Agreement, TC 12-263	807
9027	Employee Authorization for Disclosure of Protected Health Information to Employer, TC 12-251	409
9085	Employee Building Security Access, TC 77-31.....	1201
9098	Employee Performance Self-Evaluation, TC 12-274	606
9079	Employee Use of Permanently Assigned Vehicles, TC 12-258.....	1104-2
9097	Equipment Transfers—Office, Engineering, & Laboratory, TC 77-3.....	1303
9032	External Training Request, TC 12-242.....	501
9071	Form Design Request, TC 12-222.....	1005
9081	General Policy Acknowledgment, TC 12-262.....	1104-2
9046	GPS Program Application, TC 12-275.....	510
9058	Grievance Form.....	903
9070	Guidance Manual Transmittal	1004

<u>EXHIBIT NUMBER</u>	<u>EXHIBIT TITLE & FORM NUMBER</u>	<u>MANUAL REFERENCE</u>
9090	Insurance Notice of Loss of Property or Property Damage	1208
9031	Internal Training Request, TC 12-243	501
9072	Kentucky Design & Print Services Request	1006
9093	Lease Modification Agreement, B-217-6	1209
9082	Letter for Subrecipients of Federal Awards (Example).....	1105
9006	License Expense Travel Reimbursement Request, TC 31-50	507
9034	Medical Examiner's Certificate (for Commercial Driver Medical Certification), MCSA-5876	507
9008	Medical Waiver and Consent, Form 106	303-1
9022	Military Leave (for Mobilization) Designation Form.....	406
9096	New Office, Engineering, & Laboratory Equipment Assignment, TC 77-6	1302, 1303
9056	Notice of Request for Corrective Action or Major Disciplinary Action, TC 12-228.....	901
9091	Office Space Lease Agreement Request, SR-4	1209
9092	Office Space Lease Agreement, B-217-5.....	1209
9067	Official Memorandum for Policy Manual Approval.....	1004
9069	Official Notification of Policy Changes.....	1004
9068	Official Order for New Policy Manual	1004
9005	Outside Employment Employee Request & Agency Response	209
9021	Overtime Compensation, TC 12-72.....	404
9038	Performance Improvement Plan	606
9039	Performance Incident Log.....	606
9075	Personal Property Commonly Surplussed	1102
9042	Personal Protective Equipment (PPE) Acknowledgment, TC 25-3	806

<u>EXHIBIT NUMBER</u>	<u>EXHIBIT TITLE & FORM NUMBER</u>	<u>MANUAL REFERENCE</u>
9001	Personalized Work Schedule Agreement, TC 12-206	205,206
9012	Position Description Worksheet	303-2
9073	Reasonable Suspicion Checklist, TC 12-23	804
9063	Record Request Form, PRD 160	1002
9061	Records Description and Analysis, PRD 320	1002
9064	Records Destruction Certificate	1002
9062	Records Request Authorization, L-A&R 140	1002
9060	Records Transmittal to State Archives Center or State Records Center, PRD 70	1002
9086	Relocation Request, TC 77-9	1203
9088	Room Information & Lease Agreement, TC 77-24.....	1204
9040	Request for Corrective or Major Disciplinary Action, TC 12-227.....	607, 901
9023	Request for Personnel Action, TC 12-2	406
9014	Request for Reasonable Accommodation, TC 12-201	304
9004	Request for Temporary Employment, TC 30-128	208
9059	Request to Inspect Public Records, TC 11-205	1001
9065	Request to Review Personnel File, TC 12-18	1003
9094	Requisition, TC 77-10	1301-1, 1302
9066	Review & Approval of Guidance Manual, TC 12-215.....	1004
9045	Roadmap Program Application, TC 12-270.....	505
9020	Sick Leave Sharing Donation Form.....	403-2
9044	STAR Program Application, TC 12-269.....	504
9077	State-Owned Personal Property Declared Surplus, B-217-2	1102

<u>EXHIBIT NUMBER</u>	<u>EXHIBIT TITLE & FORM NUMBER</u>	<u>MANUAL REFERENCE</u>
9076	State-Owned Personal Property Declared Surplus, TC 77-1.....	1102, 1303
9035	Travel Reimbursement Request, TC 31-21	506, 509
9018	Verification of Illness Memorandum	403-1
9049	Voting and Election Leave Verification Form.....	405
9047	Waiver & Release for Ride-Along in KYTC-Owned Vehicles & Equipment, TC 11-209	1104-2
9007	Workers' Compensation - First Report of Injury or Illness, IA-1.....	303-1
9099	Termination of Employee Telecommuting Agreement, TC 12-287	212
9100	Leadership Character Program Application, TC 12-288.....	512
9101	Leadership Influence Program Application, TC 12-289	513
9010	Telecommuting Safety Checklist, TC 12-284	212
9011	Telecommuting Agreement, TC 12-283.....	212
9013	Local Occupational Tax Withholding Information, TC 12-8.....	212
9074	Truth & Confidentiality Agreement for Equal Employment Opportunity (EEO) Investigations, TC 18-21	902
9050	Bridging Opportunities Training Program – Intern Self-Assessment, TC 18-27	511
9051	Bridging Opportunities Training Program – Intern Exit Survey, TC 18-28	511
9055	Bridging Opportunities Training Program – Work Area Supervisor Intern-Exit Survey, TC 18-29	511



	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-206 Rev. 08/2022 Page 1 of 1					
PERSONALIZED WORK SCHEDULE AGREEMENT							
SECTION 1: EMPLOYEE INFORMATION							
FIRST NAME	LAST NAME	EMPLOYEE ID					
DEPARTMENT/OFFICE	DIVISION/BRANCH/SECTION						
SUPERVISOR NAME	SUPERVISOR TITLE						
SECTION 2: WORK SCHEDULE							
INSTRUCTIONS: From the list of options below, select a specific work schedule (A-5, C-5, etc.) and complete the table with the information about the selected option. Exceptions to the below options require OHRM preapproval. For approved exceptions, enter "See Attached" in "Selected Option" field below and attach OHRM approval documentation and schedule to this form. Print, sign, and submit the completed form to your supervisor for approval.							
5 days, 37.5 hrs., 1-hr. lunch		5 days, 37.5 hrs., ½ -hr. lunch		5 days, 40 hrs., 1-hr. lunch		5 days, 40 hrs., 1/2 -hr. lunch	
OPTIONS A		OPTIONS B		OPTIONS C		OPTIONS D	
A-1	7:00-3:30	B-1	7:00-3:00	C-1	7:00-4:00	D-1	7:00-3:30
A-2	7:15-3:45	B-2	7:15-3:15	C-2	7:15-4:15	D-2	7:15-3:45
A-3	7:30-4:00	B-3	7:30-3:30	C-3	7:30-4:30	D-3	7:30-4:00
A-4	7:45-4:15	B-4	7:45-3:45	C-4	7:45-4:45	D-4	7:45-4:15
A-5	8:00-4:30	B-5	8:00-4:00	C-5	8:00-5:00	D-5	8:00-4:30
A-6	8:15-4:45	B-6	8:15-4:15	C-6	8:15-5:15	D-6	8:15-4:45
A-7	8:30-5:00	B-7	8:30-4:30	C-7	8:30-5:30	D-7	8:30-5:00
A-8	8:45-5:15	B-8	8:45-4:45	C-8	8:45-5:45	D-8	8:45-5:15
A-9	9:00-5:30	B-9	9:00-5:00	C-9	9:00-6:00	D-9	9:00-5:30
SELECTED OPTION		START TIME		END TIME		LUNCH TIME	
SECTION 3: SIGNATURE APPROVALS							
I agree that a flexible, personalized work schedule is a privilege that requires written approval from my supervisor. I also agree that any abuse of this privilege may be grounds for disciplinary action and may result in the revocation of the privilege and in the assignment of the standard 7.5- or 8-hour work schedule (8:00-4:30 or 8:00-5:00, respectively) for a period to be determined by my supervisor. All schedules or changes in schedules are subject to review by the Office of Human Resource Management.							
EMPLOYEE SIGNATURE						DATE	
<input type="checkbox"/> Approved		Effective Date					
<input type="checkbox"/> Denied Due To:		<input type="checkbox"/> Job Performance <input type="checkbox"/> Discipline/Attendance <input type="checkbox"/> Business Need					
SUPERVISOR SIGNATURE						DATE	
OFFICE/DEPARTMENT/DIVISION HEAD SIGNATURE						DATE	

AY PERIOD:			DATE:		CREW:				(NAME) COUNTY			EMPLOYEE SIGNATURE (By signing, I certify the time I have reported is accurate.)		COMMENTS	
RC	DEPT CD	UNIT	FUND	DEPT OBJ	APP UNIT	ACTIVITY	SUB ACTIVITY	FUNC	SUB FUNC	LOC	REPORT CD	PROGRAM	TK ORDER	WK ORDER	ACCT TEMP
1															
2															
3															
4															
5															
6															
7															

By signing, I certify that all information reported for the employees for whom I am responsible is accurate and that attendance, absences, overtime, leave, and equipment usage are in accordance with existing laws, regulations, and KYTC policies.

Supervisor

Supervisor

Supervisor

Dist Section T&A Contact

TRANSPORTATION CABINET DAILY ATTENDANCE & PROJECT REPORT (Form TC 12-261) COMPLETION PROCEDURES

PAY PERIOD:		DATE:		CREW:		(NAME) COUNTY		EMPLOYEE SIGNATURE (By signing, I certify the time I have reported is accurate.)		COMMENTS					
EMPLOYEE NAME	IN	OUT	TOT WORK HRS	REF CODE	ATTND CODE	HRS	PREM CODE	HRS	ABSENCE CODE	HRS	TRACKING CODE	HRS	EQUIP ID	HRS/ MILES	REF CODE
					1REG										
					1REG										
					1REG										
					1REG										
					1REG										
					1REG										
					1REG										
					1REG										

RC	DEPT CD	UNIT	FUND	DEPT OBJ	APP UNIT	ACTIVITY	SUB ACTIVITY	FUNC	SUB FUNC	LOC	REPORT CD	PROGRAM	TK ORDER	WK ORDER	ACCT TEMP
10															
11															
12															
13															
14															
15															
16															
17															

By signing, I certify that all information reported for the employees for whom I am responsible is accurate and that attendance, absences, overtime, leave, and equipment usage are in accordance with existing laws, regulations, and KYTC policies.

Supervisor	
Supervisor	
Supervisor	
Dist Section T&A Contact	
Off/Dist T&A Admin	

TRANSPORTATION CABINET DAILY ATTENDANCE & PROJECT REPORT (Form TC 12-261) COMPLETION PROCEDURES

The following procedures will support the setup and completion of the *Daily Attendance and Project Report*. **Note:** For clarification, each employee shall report their own times of arrival and departure including lunch time and all leave used, the District Section Time and Attendance Contacts (TACs) shall audit and then complete the remainder of the report for all crews working in district section offices, including units but do not enter the data into KHRIS. The Office/District Time and Attendance Administrators (TAAs) audit the reports and enter the data into KHRIS.

SUPPORTING DOCUMENTATION MUST BE ATTACHED

The *Daily Attendance and Project Report* will serve as one of the primary documents of record supporting employee time and attendance, accounting string cost centers charged, and equipment used. Therefore, all documentation/records gathered to record information on the *Daily Attendance and Project Report* must be attached to the *Daily Attendance and Project Report* retained in your files. All time and attendance records and supporting documentation are to be retained in accordance with the General Records Retention Schedule for three years and then destroyed after audit UNLESS federal funds were utilized, then the Federal Highway Administration projects require the retention of time and attendance records for a minimum of 3 years after the completion of a project.

Please direct all questions related to Sections A—D to the Division of Personnel Management, 502-564-4610. Questions regarding Sections E, H, and the REF Code area of Section B should be addressed to the Office of Budget and Fiscal Management KHRIS Help Desk, 502-564-9900, ext. 3707.

SECTION A: (Employee Use)

1. **EMPLOYEE NAME:** The employee's name, as it appears in KHRIS, should be typed in this area. Upon receipt of the employee PERNR numbers, the OHRM request that this number be placed on the line immediately following the employee name in the right corner for easy reference when entering the time. It is recommended this information be completed by the timekeeper.
2. **IN\OUT:** The employee should list the time(s) for each instance the employee reported for work and the time(s) the employee stopped work during the workday. These should include the beginning of the workday, the IN and OUT times for lunch break and the departure time for stopping work at the end of the workday. Also include any IN\OUT times for time away from work during the workday other than lunch, such as personal appointments, etc.
3. **TOT WORK HRS:** The employee should enter the total number of hours worked for the workday. Hours should be reported in no less than ¼-hour increments unless there is LNPU or LNPA other than ¼ hour, then 1REG could be something other than ¼ hour.

SECTION B: (District Section TAC or Office/District TAA Use)

1. **REF CODE:** The District Section TAC or the Office/District TAA should list the REF CODE to the accounting string listed in the lower left-hand portion of the *Daily Attendance and Project Report* that refers to the specific accounting activity for which work was done during the workday. Special attention should be paid when selecting the REF CODE to ensure the REF CODE used and the associated accounting information is the correct reference for the time worked.
2. **ATTND CODE:** For each REF CODE listed, the employee should list the associated ATTND CODE. All attendance codes can be found on the "Attendance and Absence" tab of the KHRIS timesheet.
3. **HRS:** The employee should indicate the numbers of hours worked for each combination of REF CODE and ATTND CODE. Hours should be reported in no less than ¼-hour increments unless there is LNPU or LNPA other than ¼ hour, then 1REG could be something other than ¼ hour. The total hours reported for all REF CODES should equal the total hours worked recorded in SECTION A.

TRANSPORTATION CABINET DAILY ATTENDANCE & PROJECT REPORT (Form TC 12-261) COMPLETION PROCEDURES

NOTE: The combination of REF CODE and ATTND CODE may require that a REF CODE be listed more than once. For example, an 8-hour employee worked 10 hours in **one workday** on a single highway project. The District Section TAC or the Office/District TAA should list the REF CODE for the highway project with an ATTND CODE of 1REG for 8 regular hours in one row and then list the same REF CODE with an ATTND CODE of 6ADL for the 2 additional hours in the next row.

In some instances the combination of REF CODE and ATTND CODE may exceed the four rows available on the *Daily Attendance and Project Report*. If so, an additional sheet should be attached, with reference to the attachment made in the COMMENTS area on the first page (for example, "See attachment for more ATTND CODES").

SECTION C: (District Section TAC or Office/District TAA Use)

1. **REF CODE:** The District Section TAC or the Office/District TAA should list the REF CODE to the accounting string listed in the lower left-hand portion of the *Daily Attendance and Project Report* that refers to the specific accounting activity for which work was done during the workday. Special attention should be paid when selecting the REF CODE to ensure the REF CODE used and the associated accounting information is the correct reference for the time worked.
2. **PREM CODE:** For each REF CODE listed, the employee should list the associated shift PREM CODE. All shift premium codes can be found on the "Attendance and Absence" tab of the KHRIS timesheet.
3. **HRS:** The employee should indicate the numbers of hours worked for each combination of REF CODE and shift PREM CODE. Hours should be reported in no less than ¼-hour increments unless there is LNPU or LNPA other than ¼ hour, then 1REG could be something other than ¼ hour. The total hours reported for all REF CODES should equal the total hours worked recorded in SECTION A.

SECTION D: (District Section TAC or Office/District TAA Use)

1. **ABSENCE CODE:** The employee should list the ABSENCE CODE(S) for any absence from work during the workday.
2. **HRS:** The employee should indicate the total time associated with each ABSENCE CODE. Hours should be reported in no less than ¼-hour increments unless there is LNPU or LNPA other than ¼ hour, then 1REG could be something other than ¼ hour.

SECTION E: (District Section TAC or Office/District TAA Use)

1. **TRACKING CODE:** The employee should list the TRACKING CODE(S) associated with any absence during the workday.
2. **HRS:** The employee should indicate the total time associated with each TRACKING CODE. Hours should be reported in no less than ¼-hour increments unless there is LNPU or LNPA other than ¼ hour, then 1REG could be something other than ¼ hour.

Please direct all questions related to Sections F, I and the REF Code area of Section B to the KHRIS Help Desk administered by the Office of Budget and Fiscal Management, 502-564-9900 Ext 3707.

TRANSPORTATION CABINET DAILY ATTENDANCE & PROJECT REPORT (Form TC 12-261) COMPLETION PROCEDURES

SECTION F: (District Section TAC or Office/District TAA Use)

1. **EQUIP ID:** The District Section TAC or the Office/District TAA should list the ID of each piece of equipment\vehicle used by the employee during the workday. All highway equipment and fleet vehicle usage for the employee should be listed on the *Daily Attendance and Project Report*; however, only Non-OM's equipment\vehicle usage will be entered into KHRIS. Listing all equipment usage for the employee will satisfy supporting documentation requirements by the federal government.
2. **HRS/MILES:** The District Section TAC or the Office/District TAA should indicate the number of HOURS/MILES of usage for each piece of equipment\vehicle listed. Miles should be reported in whole numbers and hours reported in no less than ¼-hour increments unless there is LNPU or LNPA other than ¼ hour, then 1REG could be something other than ¼ hour. The usage of all highway equipment is to be reported by the hour. The usage of all fleet vehicles is to be reported by the mile.
3. **REF CODE:** The District Section TAC or the Office/District TAA should list the REF CODE to the accounting string listed in the lower left-hand portion of the *Daily Attendance and Project Report* that is representative of the specific accounting activity for which the equipment\vehicle was used during the workday. Special attention should be paid when selecting the REF CODE to ensure the REF CODE used for the associated accounting information is the correct reference for the usage.

NOTE: It may be necessary to list the IDs of more than four pieces of equipment\vehicle for a single workday. The additional information should be recorded on the "Equipment Usage Continuation" sheet of the *Daily Attendance and Project Report*. If this is done, reference to the continuation sheet should be made in the COMMENTS area on the first page (for example, "See attachment for more equipment usage").

SECTION G: (Employee Use)

1. **EMPLOYEE SIGNATURE:** The employee should sign the *Daily Attendance and Project Report*. As stated on the form by signing the report, the employee certifies that the time reporting is correct. In addition, the employee's signature is attesting that the attendance, absence, and equipment information is correct.

SECTION H: (Employee Use)

1. **COMMENTS:** The employee should include any comments that will supplement the daily information recorded in the other sections of the *Daily Attendance and Project Report* for the workday.

SECTION I: (District Section TAC or Office/District TAA Use)

1. **RC CODES:** The District Section TAC or the Office/District TAA for the crew should list beside an RC CODE in this section each pre-established ACCT TEMP/WK ORDER data for use during time entry. The ACCT TEMP/WK ORDER ID should be listed as well as all pre-established accounting string fields for each ACCT TEMP/WK ORDER. This will assist in selecting the correct REF CODE for SECTIONS B and E above.

TRANSPORTATION CABINET DAILY ATTENDANCE & PROJECT REPORT (Form TC 12-261) COMPLETION PROCEDURES

ACCOUNTING STRING DATA FOR WK ORDERS – SUGGESTED ALTERNATIVE

Where the OMS Daily Log form is present and attached to the *Daily Attendance and Project Report*, it is necessary to have only the OMS work order ID on the SECTION H RC line. The attached OMS Daily Log form will cross-reference to the accounting string elements applicable to the work order ID and provide the supporting documentation required.


SHELL ACCOUNTING TEMPLATES:

Some accounting templates may have been pre-established by the Division of Accounts with incomplete accounting strings. These are “shell” templates and contain only those accounting data fields common to highway projects, federal grants, and other work activities. For example, a shell template may have been established for Function FD52 federally funded programs containing only those accounting data fields that are common to all federally funded programs, such as FUND, FUNC, DEPT CD, etc. An employee working on a federally funded program may use the REF CODE associated with the shell template; however, the District Section TAC or the Office/District TAA should write in SECTION H the specific program code and other accounting data fields to make the accounting data complete. For this reason it may be necessary to list the accounting template ID for the shell template multiple times in SECTION H, with each row containing the unique accounting data fields for each program to be charged.

USING SHELL TEMPLATES

Shell accounting templates are set up to establish the accounting string data elements that are common to all intended uses of that template while leaving blank the accounting string elements that may vary for each work activity. When it is necessary to use a shell template as the starting point for time entry, the District Section TAC or the Office/District TAA should create a new row in SECTION H by entering the appropriate shell accounting template ID on that row. The District Section TAC or the Office/District TAA should write in that REF CODE row the changed or added accounting string elements that will make that row complete for time entry. Only added or changed elements should be coded on this row as the unchanged accounting data elements pre-established on the shell template will be used along with those added or changed.

[illegible]

		KENTUCKY TRANSPORTATION CABINET Office of Budget and Fiscal Management		TC 30-128 Rev. 08/2016 Page 1 of 1
REQUEST FOR TEMPORARY EMPLOYMENT				
SECTION 1: REQUESTOR INFORMATION				
FIRST NAME	MI	LAST NAME	EMAIL ADDRESS	PHONE
SIGNATURE			DATE	
SECTION 2: TEMPORARY EMPLOYMENT DATA				
1.	JOB CLASSIFICATION	RATE <input type="checkbox"/> High <input type="checkbox"/> Low	CONTRACTOR REQUESTED	
<u>Payroll Data:</u> Employee will work ___ weeks from ___/___/___ to ___/___/___, ___ hours / week, for ___ total hours.				
Wage Cost x % Markup = Markup Cost + Wage Cost = Total Hourly Cost x Total Hours = Total Cost \$ _____ x _____ = \$ _____ + \$ _____ = \$ _____ x _____ = \$ _____				
<u>Justification:</u>				
2.	JOB CLASSIFICATION	RATE <input type="checkbox"/> High <input type="checkbox"/> Low	CONTRACTOR REQUESTED	
<u>Payroll Data:</u> Employee will work ___ weeks from ___/___/___ to ___/___/___, ___ hours / week, for ___ total hours.				
Wage Cost x % Markup = Markup Cost + Wage Cost = Total Hourly Cost x Total Hours = Total Cost \$ _____ x _____ = \$ _____ + \$ _____ = \$ _____ x _____ = \$ _____				
<u>Justification:</u>				
SECTION 3: SIGNATURE APPROVAL				
OBFM REVIEWER			<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
SIGNATURE			DATE	



Outside Employment Employee Request and Agency Response Form

<i>Employee Name (printed)</i>	<i>Title</i>	<i>Personnel Number</i>
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Section I: Public Employment Information

<i>Cabinet</i>	<i>Department</i>	<i>Office/Division</i>	<i>Branch</i>	<i>Section</i>
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<i>Supervisor Name</i>	<i>Supervisor Title</i>
------------------------	-------------------------

Work Schedule

<i>Hours per Day</i>	<i>Workday Begins</i>	<i>Workday ends</i>	<i>Days of the Week</i>	<i>Hours per Week</i>
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I have attached a copy of the following:

- ☐ My Latest Personnel Action Notification (PAN) ☐ My Current Position Description

I am requesting approval for the following:

- ☐ Outside Employment (Including self-employment and work as independent contractor)

Section II: Outside Employment Information

<i>Name of Employer</i>	<i>Type of Business</i>
-------------------------	-------------------------

<i>Business Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
-------------------------	-------------	--------------	-----------------

<i>Supervisor Name</i>	<i>Supervisor Title</i>	<i>Phone</i>
------------------------	-------------------------	--------------

<i>Job Title</i>	<i>Hire Date</i>	<i>Planned Termination Date (if applicable)</i>
------------------	------------------	-------------------------------------------------

Description of Job Duties

Work Schedule

<i>Hours per Day</i>	<i>Workday Begins</i>	<i>Workday ends</i>	<i>Days of the Week</i>	<i>Hours per Week</i>
----------------------	-----------------------	---------------------	-------------------------	-----------------------

Section III: *It is recommended that employee seeks assistance from an agency representative with knowledge of contractual information when answering the questions below.*

Description of contracts between the outside employer and the employee's state agency:

Description of regulatory relationship between the outside employer and employee's state agency:

Employee's Initials _____

Outside Employment
Employee Request and Agency Response Form
Page 2

Specific factors which separate the employee's state job from the agency's decisions concerning the outside employer:

<i>Employee Name</i>	<i>Title</i>	<i>Personnel Number</i>
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Section IV: Employee Statement

I formally request approval of off-duty employment with the aforementioned employer. As a public servant with the aforementioned job title, I am not involved in the Cabinet's or Department's decisions concerning the aforementioned employer. If this request is approved, I agree that if, in the future, I realize that I will be involved in such decisions, I will immediately notify my appointing authority (or his/her designee) and take steps to avoid any conflict of interest. Additionally, I understand that my outside employment cannot conflict with my work schedule or my job duties as an employee of the Commonwealth.

Further, I certify that my off-duty employment will not present an actual or perceived conflict of interest with my work schedule and official duty for the state. If the cabinet determines that there is an actual or perceived conflict, I will be advised in writing by the ethics officer within 10 days from the date that I submit this request to my immediate supervisor. I understand that if the scope of my present agency employment, or of my outside employment changes, it is my duty to submit an updated version of this form for reconsideration.

<i>Requesting Employee's Signature</i>	<i>Title</i>	<i>Date</i>
----------------------------------------	--------------	-------------

Subscribed, sworn, and acknowledged before me by _____ this the
_____ day of _____, 20____.

Notary Public _____

My Commission Expires _____

Section V: Supervisor Certification

I have reviewed the information provided by the employee and believe to the best of my knowledge that it is true and correct.

<i>Supervisor Signature</i>	<i>Title</i>	<i>Date</i>
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Section VI: Ethics Officer Recommendation (if required by agency)

I have reviewed the information provided by the employee and based upon the factors contained in 9 KAR 1:050, Section 2, I:

☐ Recommend Approval of Request

☐ Recommend Denial of Request

<i>Ethics Officer Signature</i>	<i>Title</i>	<i>Date</i>
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Section VII: Appointing Authority Determination

As appointing authority for the agency, I have reviewed the request and considered, as applicable, the degree of separation between the public servant's state duties and decisions concerning the outside employer; the public servant's level of supervisory or administrative authority, if any; and whether the outside employment will interfere or conflict with the public servant's state employment duties; the duration of the outside employment; whether the outside employment would create an appearance of conflict of interest with state duties; and whether the public servant is an auditor, inspector or other regulatory personnel of a division which is currently auditing, inspecting or reviewing or has scheduled an audit, inspection or review of the outside entity for which the public servant requests approval to work.

As appointing authority for the aforementioned agency, I certify that as a public servant in the aforementioned job title, the aforementioned employee is not involved in this agency's decisions concerning the aforementioned outside employer. His/her off-


Outside Employment
Employee Request and Agency Response Form
Page 3

duty employment by the aforementioned outside employer, in my opinion, will not create a real or perceived conflict of interest which would damage public confidence in government; and that I approve such off-duty employment.

Appointing Authority (or Designee)

Title

Date

	KENTUCKY TRANSPORTATION CABINET Office of Budget and Fiscal Management DIVISION OF ACCOUNTS	TC 31-50 Rev. 06/2019 Page 1 of 1	
LICENSE EXPENSE REIMBURSEMENT REQUEST			
<p>Instructions: Form is to be used by employees seeking license expense reimbursements who do not have a state or personal email account. Employees with email accounts should make requests via KYTC's electronic reimbursement system: https://bpm.kytc.ky.gov/ApplicationBuilder/eFormRender.html?Process=BF-License-Reimbursement</p>			
SECTION 1: EMARS INFORMATION <i>(to be completed by eMARS coordinator)</i>			
Department #: _____ Unit #: _____ TP #: _____			
SECTION 2: EMPLOYEE INFORMATION			
NAME	POSITION TITLE <i>(per class spec)</i>	EMPLOYEE ID	
HOME ADDRESS <i>(street)</i>	CITY	STATE ZIP	
WORK ADDRESS <i>(street)</i>	CITY	STATE ZIP	
WORK LOCATION	DIVISION/DISTRICT		
SECTION 3: EXPENSE DETAIL <i>(CDL physicals & renewals, PE renewals, ASE certifications, etc.)</i>			
This request is for a/an: <input type="checkbox"/> Elective license <input type="checkbox"/> Required license			
<u>DATE</u>	<u>ITEM OF EXPENSE</u>	<u>EXPLANATION</u>	<u>AMOUNT</u>
TOTAL			
SECTION 4: SIGNATURE CERTIFICATION			
_____ EMPLOYEE NAME		_____ EMPLOYEE SIGNATURE	
_____ SUPERVISOR NAME		_____ SUPERVISOR SIGNATURE	
		_____ DATE	

IA-1 WORKERS COMPENSATION – FIRST REPORT OF INJURY OR ILLNESS

General	Employer (Name & Address incl. zip)				Carrier/Administrator Claim Number				Report Purpose Code							
					Jurisdiction		Jurisdiction Claim Number									
					Insured Report Number											
	Sic Code				Employer FEIN				Employer's Location Address (if different)				Location No.			
												Phone No.				
Carrier/Claims Admin	Carrier (Name, Address & Phone Number)				Policy Period				Claims Admin (Name, Address & Phone Number)							
					To											
					<input type="checkbox"/> Check if self insured											
	Carrier FEIN				Policy Number or Self-Insured Number				Administrator FEIN							
Agent Name & Code Number																
Employee/Wage	Legal Name (Last, First, Middle)				Date of Birth		Social Security Number				Date Hired		State of Hire			
	Address (Incl. Zip)				Sex		Marital Status		Occupation/Job Title							
					<input type="checkbox"/> Male		<input type="checkbox"/> Unmarried/Single/Div.		Employment Status							
					<input type="checkbox"/> Female		<input type="checkbox"/> Married									
					<input type="checkbox"/> Unknown		<input type="checkbox"/> Separated									
	Phone				No. of Dependents		<input type="checkbox"/> Unknown		NCCI Class Code							
	Wage Rate		<input type="checkbox"/> Day		<input type="checkbox"/> Month		# Days Worked/WK		Full Pay for Date of Injury?		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
	\$		<input type="checkbox"/> Week		<input type="checkbox"/> Other		# Hrs Worked per Day		Did Salary Continue?		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
	Time Employee Began Work		<input type="checkbox"/> AM		Date of Injury or Illness		Time Occurred		<input type="checkbox"/> AM		Last Work Date		Date Employer Notified		Date Disability Began	
			<input type="checkbox"/> PM						<input type="checkbox"/> PM							
Occurrence	Employer Contact Name/Phone Number				Type of Illness/Injury				Part of Body Affected							
	Did Injury/Illness Exposure Occur on Employer's Premises?				Yes <input type="checkbox"/>		No <input type="checkbox"/>		Type of Illness/Injury Code				Part of Body Affected Code			
	Department or location where accident or illness exposure occurred				All Equipment, Materials, or Chemicals Employee was using when accident or illness exposure occurred.											
	Specific Activity the Employee was engaged in when the accident or illness exposure occurred.				Work Process the Employee Was Engaged in when accident or illness exposure occurred.											
	How injury or illness/abnormal health condition occurred. Describe the sequence of events and include any objects or substances that directly injured the employee or made the employee ill.										Cause of Injury Code					
	Date Returned to Work				If Fatal, Date of Death				Were Safeguards or Safety Equipment Provided?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
									Were they used?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Treatment	Physician/Health Care Provider (Name & Address)				Hospital (Name & Address)				Initial Treatment							
									0 <input type="checkbox"/> No Medical Treatment 1 <input type="checkbox"/> Minor: By Employer 2 <input type="checkbox"/> Minor Clinic/Hosp 3 <input type="checkbox"/> Emergency Care 4 <input type="checkbox"/> Hospitalized > 24 hr. 5 <input type="checkbox"/> Future Major Medical/Lost Time Anticipated							
Other	Witness to Accident (Name & Phone Number)															
	Date Administrator Notified				Date Prepared		Preparer's Name & Title				Preparer's Phone Number					
IA-1 (2/95)				SEE NEXT PAGE FOR IMPORTANT STATE INFORMATION/SIGNATURE												

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Applicable in Alaska

A person who willfully makes a false or misleading statement or representation for the purpose of obtaining or denying a benefit or payment is guilty of theft by deception.

Applicable in Arkansas

Any person or entity who willfully and knowingly makes any material false statement or representation for the purpose of obtaining any benefit or payment, or for the purpose of defeating or wrongfully decreasing any claim for benefit or payment or obtaining or avoiding worker's compensation coverage or avoiding payment of the proper insurance premium (or who aids and abets for either said purpose), under this chapter shall be guilty of a Class D. felony.

Applicable in California

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Applicable in Connecticut

This form must be completed in its entirety. Any person who intentionally misrepresents or intentionally fails to disclose any material fact related to a claimed injury may be guilty of a felony.

Applicable in Delaware and Oklahoma

Any person who, knowingly and with intent to injure, defraud, or deceive any Insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. The lack of such a statement shall not constitute a defense against prosecution under this section. *Delaware Statutes Regulation: Del #C Section 913(B)

Applicable in Florida

Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company or self-insured program, files any statement of claim containing any false or misleading information is guilty of a felony of the third degree.

Applicable in Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company, Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Kentucky and New York

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In New York, such person shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in Michigan

Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in New Jersey

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Pennsylvania

Any person who knowingly and with intent to injure or defraud any insurer files a claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years or payment of a fine of up to \$50,000.

Applicable in Utah

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

EMPLOYEE SIGNATURE:

IA-1 (2-95)

FORM IA-1 INSTRUCTIONS

First Report of Injury Instructions and Example (next 4 pages including this page)

PRINT LEGIBLY IN INK OR TYPE. ANSWER EACH QUESTION COMPLETELY AND ACCURATELY. DO NOT FILL IN SHADED AREAS.

1. Fill in name, address, and ZIP code of employer (Central Office or District) as listed below, e.g.,

<i>Kentucky Transportation Cabinet</i> (Division Address) (Division or Office) Frankfort, KY 40622 (Central Office)	OR	<i>Kentucky Transportation Cabinet</i> (Complete District Address) (District #)
---------------------------------------------------------------------------------------------------------------------------------	----	-------------------------------------------------------------------------------------------
2. This is the code contained in the Standard Industrial Classification Manual. Enter number "1611."
3. Employee Federal Identification Number. Enter number "61-0600439".
4. Leave blank. To be filled in by the insurance carrier.
5. Fill in address if different from number one (1). This is the location where the employee actually works.
6. Enter Central Office number 00, County number 001 through 120, and Crew number (3 digits).
7. Phone number of item five (5) (e.g., 502-555-0000).
8. Enter "Risk Management Services Corporation, 9100 Marksfield Road, P. O. Box 22989; Louisville, KY 40252-0989, Phone: (1-800-372-5402)."
9. Leave blank.
10. Type "X" in Self-Insurance.
11. Enter "Kentucky Transportation Cabinet, Workers' Compensation, 200 Mero Street, 6th Floor West, Frankfort, Kentucky 40622, Phone: (502)564-4610".
12. Leave blank.
13. Leave blank.
14. Fill in the full name of employee (Last Name, First Name, Middle Name).
15. Date of birth of employee (e.g., Month 03-Day 18-Year 84).
16. Social Security number of employee.
17. Date when the employee was originally hired (e.g., Month 03-Day 16-Year 04).
18. Enter "Kentucky."
19. Home address of employee (should include street, city and ZIP).
20. Type "X" in the correct block.
21. Type "X" in the correct Marital Status block.
22. Enter the employee's occupation/job title.
23. Enter the employee's employment status (e.g., Permanent, Full time).
24. Enter the home phone number or number where the employee can be reached.
25. How many people are actually dependent(s) of the employee (e.g., two (2), Wife and one child).
26. Enter rate of pay, and then type "X" in the block that applies day, week, month or other.
27. Enter the number of days scheduled to work in a week.
28. Did the employee work a full day the day of injury and did his/her salary continue? Type "X" in the correct block.
29. Enter the correct time a.m./p.m. the employee began work (e.g., 8:00, Type "X" in AM or PM block).
30. Enter the date of injury/illness (e.g., Month 01-Day 08-Year 07).
31. Enter actual time of injury/illness (e.g., 8:30, Type "X" in the AM or PM block).
32. Enter the last date the employee worked per payroll (e.g., Month 01-Day 08-Year 07) or if employee is working, then enter "Working."
33. Enter the date the employer was notified (e.g., Month 01-Day 08-Year 07). NOTE: This is one of the most important items on this form.
- 33A. Enter the first day after the injury date listed in block (30) if the employee did not return to work. If the employee returned to work on the next day after the injury listed in block (30), then type "Working."
34. Fill in the name and phone number of the supervisor, foreman, assistant foreman, timekeeper, etc.
35. Briefly describe the type of injury or illness (e.g., cut on left hand).

36. Indicate the part of the body affected by the injury/illness (e.g., left hand, lower back, index finger on left hand).
37. Type "X" in the appropriate (YES or NO) block.
38. Enter the department or specific location where the accident or injury occurred (e.g., Intersection of US 127 and US 60) (e.g., Transportation Office Building, 4th floor).
39. List all equipment, materials and/or chemicals the employee was using, applying, handling, or operating when the injury/ illness occurred. Be specific (e.g., tractor, lawn mower, weed control, battery acid, defoliate, etc.).
40. Describe the specified activity the employee was engaged in when the accident or illness exposure occurred (e.g., sanding ceiling and woodwork in preparation for painting, cutting metal plate for flooring, clearing right-of-way, removal of storm damage debris, flagging, etc.).
41. Describe the work process the employee was engaged in when the accident or illness exposure occurred, such as building maintenance, moving traffic cones, snow removal, etc. Enter "N/A" for not applicable if employee was not engaged in a work process (e.g., walking along a hallway or walking up/down stairs).
42. Describe how the injury or illness/abnormal health condition occurred. Include the sequence of events and name any objects or substances that directly injured the employee or made the employee ill (e.g., worker stepped back to inspect work and slipped on scrap metal. As worker fell, worker brushed against the hot metal).
43. Enter the first date following the most recent disability period in which the employee returned to work. If employee has not returned to work, then type "Not Returned to Work." If the employee does not miss a complete day of work, then enter "Working" in the block.
44. Enter the date (Month 01-Day 08-Year 07) of death, if fatal. Enter "N/A" if no death occurred.
45. Type "X" in the correct boxes if safety equipment was or was not provided and was or was not used.
46. Enter the doctor's name and address if known. If the employee did not seek medical treatment, enter "N/A."
47. Indicate name and address of the hospital or treatment center where treatment was performed. If no hospital or treatment center was utilized, then type "N/A."
48. Type "X" in the correct Initial Treatment block.
49. Enter the name(s) and phone number(s) of ALL witnesses. If there were no witnesses, then type "NONE."
50. Enter the date the Transportation Cabinet Workers' Compensation Coordinator was notified (e.g., Month 01-Day 11-Year 07).
51. Enter the date prepared (e.g., Month 01-Day 09-Year 07).
52. Enter the preparer's name, title, and phone number. (NOTE: Also needed is a Supervisor's signature).
53. **HAVE THE EMPLOYEE SIGN THE REVERSE SIDE OF THE FORM IA-1.**

NOTES:

1. *This claim form must be filed immediately, either legibly handwritten or typed, with the Cabinet Workers' Compensation Coordinator (Employee Safety & Health Branch), 6th Floor West.*
2. *Attached are sample copies of the Form IA-1's. These are examples only.*

If you have any questions or need assistance, please call 502-564-4610 or fax 502-564-6683.

IA-1 WORKERS COMPENSATION – FIRST REPORT OF INJURY OR ILLNESS

General	Employer (Name & Address incl. zip) (1)				Carrier/Administrator Claim Number		Report Purpose Code	
	Sic Code (2) Employer FEIN (3)				Jurisdiction		Jurisdiction Claim Number	
					Insured Report Number (4)			
	Carrier (Name, Address & Phone Number) (8)				Policy Period (9)		Claims Admin (Name, Address & Phone Number) (11)	
To (10) Check if self insured								
Carrier/Claims Admin	Carrier FEIN		Policy Number or Self-Insured Number (12)		Administrator FEIN			
	Agent Name & Code Number (13)							
	Legal Name (Last, First, Middle) (14)				Date of Birth (15)		Social Security Number (16)	
	Address (Incl. Zip) (19)				Sex (20)		Marital Status (21)	
Employee/Wage	Phone (24)				No. of Dependents (25)		Occupation/Job Title (22)	
	Wage Rate (26)				Day (27)		Full Pay for Date of Injury? (28)	
	\$ (26)				Week (27)		Did Salary Continue? (28)	
	Time Employee Began Work (29)				Date of Injury or Illness (30)		Time Occurred (31)	
Occurrence	Employer Contact Name/Phone Number (34)				Type of Illness/Injury (35)		Part of Body Affected (36)	
	Did Injury/Illness Exposure Occur on Employer's Premises? (37)				Yes () No ()		Type of Illness/Injury Code	
	Department or location where accident or illness exposure occurred (38)				All Equipment, Materials, or Chemicals Employee was using when accident or illness exposure occurred. (39)			
	Specific Activity the Employee was engaged in when the accident or illness exposure occurred. (40)				Work Process the Employee Was Engaged in when accident or illness exposure occurred. (41)			
Treatment	How injury or illness/abnormal health condition occurred. Describe the sequence of events and include any objects or substances that directly injured the employee or made the employee ill. (42)				Cause of Injury Code			
	Date Returned to Work (43)		If Fatal, Date of Death (44)		Were Safeguards or Safety Equipment Provided? (45)		Were they used? (45)	
	Physician/Health Care Provider (Name & Address) (46)		Hospital (Name & Address) (47)		Initial Treatment (48)			
	Witness to Accident (Name & Phone Number) (49)				0 <input type="checkbox"/> No Medical Treatment 1 <input type="checkbox"/> Minor: By Employer 2 <input type="checkbox"/> Minor Clinic/Hosp 3 <input type="checkbox"/> Emergency Care 4 <input type="checkbox"/> Hospitalized > 24 hr. 5 <input type="checkbox"/> Future Major Medical/Lost Time Anticipated			
Other	Date Administrator Notified (50)		Date Prepared (51)		Preparer's Name & Title (52)		Preparer's Phone Number	
	IA-1 (2/95)		SEE NEXT PAGE FOR IMPORTANT STATE INFORMATION/SIGNATURE					

REPRINTED WITH PERMISSION OF IAIABC

Applicable in Alaska

A person who willfully makes a false or misleading statement or representation for the purpose of obtaining or denying a benefit or payment is guilty of theft by deception.

Applicable in Arkansas

Any person or entity who willfully and knowingly makes any material false statement or representation for the purpose of obtaining any benefit or payment, or for the purpose of defeating or wrongfully decreasing any claim for benefit or payment or obtaining or avoiding worker's compensation coverage or avoiding payment of the proper insurance premium (or who aids and abets for either said purpose), under this chapter shall be guilty of a Class D. felony.

Applicable in California

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Applicable in Connecticut

This form must be completed in its entirety. Any person who intentionally misrepresents or intentionally fails to disclose any material fact related to a claimed injury may be guilty of a felony.

Applicable in Delaware and Oklahoma

Any person who, knowingly and with intent to injure, defraud, or deceive any Insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. The lack of such a statement shall not constitute a defense against prosecution under this section. *Delaware Statutes Regulation: Del #C Section 913(B)

Applicable in Florida

Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company or self-insured program, files any statement of claim containing any false or misleading information is guilty of a felony of the third degree.

Applicable in Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company, Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Kentucky and New York

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In New York, such person shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in Michigan

Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in New Jersey

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Pennsylvania

Any person who knowingly and with intent to injure or defraud any insurer files a claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years or payment of a fine of up to \$50,000.

Applicable in Utah

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

EMPLOYEE SIGNATURE:
IA-1 (2-95)

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FORM 106
ADOPTED JULY 2003

COMMONWEALTH OF KENTUCKY
OFFICE OF WORKERS' CLAIMS
657 Chamberlin Avenue
FRANKFORT, KY 40601
MEDICAL WAIVER AND CONSENT

I, _____, having filed a claim for workers' compensation benefits, do hereby waive any physician-patient, psychiatrist-patient, or chiropractor-patient privilege I may have and hereby authorize any health care provider to furnish to myself, my attorney, my employer, its workers compensation carrier or its agent, the Division of Workers' Compensation Funds, the Uninsured Employers' Fund, or Administrative Law Judge any information or written material reasonably related to my work-related injury occurring on or about _____ any medical information relevant to the claim including past history of complaints of, or treatment of, a condition similar to that presented in this claim or other conditions related to the same body part.

Such information is being disclosed to the purpose of facilitating my claim for Kentucky workers' compensation benefits.

I understand I have the right to revoke this authorization in writing at any time, by sending written notification to each individual health care provider, but such revocation will not have any affect on actions taken prior to revocation. Moreover, inasmuch as KRS 342.020(8) requires a medical waiver to be executed, revocation may result in suspension or delay of the workers' compensation claim.

I understand that no medical provider may condition treatment or payment on whether I sign this medical waiver; however, I further understand that failure to sign this medical waiver may result in suspension or delay of the workers' compensation claim.

I understand that the information used or disclosed pursuant to this medical waiver may be subject to re-disclosure by the recipient.

This authorization shall remain valid for 180 days following its execution. A photocopy of the authorization may be accepted in lieu of the original.

The authorization includes, but is not restricted to, a right to review and obtain all copies of all records, x-rays, x-ray reports, medical charts, prescriptions, diagnoses, opinions and courses of treatment.

Signed at _____, Kentucky, this _____ day of _____, 20 _____.

Signature of Patient Or Personal Representative

Social Security Number: _____

Witness Signature

Description Of Personal Representative's Authority

KENTUCKY WORKERS' COMPENSATION AND HIPAA

On April 14, 2003, the federal Health Insurance Portability and Accountability Act [HIPAA] privacy regulation will take effect. This regulation limits the situations in which medical providers may release patient information, unless the information is necessary for the purpose of treatment, payment, or health care operations. Moreover, it is important to note that disclosures for workers' compensation are in most instances exempt from HIPAA privacy requirements. The exact wording is as follows: "A covered entity may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation..."

Since HIPAA defers to state law regarding disclosures relating to workers' compensation, it is important for claimants and medical providers to know what Kentucky law requires for disclosure of patient information. An employee who reports a work injury or who files for workers compensation benefits must "execute a waiver and consent of any physician-patient, psychiatrist-patient, or chiropractor-patient privilege with respect to any condition or complaint reasonably related to the condition for which the employee claims compensation." KRS 342.020 (8). The reverse side of this Form 106 is the waiver and consent that each employee must sign. Kentucky law further states that once this Form 106 is signed, any health care provider "shall, within a reasonable time after written request by the employee, employer, workers' compensation insurer [or its agent or assignee], special fund, uninsured employers fund, or the administrative law judge, provide the requesting party with any information or written material reasonably related to any injury or disease for which the employee claims compensation."

Once the Form 106 is signed, health care providers may disclose information as set out in Kentucky law. Another section of the regulation allows release of information pursuant to an administrative or judicial order or subpoena, provided that there has been a reasonable effort to notify the injured worker [or his attorney] that such a request has been made. Should there be questions regarding disclosures pursuant to this form, appropriate legal counsel should be consulted or you can contact the Office of Workers' Claims at 800 554-8601.

ATTACHMENT E**WORKERS' COMPENSATION TEMPORARY TOTAL DISABILITY CHECKS**

According to 101 KAR 2:140, Section 4(2), for an employee's absence due to illness or injury for which workers' compensation benefits are received for lost time, accumulated leave may be utilized to the extent of the difference between such benefits and the employee's regular salary. Under no circumstances should an employee receive more pay than his or her normal salary for that period. The payroll administrator is responsible to ensure that this does not occur. In addition, use of accumulated leave time while off work due to a work-related injury benefits the employee by the continued accrual of annual and sick leave each month, months of state service, and continued state-paid portions of health and life insurance. The workers' compensation benefits provide 66⅔ percent of the employee's normal salary with no compensation for leave accrual and/or health and life insurance benefits.

ACCUMULATED LEAVE – WORKERS' COMPENSATION

NAME: _____

I hereby request payment from my accumulated leave while I am off work due to an illness or injury for which workers' compensation benefits are claimed.

I acknowledge that I am not entitled to use accumulated leave for time off from work due to an illness or an injury for which workers' compensation benefits are claimed except to supplement my workers' compensation benefits and maintain my regular full salary.

I hereby assign my workers' compensation benefits to the Kentucky Transportation Cabinet Office of Human Resource Management and understand that I will receive the workers' compensation temporary total disability (TTD) check(s) from the Cabinet payroll administrator with a letter explaining my obligation for reimbursing the state to reinstate accumulated leave used for time off from work due to an illness or injury for which workers' compensation benefits were claimed. **I understand that failure to meet my obligation for reimbursing the state as outlined by the Kentucky Transportation Cabinet payroll administrator will result in forfeiture of my election to use accumulated leave while I am off work due to an illness or injury for which workers' compensation benefits are claimed. I acknowledge that failure to meet my obligation for reimbursing the state as outlined by the Kentucky Transportation Cabinet payroll administrator will result in disciplinary action up to and including termination.**

I authorize the Kentucky Transportation Cabinet Office of Human Resource Management to withhold any overpayment I have received related to workers' compensation upon my return to work. If I do not return to work I authorize the Kentucky Transportation Cabinet Office of

Human Resource Management to withhold the overpayment from my final payout of annual and compensatory leave.

I understand that I may revoke my election to use accumulated leave for time off from work due to a worker's compensation related illness or an injury at any time in writing by delivering a copy of my written revocation to the agency. However, said revocation shall not apply to any workers' compensation checks for periods of time in which I have already received accumulated leave pay.

This the _____ day of _____, 20____.

Signature

Witness

WCF-2
Revised 6/12



KENTUCKY TRANSPORTATION CABINET
OFFICE OF HUMAN RESOURCE MANAGEMENT

TC 12-284
Rev. 12/2020
Page 1 of 1

TELECOMMUTING SAFETY CHECKLIST

Success of a telecommuting arrangement depends on a realistic assessment of the overall safety of an employee's alternate workstation. The checklist is necessary to make the employee aware of the need for a safe workstation that is conducive to productive work. The telecommuter should read and complete the checklist regarding the designated work area, discuss any concerns, and always report accidents or injuries immediately to their manager.

General Environment

- ☐ The work space area has adequate lighting and ventilation.
- ☐ The work space is reasonably quiet and free of distractions.
- ☐ Aisles, doorways, and corners are free from obstructions to permit movement.

Electricity / Equipment

- ☐ There are enough electrical outlets in the alternate workstation to support the required equipment.
- ☐ All electrical equipment is free of recognized hazards that may cause physical harm (e.g., frayed wires, bare conductors, loose or exposed wires, etc.)
- ☐ Necessary electrical outlets are three-pronged (grounded).
- ☐ Computer equipment is connected to a surge protector.
- ☐ The equipment is placed at a comfortable height for viewing.
- ☐ The equipment will be powered down after the work day is over.
- ☐ Computer equipment is on a sturdy, level, and well-maintained piece of furniture.
- ☐ The keyboard, mouse and monitor are at a height and distance that does not cause wrist or eye strain.

Safety and Security

- ☐ There is a fire extinguisher in the alternate workstation.
- ☐ There is an evacuation plan in the event of an emergency.
- ☐ There is a working smoke detector in the alternate workstation.
- ☐ Phone lines, electrical cords, and extension wires are secured underneath a desk or along baseboards.
- ☐ There are security controls in place to protect passwords, agency-owned software, and files from unauthorized disclosure.

I, _____, understand it is my responsibility to maintain the safety and appropriate arrangement of my alternate workstation, if it is my home. I certify that my responses to the checklist are true and complete to the best of my knowledge. I understand that any erroneous, misleading, or fraudulent information is sufficient grounds for my preclusion from telecommuting.

Employee Email: _____

Employee KHRIS ID: _____

Employee Personnel Number: _____


Employee Signature

Date

Supervisor Signature

Date

	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-283 Rev. 12/2024 Page 1 of 2
TELECOMMUTING AGREEMENT		
This is an agreement between KYTC and the following:		
EMPLOYEE NAME	PERSONNEL #	KHRIS ID
POSITION #	Is this a temporary or contract employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a new or updated agreement? <input type="checkbox"/> New <input type="checkbox"/> Updated	
This agreement establishes the terms and conditions of telecommuting. The employee agrees to participate in the telecommuting program and to abide by the conditions and requirements set forth in the agency's Telecommuting Policy. KYTC (agency) agrees with the employee's participation. The employee's signature on this agreement constitutes acceptance of the conditions and requirements listed throughout the Telecommuting Policy.		
SECTION 1. DESIGNATION OF WORK LOCATION, SCHEDULE, HOURS		
The following are the working hours and locations agreed upon by all parties:		
REQUESTED WORK WEEK	ARRIVAL TIME	DEPARTURE TIME
TOTAL SCHEDULE DAILY WORK HOURS	WORKSTATION <i>(If approved to telecommute, indicate where work will be performed. Primary(P) / Alternate(A).)</i>	
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
WORKSTATION ADDRESS		
Primary		Alternate <input type="checkbox"/> <i>Check here if this is a home address.</i>
Street Address		Street Address
City, State, Zip		City, State, Zip
County		County
The following required forms have been completed and forwarded to KYTC Office of Human Resource Management: <input type="checkbox"/> Safety Checklist (TC 12-284) <input type="checkbox"/> Local Occupational Tax (TC 12-8) <input type="checkbox"/> Work Schedule Agreement (TC 12-206)		
SECTION 2. EQUIPMENT USED IN ALTERNATE LOCATION <i>(List the agency or state equipment that will be or has been relocated to the alternate workplace location. Attach additional documentation if needed.)</i>		
ITEM	INVENTORY NUMBER	DATE OUT
DATE RETURNED		
SECTION 3. SPECIAL CONDITIONS OR ADDITIONAL AGREEMENTS <i>(For example: "To be approved by management for inclement weather events only as needed." "Request approved by OHRM Employee Compliance Branch on [date].") Text is limited. Attach additional documentation as needed.</i>		

	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-283 Rev. 12/2024 Page 2 of 2
TELECOMMUTING AGREEMENT		
SECTION 4: SIGNATURES		
<p>I have read and received a copy of the Telecommuting Policy and fully understand all the terms, conditions, provisions, and requirements of the policy. I agree to remain accessible and productive throughout my work schedule. I agree to communicate on a routine basis with my manager to receive assignments and for review of completed work. I will complete all assigned work according to procedures established by the manager, and according to guidelines and expectations stated in my performance plan.</p>		
<p>I agree to immediately notify my manager of any situation that interferes with my ability to perform my duties. I will comply with any methods instituted by my manager to measure my productivity. I understand that my employing agency may terminate or modify the telecommuting arrangement at any time.</p>		
<p>I understand that I must return agency equipment and supplies to my employer in the event that my employment with the agency ceases, or in the event that the telecommuting arrangement is discontinued for any reason. If I fail to return the equipment or supplies, or if I lose or damage the equipment or supplies, I understand that my agency may deduct the value of these items from my salary and/or final payment of annual and compensatory leave balances. I, therefore, authorize such deductions to be made in the event I fail to return such items as required, or in the event that I lose or damage such items. I understand that the failure to return these items as directed may result in criminal prosecution.</p>		
<p>By my signature below, I agree to abide by the terms and conditions of the agreement.</p>		
EMPLOYEE SIGNATURE	PRINTED NAME	DATE SIGNED
MANAGER SIGNATURE	PRINTED NAME	DATE SIGNED
DIVISION DIRECTOR SIGNATURE	PRINTED NAME	DATE SIGNED
EXECUTIVE DIRECTOR SIGNATURE	PRINTED NAME	DATE SIGNED
SECTION 5: APPOINTING AUTHORITY DESIGNEE		
This telecommuting agreement is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
APPOINTING AUTHORITY DESIGNEE SIGNATURE	PRINTED NAME	DATE SIGNED
If approved, telecommuting privileges may start at the beginning of business on _____.		
This telecommuting agreement shall end on 12/31/2025; however, KYTC may choose to terminate or modify this telecommuting agreement at any time.		



Worksheet - POSITION DESCRIPTION - Worksheet



This is NOT an official Personnel Cabinet Position Description form. ONLY a medium to provide the Position Description information to the agency contact with access to the official Personnel Cabinet's Position Description form in KHRIS.

Org Unit ID:				Position:			
Job Number:				Job Title:			
Position Title:							
Org Unit Title:							
<input type="checkbox"/>	Is Chief of Org Unit?						
Personnel Area:				Personnel SubArea:			
Employee Group:				Employee SubGroup:			
Pay Grade Type:				Pay Grade Area:			
Grade:				Level (if applicable):			
<input type="checkbox"/>	Unclassified?						
If unclassified, provide Working Title:							
<input type="checkbox"/>	Included in CAP			<input type="checkbox"/>	Not Included in Cap		
Work County:							
Function Group:							
Time Approver:							
Cost Center:							
Supervisor Pos No:							
Order Number:							
WBS Element:							
Functional Area:							
Remarks:							
Statement of Duties (Briefly state the main function of this position):							
List up to (7) primary tasks and duties performed by this position. Begin with the most important duty. Enter the % assigned for each task or duty. Total percentage for all entered tasks must be 100%.							
Task 1:							%
Task 2:							%

Task 3:			%
Task 4:			%
Task 5:			%
Task 6:			%
Task 7:			%
Total Percentage:		0	%
The supervisor must certify that the information listed is, to the best of his/her knowledge, complete and accurate, and if the position is filled the employee has reviewed the information contained herein.			
Supervisor ID (who certifies that the above statement is true):			
Supervisor Name:			
Does the incumbent of this position conduct performance appraisals on subordinate employees?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, list <u>ALL</u> Job Title(s) and Position Number(s) supervised:			
Does the incumbent of this position supervise employees, inmates, interim employees, etc.. Which do not require the completion of a performance appraisal?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, list <u>ALL</u> employees supervised and indicate the relationship to incumbent.			
Are there any essential functions of this position that require an incumbent to: (Select check box(es) to indicate as 'YES')			
<input type="checkbox"/> Maintain a valid driver's license? <input type="checkbox"/> May be required to carry and/or use a Firearm? <input type="checkbox"/> Lift heavy objects or work in uncomfortable positions for extended periods of time? <input type="checkbox"/> Be exposed to dangerous working conditions including rough terrain? <input type="checkbox"/> Frequently communicate in person or by other means of technology? <input type="checkbox"/> Spends a major portion of time using a computer? <input type="checkbox"/> Be exposed to contagious disease? <input type="checkbox"/> Work overtime or alternate work schedules?			

Additional Information:

Submission/Responsibility

In accordance with 101 KAR 2:020 Section 4, I certify that these duties and tasks and all other information contained herein are true and accurate. I understand that submitting false information can lead to disciplinary action, up to and including dismissal.

Supervisor responsible for this position:

Printed Name: _____

Signature: _____

Date _____

Printed Title: _____

[Electronic signatures are equivalent to written signatures, pursuant to KRS 369.118]

TO BE COMPLETED/FILLED-IN AFTER PROCESSING:


Date Entered: _____


Entered By: _____

Comments: _____

PC/DHRA/DEM/CC

Revised: Dec 2021

	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-8 Rev. 09/2022 Page 1 of 1	
LOCAL OCCUPATIONAL TAX WITHHOLDING INFORMATION			
SECTION 1: EMPLOYEE INFORMATION			
FIRST NAME	LAST NAME	PERSONNEL # (PERNR)	
POSITION #	JOB TITLE	DIVISION/DISTRICT/ORG UNIT TITLE	
SECTION 2: COUNTY/CITY WORK LOCATIONS			
<i>Instructions: List the percentage of work performed at each tax location required for this position. Combined percentages of all tax locations should total 100%. Percentages cannot be less than 5% per tax location and cannot contain a decimal. For employees approved to work at telecommute/remote workstation: If the remote workstation is <u>physically located within city limits</u>, list the tax percentage and city name under the city column. If the remote workstation is physically located outside of city limits, list the tax percentage and county name under the county column.</i>			
%	IN THE COUNTY OF	%	IN THE CITY OF
RESIDENTIAL TAX LOCATION		STREET ADDRESS	
CITY		ZIP CODE	COUNTY
Residence is located the city limits of in County.			
SECTION 3: SIGNATURE CERTIFICATION			
I understand that pursuant to KRS 82.090, the Commonwealth of Kentucky is obligated to deduct from my salary and to pay the city/county where I perform my duties the taxes pursuant to the occupational tax ordinance and residential tax will apply as applicable pursuant tax authority requirements. I certify I perform the majority of duties in the locations of the Commonwealth identified above. The occupational tax will be calculated on the basis of the assigned rate and the indicated percentage of duties performed in each of these locations.			
EMPLOYEE SIGNATURE		DATE	
/s/		/s/	
OFFICE/DEPARTMENT HEAD SIGNATURE		DATE	
/s/		/s/	
OHRM USE ONLY			
<input type="checkbox"/> Residential address verified. <input type="checkbox"/> Residential tax verified. Tax Code: _____ <input type="checkbox"/> Verified employee has received OHRM A.A. Telecommuting Approval. <input type="checkbox"/> Telecommute/Remote Workstation(s) entered on PO13. <input type="checkbox"/> Transpark Exempt processed in KHRIS (Warren County/Bowling Green only).		<input type="checkbox"/> Remote Workstation(s), Residential Tax, Local Tax(es), Locality Premium % Processed in KHRIS: Effective Date: _____ Date Entered: _____ HRG: _____	

		KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT		TC 12-201 Rev. 04/2012 Page 1 of 2	
REQUEST FOR REASONABLE ACCOMMODATION					
SECTION 1: REQUESTOR INFORMATION FOR EMPLOYEE					
FIRST NAME		LAST NAME		JOB TITLE	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
WORK ADDRESS (street)		CITY		STATE	ZIP
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
HOME ADDRESS (street)		CITY		STATE	ZIP
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
HOME PHONE	HOME EMAIL		WORK PHONE	WORK EMAIL	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
If calling during standard business hours, which phone number should be used? <input type="checkbox"/> Work <input type="checkbox"/> Home					
SECTION 2: REQUESTOR INFORMATION FOR NON-EMPLOYEE					
FIRST NAME		LAST NAME		RELATIONSHIP TO EMPLOYEE	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
ADDRESS (street)		CITY		STATE	ZIP
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
PHONE (daytime)			EMAIL		
<input type="text"/>			<input type="text"/>		
SECTION 3: ACCOMMODATION INFORMATION					
1. Is the employee requesting accommodation currently reporting to work?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, are any temporary accommodations being provided at this time?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe below.					
<input type="text"/>					
If no, what is the current employment situation? (e.g., FML, sick leave)					
<input type="text"/>					
2. What part of the current job can no longer be done without accommodation?					
<input type="text"/>					
3. List medication restrictions. <i>(Medical restrictions shall be supported by appropriate documents from a healthcare provider. If the employee in need of accommodation has an obvious disability, no restrictions need to be listed. A brief description of the impairment will suffice.)</i>					
<input type="text"/>					
4. How long are these restrictions expected to continue?					
<input type="text"/>					



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REQUEST FOR REASONABLE ACCOMMODATION

SECTION 3: ACCOMMODATION INFORMATION *(cont.)*

5. What specific accommodation is being requested?

6. How will this accommodation assist in making performance of job possible?

7. Have other accommodations been made in the past? If so, explain.

8. Additional Comments

SIGNATURE OF EMPLOYEE MAKING REQUEST

DATE

For questions or additional information, please contact:

Office of Human Resource Management


TCOB, 6th Floor West

200 Mero Street

Frankfort KY 40622

Phone (502) 564-4610

Fax (502) 564-6683

		KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT		TC 12-1 Rev. 12/2014 Page 1 of 1
APPLICATION FOR LEAVE				
SECTION 1: EMPLOYEE INFORMATION				
FIRST NAME		LAST NAME		OFFICE/DIVISION/DISTRICT
<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; height: 20px;"></div>
CLASSIFICATION/JOB TITLE				DATE OF REQUEST
<div style="border: 1px solid black; height: 20px;"></div>				<div style="border: 1px solid black; height: 20px;"></div>
SECTION 2: LEAVE REQUEST DETAILS <i>(space provided for 2 leave times on the same date)</i>				
TIME (from)	DATE (from)	TIME (to)	DATE (to)	TOTAL HOURS
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	
TIME (from)	DATE (from)	TIME (to)	DATE (to)	<div style="border: 1px solid black; height: 20px;"></div>
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	
REASON FOR REQUEST <i>(limited to 2 lines of text for accurate printing)</i>				
<div style="border: 1px solid black; height: 30px;"></div>				
SECTION 3: LEAVE TYPE REQUESTED <i>(See GAP Chapter 400 for details about the types of leave. If requesting use of more than one type of leave, indicate the number of hours in the box to the right of each leave type.)</i>				
LEAVE WITH PAY		LEAVE WITHOUT PAY		
Type	# Hours	Type	# Hours	
<input type="checkbox"/> Adverse Weather	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<input type="checkbox"/> Military <i>(orders required)</i>	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
<input type="checkbox"/> Annual <i>(if balance available)</i>	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<input type="checkbox"/> Sick <i>(medical certification required)</i>	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
<input type="checkbox"/> Blood Leave <i>(4.0 hours)</i>	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>			
<input type="checkbox"/> Compensatory <i>(if balance available)</i>	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>			
<input type="checkbox"/> Court	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>			
<input type="checkbox"/> Election	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>			
<input type="checkbox"/> Military <i>(orders required; up to 21 days in federal fiscal year)</i>	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>			
<input type="checkbox"/> Sick <i>(if balance available)</i>	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>			
<input type="checkbox"/> Voting <i>(up to 4 hours maximum)</i>	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>			
SECTION 4: LEAVE STATUS & SIGNATURES				
EMPLOYEE SIGNATURE				
<div style="border: 1px solid black; height: 30px;"></div>				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		REASON FOR DENIAL		
<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; height: 20px;"></div>		
SUPERVISOR SIGNATURE			DATE OF APPROVAL/DENIAL	
<div style="border: 1px solid black; height: 100px;"></div>			<div style="border: 1px solid black; height: 100px;"></div>	



ANNUAL LEAVE SHARING Application

- ☐ ORIGINAL REQUEST
☐ AMENDED REQUEST

Name of Recipient:			
Agency Name:			
PERNR:			
Amount of Annual Leave Needed:			
Please provide a reason transferred leave is needed, including a brief description of cause, property lost, and anticipated duration of the leave needed. (If this is an amended request, provide reason for extension.)			
Signature of Recipient or Representative		Date	
Signature of Supervisor		Date Received	
The above named employee has been approved to receive donated annual leave in accordance with the provisions of KRS 18A.203 and 101 KAR 2:106.			
Signature of Appointing Authority		Date	
The Recipient's Appointing Authority must forward one copy of this form to the Personnel Cabinet, Personnel Administration Branch, 501 High Street, 3 rd Floor, Frankfort, Kentucky 40601.			

ANNUAL LEAVE SHARING Donation Form

Name of Donor:		
Agency:		
PERNR:		
Amount of Donation to be credited to Recipient:		
<i>(Eligible Employee shall not receive more than 200 hours per qualifying event. The minimum amount an employee may donate is 7.5 hours.)</i>		
Name of Recipient:		
Agency:		
PERNR:		
<p>I hereby certify that this donation is given without expectation or promise for any purpose other than that authorized by 101 KAR 2:106.</p>		
<p>_____ Signature of Donor</p>		<p>_____ Date</p>
<p>This is to certify that the employee named above has a sufficient annual leave balance to donate the hours indicated under the provisions of 101 KAR 2:106.</p>		
<p>_____ Signature of Appointing Authority</p>		<p>_____ Date</p>

TO BE COMPLETED BY DONOR'S HR ADMINISTRATOR UPON RECEIPT	
The Donor's HR Administrator must forward one copy of this form to the Recipient's HR Administrator and one copy to the Personnel Cabinet, Personnel Administration Branch: 501 High Street, 3 rd Floor, Frankfort, KY 40601.	
Agency Name:	
Donor HR Administrator:	
Date:	

TO BE COMPLETED BY RECIPIENT'S HR ADMINISTRATOR UPON RECEIPT	
Recipient's Current Annual Leave Balance= _____ + _____ donation = Recipient's New Annual Leave Balance	
Agency Name:	
Recipient HR Administrator:	
Date:	

TO:

FROM:

DATE:

SUBJECT: Verification of Personal or Family Illness Requirement

Your time and attendance record provides justification to notify you for the following requirements:

Effective _____, you are required to submit a healthcare provider's statement in order to receive approved sick leave with or without pay. The statement from your healthcare provider must meet the following requirements:

1. The statement must be the original document from the healthcare provider, showing the date and time of the appointment and the signature of the healthcare provider.
2. The statement must provide acceptable evidence that certifies your incapacity, examination or treatment or which certifies your need to care for an immediate family member.
3. The statement must confirm the specific dates you are unable to work and the date that you are able to return to work.

You are required to submit the statement on the first day of your return to work. In the case of an extended absence, you may be required to provide the statement prior to your return.

If you fail to provide an acceptable statement, you will be denied the use of paid leave, and your leave will be charged to unauthorized leave without pay.

This requirement will remain in effect until such time a decision is made to notify you otherwise and is in addition to the office reporting procedures.

Employee Signature

Date

Supervisor Signature

Date

Witness Signature
(upon employee's refusal to sign)

Date



SICK LEAVE SHARING Application

- ☐ ORIGINAL REQUEST
☐ AMENDED REQUEST


Name of Recipient:			
Agency Name:			
PERNR:			
Amount of Sick Leave Needed:			
Please provide a reason transferred leave is needed, including a brief description of the nature, severity, and anticipated duration of the medical emergency. (If this is an amended request, provide reason for extension.)			
Please attach certification by one or more physicians of the medical reason that employee will be unable to perform the duties and responsibilities of his/her position for ten (10) or more consecutive working days or the reason for extension, if an amended request.			
Signature of Recipient or Representative		Date	
Signature of Supervisor		Date Received	
The above named employee has been approved to receive donated sick leave in accordance with the provisions of KRS 18A.197.			
Signature of Appointing Authority		Date	
The Recipient's Appointing Authority must forward one copy of this form (without attached medical statement) to the Personnel Cabinet, Personnel Administration Branch, 501 High Street, 3 rd Floor, Frankfort, Kentucky 40601.			

SICK LEAVE SHARING Donation Form

Name of Donor:		
Agency:		
PERNR:		
Amount of Donation to be credited to Recipient:		
<i>(Employee must have 75 hours remaining after donation. Minimum amount employee may donate is 7.5 hours.)</i>		
Name of Recipient:		
Agency:		
PERNR:		
<p>I hereby certify that this donation is given without expectation or promise for any purpose other than that authorized by KRS 18A.197.</p>		
<p>_____ Signature of Donor</p>		<p>_____ Date</p>
<p>This is to certify that the employee named above has a sufficient sick leave balance to donate the hours indicated under the provisions of KRS 18A.197.</p>		
<p>_____ Signature of Appointing Authority</p>		<p>_____ Date</p>

TO BE COMPLETED BY DONOR'S HR ADMINISTRATOR UPON RECEIPT	
The Donor's HR Administrator must forward one copy of this form to the Recipient's HR Administrator and one copy to the Personnel Cabinet, Personnel Administration Branch: 501 High Street, 3 rd Floor, Frankfort, KY 40601.	
Agency Name:	
Donor HR Administrator:	
Date:	

TO BE COMPLETED BY RECIPIENT'S HR ADMINISTRATOR UPON RECEIPT	
Recipient's Current Sick Leave Balance= _____	
+ _____	donation
	= Recipient's New Sick Leave Balance
Agency Name:	
Recipient HR Administrator:	
Date:	

		KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-72 Rev. 04/2015 Page 1 of 1
OVERTIME COMPENSATION			
<input type="checkbox"/> SECTION 1: ELECTING COMPENSATORY TIME <i>(for nonexempt employees only)</i>			
EMPLOYEE INFORMATION			
FIRST NAME	LAST NAME	PERSONNEL # <i>(pernr)</i>	
<p>I request that each hour I work in excess of 40 hours in a workweek be accrued as compensatory leave at a rate of one and one half hours.</p> <p>I understand that this election will begin the Sunday following my signature date, that my election cannot be changed for a minimum of three months and that the election will continue after that time until I submit a new written election.</p> <p>I certify that this election is voluntary on my part, with no coercion or direction to force my decision.</p>			
EMPLOYEE SIGNATURE		DATE	
SUPERVISOR SIGNATURE		DATE	
<input type="checkbox"/> SECTION 2: RESCINDING COMPENSATORY TIME ELECTION <i>(for nonexempt employees who elect to be paid for overtime compensation)</i>			
EMPLOYEE INFORMATION			
FIRST NAME	LAST NAME	PERSONNEL # <i>(pernr)</i>	
<p>I rescind my election to accrue compensatory leave at a rate of one and one half hours for each hour I work in excess of 40 hours in a workweek and request that each hour I work in excess of 40 hours in a workweek be paid at one and one half times my hourly rate of pay.</p> <p>I understand that this election will begin the Sunday following my signature date, that my election cannot be changed for a minimum of three months and that the election will continue after that time until I submit a new written election.</p> <p>I certify that this election is voluntary on my part, with no coercion or direction to force my decision.</p>			
EMPLOYEE SIGNATURE		DATE	
SUPERVISOR SIGNATURE		DATE	



Military Leave (for Mobilization) – Designation Form

State employees who are active members of the United States Army Reserve, the United States Naval Reserve, the United States Air Force Reserve, the United States Marine Corps Reserve, the United States Coast Guard Reserve, the United States Public Health Service Reserve, or the Kentucky National Guard, are credited with twenty-one (21) working days of military leave for the purpose of fulfilling state and/or federal active duty orders, per federal fiscal year (October 1 – September 30), provided your orders require your absence from your state job. This leave expires two (2) years after being credited. Therefore you cannot carry more than forty-two (42) days at any given time.

For the purpose described above, and with presentation of your official orders to your agency HR Administrator, you are entitled to use this leave followed by the consecutive use of some or all of your accumulated annual and/or compensatory leave.

In order to begin use of such credited and accumulated leave, please complete and return this form to your agency HR Administrator prior to departure from your state job.

DESIGNATION OF LEAVE

☐ I request a lump sum payment of all my accumulated annual and compensatory leave be processed on my last official day of work (before departure from state job), on ____/____/____, prior to mobilization.

☐ Beginning with my first official day of leave (departure from state job), ____/____/____, I request to begin use of my remaining military leave balance.

After such time that my military leave balance is exhausted, I request to:

☐ *Begin use of *all* of my accumulated annual leave followed by use of *all* of my accumulated compensatory leave before being charged as leave without pay.

☐ *Begin use of some of my accumulated annual and/or compensatory leave (as indicated below) before being charged as leave without pay.

Please retain the following hours for use upon my return to state employment:

____ hours /or/ ☐ All -Annual Leave

____ hours /or/ ☐ All Compensatory Leave

☐ Be charged as leave without pay and retain *all* of my accumulated annual and compensatory leave until such time that I return to state employment.

**If paid leave (military, annual, or compensatory) is to be used, it must be used consecutively.*

☐ Beginning with my first official day of leave (departure from state job), ____/____/____, I request to immediately be charged as leave without pay and retain all current military leave (not to exceed more than 42 days during a federal fiscal year), accumulated annual leave, and accumulated compensatory leave until such time that I return to state employment.

If my leave (departure from state job) extends into the start of the next federal fiscal year, when I am to be awarded an additional 21 days of military leave, I request to:

☐ Receive pay-outs of my military leave as indicated above.


☐ Retain my military leave until such time that I return to state employment.

PERNR:

Date:

Date

Additional Comments:

		KENTUCKY TRANSPORTATION CABINET				TC 12-2					
		OFFICE OF HUMAN RESOURCE MANAGEMENT				Rev. 04/2012 Page 1 of 2					
REQUEST FOR PERSONNEL ACTION											
SECTION 1: ACTION DETAILS											
01	LAST NAME		FIRST NAME		MI	DUAL CODE	DOB	PERNR or SSN	RACE	SEX	
From											
To											
02	HOME ADDRESS (Include PO Box, Apt #, Route #.)				CITY		STATE	ZIP	HOME CTY		
From											
To											
03	EFFECTIVE DATE	TYPE OF ACTION		TYPE OF ACTION		TYPE OF ACTION		TYPE OF ACTION			
From											
To											
04	CAB #	DEPT/OFF #	ORG #	POSITION #	CLASS CODE	CLASS TITLE		WORK CTY	LOC/CREW		
From											
To											
05	INC DATE	PROM INC DATE	REMARKS				PREV ST SRVC	OT	BR #		
From							Select..	Select..			
To							Select..	Select..			
06	PAY GRADE	RATE OF PAY	EMPLOYEE SUBGROUP	PERSONNEL SUBAREA		WORK ADDRESS					
From			Select...	Select...							
To			Select...	Select...							
SUPERVISOR			COST CENTER		TIME APPROVER			ORDER #			
DIRECT REPORTS (if supervisor)											
SECTION 2: SIGNATURE APPROVALS											
BRANCH MANAGER/SECTION SUPERVISOR				DATE		REMARKS					
CHIEF DISTRICT ENGINEER/DIVISION DIRECTOR/OFFICE HEAD				DATE		REMARKS					
DEPARTMENT HEAD				DATE		REMARKS					
APPOINTING AUTHORITY				DATE		REMARKS					



KENTUCKY TRANSPORTATION CABINET
OFFICE OF HUMAN RESOURCE MANAGEMENT

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REQUEST FOR PERSONNEL ACTION


OFFICE OF HUMAN RESOURCE MANAGEMENT USE ONLY


FUNCTION	ORDER #	CHECK DIST. #	STATE TAX CODE	LOCAL TAX CODE	RETIREMENT
Cap Available <input type="checkbox"/> Yes <input type="checkbox"/> No		Employment Report ()	Personnel Log ()	Veteran(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Returning Retiree <input type="checkbox"/> Yes <input type="checkbox"/> No		Prior Disciplinary Action (<i>If yes, identify.</i>)			
In-Range Salary <input type="checkbox"/> Yes <input type="checkbox"/> No		Salary Comparison <input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous Demote w/No Cut in Pay <input type="checkbox"/> Yes <input type="checkbox"/> No					


HR ADMINISTRATOR SIGNATURE	DATE	HR BRANCH MANAGER SIGNATURE	DATE
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REMARKS





	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-249 Rev. 05/2010 Page 1 of 2
CERTIFICATION OF QUALIFYING EXIGENCY FOR MILITARY FAMILY LEAVE		
INSTRUCTIONS TO EMPLOYEE Please complete Section II. The Family and Medical Leave Act (FMLA) permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for FML due to a qualifying exigency. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Your response is required to obtain a benefit [29 C.F.R. § 825.310]. While you are not required to provide this information, failure to do so may result in a denial of your request for FML. Your employer must give you at least 15 calendar days to return this form [29 C.F.R. § 825.305].		
SECTION 1: EMPLOYER INFORMATION		
NAME Kentucky Transportation Cabinet	PHONE (502) 564-4610	FAX (502) 564-0845
SECTION 2: EMPLOYEE, MILITARY SERVICEMEMBER, & LEAVE INFORMATION		
FIRST NAME (employee)	MIDDLE NAME	LAST NAME
FIRST NAME (covered military servicemember)	MIDDLE NAME	LAST NAME
RELATIONSHIP OF MILITARY SERVICEMEMBER TO EMPLOYEE	DATES OF MILITARY SERVICEMEMBER'S ACTIVE DUTY	
A complete and sufficient certification to support a request for FML due to a qualifying exigency must include written documentation confirming a covered military servicemember's active duty or call to active duty status in support of a contingency operation. Indicate below the type of documentation attached to this form. <i>(Check one.)</i>		
<input type="checkbox"/> A copy of the covered military servicemember's active duty orders		
<input type="checkbox"/> Other documentation from the military certifying that the covered military servicemember is on active duty (or has been notified of an impending call to active duty) in support of a contingency operation		
<input type="checkbox"/> I have previously provided my employer with sufficient written documentation confirming the covered military servicemember's active duty or call to duty status in support of a contingency operation.		
CERTIFICATION BY EMPLOYEE		
I certify that the information I provided in Section 2 of this form is true and correct.		
EMPLOYEE SIGNATURE		DATE
PART A: QUALIFYING REASON FOR LEAVE		
1. Describe the specific reason you are requesting FML due to a qualifying exigency.		
<div style="border: 1px solid black; height: 50px; width: 100%;"></div>		
2. A complete and sufficient certification to support a request for FML due to a qualifying exigency includes any available written documentation that supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal or financial affairs. Is available written documentation supporting this request attached?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None available		


	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-249 Rev. 05/2010 Page 2 of 2
CERTIFICATION OF QUALIFYING EXIGENCY FOR MILITARY FAMILY LEAVE		
SECTION 2: EMPLOYEE, MILITARY SERVICEMEMBER, & LEAVE INFORMATION <i>(cont.)</i>		
PART B: AMOUNT OF LEAVE NEEDED		
1. Provide the approximate beginning date of the exigency. <input style="width: 150px;" type="text"/> What is the probable duration of the exigency? <input style="width: 150px;" type="text"/>		
2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimate the beginning and ending dates for the period of absence. <input style="width: 150px;" type="text"/>		
3. Will you need to be absent from work periodically to address this qualifying exigency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimate the schedule of leave, including the dates of any scheduled meetings or appointments. <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		
4. Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (e.g., 1 deployment-related meeting lasting 4 hours every month).		
FREQUENCY	# OF TIMES PER WEEK	<input style="width: 100%;" type="text"/>
DURATION	# OF HOURS PER EVENT	<input style="width: 100%;" type="text"/>
PART C: MEETING WITH THIRD PARTY		
If leave is requested to meet with a third party (such as to arrange for childcare; attend counseling; attend meetings with school or childcare providers; make financial or legal arrangements; act as the covered military servicemember's representative before a federal, state, or local agency for purposes of obtaining, arranging, or appealing military service benefits; or attend any event sponsored by the military or military service organizations), a complete and sufficient certification should include the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., telephone number, fax number, or email address of the individual or entity). This information may be used by your employer to verify that the information on the form is accurate.		
ORGANIZATION <i>(third party)</i>	NAME	TITLE
ADDRESS <i>(street)</i>	CITY	STATE
PHONE	FAX	EMAIL
Describe the nature of the meeting. <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>		

	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-248 Rev. 05/2010 Instructions
CERTIFICATION FOR SERIOUS INJURY OR ILLNESS OF COVERED SERVICEMEMBER FOR MILITARY FAMILY LEAVE		
NOTICE & INSTRUCTIONS TO EMPLOYER		
<p>The Family Medical Leave Act (FMLA) provides that an employer may require an employee seeking FML due to a serious injury or illness of a covered servicemember to submit a certification providing sufficient facts to support the request for leave. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations [29 C.F.R. § 825.310]. Employers must maintain records and documents relating to medical certifications, recertification, or medical histories of employees or employees' family members created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1) if the Americans with Disabilities Act applies.</p>		
INSTRUCTIONS TO EMPLOYEE OR COVERED SERVICEMEMBER		
<p>Complete Section I before having Section II completed by the healthcare provider. The FMLA permits an employer to require that an employee submit a timely, complete and sufficient certification to support a request for FMLA leave due to a serious injury or illness of a covered servicemember. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave [29 C.F.R. § 825.310(f)]. The employer must give an employee at least 15 calendar days to return this form to the employer [29 C.F.R. § 825.305].</p>		
INSTRUCTIONS TO HEALTHCARE PROVIDER		
<p>SECTION II must be completed by the United States Department of Defense (DOD) healthcare provider or a healthcare provider who is: (1) a United States Department of Veterans Affairs (VA) healthcare provider or (2) a DOD TRICARE network-authorized private healthcare provider or (3) a DOD non-network TRICARE-authorized private healthcare provider.</p>		
<p>The employee identified on Page 2 has requested leave under FMLA to care for a family member who is a member of the Regular Armed Forces, the National Guard, or the Reserves who is undergoing medical treatment, recuperation, or therapy; is otherwise in outpatient status; or is otherwise on the temporary disability retired list for a serious injury or illness. For purposes of FML, a serious injury or illness is one that was incurred in the line of duty on active duty that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank, or rating.</p>		
<p>A complete and sufficient certification to support a request for FML due to a covered servicemember's serious injury or illness includes written documentation confirming that the covered servicemember's injury or illness was incurred in the line of duty on active duty and that the covered servicemember is undergoing treatment for such injury or illness by a healthcare provider as indicated above. Please respond fully to all applicable parts of this form. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your response should be your best estimate based upon your medical knowledge of, experience with, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave.</p>		

	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-248 Rev. 05/2010 Page 1 of 3		
CERTIFICATION FOR SERIOUS INJURY OR ILLNESS OF COVERED SERVICEMEMBER FOR MILITARY FAMILY LEAVE				
SECTION 1: EMPLOYEE & COVERED SERVICEMEMBER INFORMATION <i>(The employee or covered servicemember must complete Section 1, Parts A, B, & C, before the healthcare provider can complete Section II.)</i>				
PART A: EMPLOYEE INFORMATION				
EMPLOYER NAME <i>(of employee requesting leave)</i>		EMPLOYER ADDRESS		
<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>		
FIRST NAME <i>(employee requesting leave)</i>	MIDDLE NAME	LAST NAME		
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>		
FIRST NAME <i>(covered servicemember)</i>	MIDDLE NAME	LAST NAME		
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>		
RELATIONSHIP OF EMPLOYEE TO COVERED SERVICEMEMBER				
<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Next of Kin
PART B: COVERED SERVICEMEMBER INFORMATION				
1. Is the covered servicemember a current member of the Regular Armed Forces, the National Guard, or the Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the military branch, rank, and unit to which the servicemember is currently assigned. <input style="width: 90%;" type="text"/>				
2. Is the covered servicemember assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of a member of the Armed Forces receiving medical care as an outpatient (such as a medical hold or warrior transition unit)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the medical treatment facility or unit. <input style="width: 90%;" type="text"/>				
3. Is the covered servicemember on the temporary disability retired list (TDRL)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
PART C: CARE TO BE PROVIDED TO COVERED SERVICEMEMBER				
1. Describe the care to be provided to the covered servicemember, and estimate the amount of leave needed to provide the care. <div style="border: 1px solid black; height: 150px; width: 100%; margin-top: 10px;"></div>				

	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-248 Rev. 05/2010 Page 2 of 3
CERTIFICATION FOR SERIOUS INJURY OR ILLNESS OF COVERED SERVICEMEMBER FOR MILITARY FAMILY LEAVE		
SECTION 2: U.S. DEPARTMENT OF DEFENSE OR OTHER AUTHORIZED HEALTHCARE PROVIDER INFORMATION <i>(If you are unable to ascertain the military-related determinations in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator).)</i>		
NOTE: Ensure that Section I has been completed before completing this section. Your signature is required on Page 3.		
PART A: HEALTHCARE PROVIDER INFORMATION		
PROVIDER NAME		BUSINESS ADDRESS
<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; height: 20px;"></div>
TYPE OF PRACTICE/MEDICAL SPECIALTY		
<div style="border: 1px solid black; height: 20px;"></div>		
PHONE	FAX	EMAIL
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Choose the option that identifies the type of your healthcare organization.		
<div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="radio"/> DOD healthcare provider</div><div><input type="radio"/> VA healthcare provider</div><div><input type="radio"/> DOD TRICARE network-authorized private healthcare provider</div><div><input type="radio"/> DOD non-network TRICARE-authorized private healthcare provider</div></div>		
PART B: MEDICAL STATUS		
1. Covered servicemember's medical condition is classified as: (Check one.)		
<div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="checkbox"/> (VSI) Very Seriously Ill/Injured - Illness/injury is of such severity that life is imminently endangered. Family members are requested at bedside immediately. <i>(This is an internal DOD casualty assistance designation used by DOD healthcare providers.)</i></div><div><input type="checkbox"/> (SI) Seriously Ill/Injured - Illness/injury is of such severity that there is cause for immediate concern but there is no imminent danger to life. Family members are requested at bedside. <i>(This is an internal DOD casualty assistance designation used by DOD healthcare providers.)</i></div><div><input type="checkbox"/> Other Ill/Injured - Illness/Injury is to the extent that it may render servicemember medically unfit to perform the duties of the member's office, grade, rank, or rating.</div><div><input type="checkbox"/> None of the Above - <i>(If this box is checked, the employee may still be eligible to take leave to care for a covered family member with a "serious health condition" under 29 C.F.R. § 825.113 of FMLA. To request such leave, the employee is required to submit the TC 12-247 form.)</i></div></div>		
2. Was the condition for which the covered servicemember is being treated incurred in the line of duty on active duty in the armed forces?		
<div style="display: flex; align-items: center; gap: 20px;"><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>		
ONSET OF CONDITION (date)		PROBABLE DURATION OF CONDITION AND/OR NEED FOR CARE
<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; height: 20px;"></div>
3. Is the covered servicemember undergoing medical treatment, recuperation, or therapy?		
<div style="display: flex; align-items: center; gap: 20px;"><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div>If yes, describe.</div></div>		
<div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		

	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-248 Rev. 05/2010 Page 3 of 3				
CERTIFICATION FOR SERIOUS INJURY OR ILLNESS OF COVERED SERVICEMEMBER FOR MILITARY FAMILY LEAVE						
SECTION 2: U.S. DEPARTMENT OF DEFENSE OR OTHER AUTHORIZED HEALTHCARE PROVIDER INFORMATION <i>(cont.)</i>						
PART C: COVERED SERVICEMEMBER'S NEED FOR CARE BY FAMILY MEMBER						
<p>1. Will the covered servicemember need care for a single continuous period of time, including any time for treatment and recovery?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimate the beginning and ending dates for this period of time.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">BEGIN DATE</td><td style="width: 50%;">END DATE</td></tr><tr><td><div style="border: 1px solid black; height: 20px;"></div></td><td><div style="border: 1px solid black; height: 20px;"></div></td></tr></table>			BEGIN DATE	END DATE	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
BEGIN DATE	END DATE					
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>					
<p>2. Will the covered servicemember require periodic follow-up treatment appointments?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimate the treatment schedule. <div style="border: 1px solid black; width: 150px; height: 20px;"></div></p>						
<p>3. Is there a medical necessity for the covered servicemember to have periodic care for these follow-up treatment appointments?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>						
<p>4. Is there a medical necessity for the covered servicemember to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimate frequency and duration of the periodic care.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>						
HEALTHCARE PROVIDER NAME	SIGNATURE	DATE				
<div style="border: 1px solid black; height: 20px;"></div>						

		KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT		TC 12-239 Rev. 11/2019 Page 1 of 1
APPLICATION & DESIGNATION FOR FAMILY & MEDICAL LEAVE				
SECTION 1: EMPLOYEE INFORMATION				
FIRST NAME	LAST NAME	SOCIAL SECURITY #		
HOME ADDRESS <i>(street)</i>	CITY	STATE	ZIP	
AGENCY	AGENCY ADDRESS			
REGULAR HOURS WORKED PER WEEK	HOME PHONE	CELL PHONE	WORK PHONE	
SECTION 2: FAMILY MEDICAL LEAVE INFORMATION				
PURPOSE OF FML				
ANTICIPATED DURATION OF LEAVE	FROM	TO	TOTAL WORKDAYS	
SECTION 3: REQUESTS RELATED TO FML <i>(can be initialed by employee or supervisor)</i>				
<input type="checkbox"/> By signing this application, I understand that my FML will be used concurrently with paid leave (if paid leave is available), except for reserved sick leave. Initials _____				
<input type="checkbox"/> I request to reserve 10 days sick leave. The reserved 10 days of sick leave will not be used concurrently with my FML. Initials _____				
<input type="checkbox"/> I request to use FML on an intermittent basis. Initials _____				
SECTION 4: EMPLOYEE CERTIFICATION & SIGNATURE <i>(required only if form is completed by employee)</i>				
I certify that all information in this application is true and that I will abide by the regulations governing FML. Attached is the required supporting documentation.				
EMPLOYEE SIGNATURE			DATE	
SECTION 5: SUPERVISOR CERTIFICATION, DESIGNATION, & SIGNATURE				
I have reviewed this application and certify that all of the necessary information above has been properly completed.				
<input type="checkbox"/> I am designating FML for the employee listed above.				
SUPERVISOR SIGNATURE			DATE	
FOR AGENCY USE ONLY				
<input type="checkbox"/> FML Approved from _____ to _____				
<input type="checkbox"/> FML Denied				
SIGNATURE OF APPOINTING AUTHORITY/DESIGNEE			DATE	

KENTUCKY TRANSPORTATION CABINET
OFFICE OF HUMAN RESOURCE MANAGEMENTTC 12-251
Rev. 05/2010
Page 1 of 1**EMPLOYEE AUTHORIZATION FOR DISCLOSURE OF PROTECTED
HEALTH INFORMATION TO EMPLOYER**

Federal regulations called the HIPAA Privacy Rules provide important protections for your health information. The Privacy Rules apply to the use and disclosure of this protected health information by healthcare providers, healthcare plans, and healthcare clearinghouses. These covered entities may not require you to provide an authorization for treatment, payment, or healthcare. However, they must obtain your authorization for disclosure and use for other purposes.

In order that we may obtain health information about you from your healthcare provider for the specific purpose of any needed clarification of the family medical leave (FML) healthcare provider certification you provide to the Transportation Cabinet, you will need to complete, sign, and date this authorization form.

I, _____, hereby authorize:

HEALTHCARE PROVIDER NAME

PROVIDER/HOSPITAL/CLINIC

ADDRESS

its director or designees, or Medical Information Services Department to release any and all information regarding my treatment or condition contained in my entire patient record to the extent it relates to the FML healthcare provider certification. (This authorization does not extend to psychotherapy notes, as that term is defined in the HIPAA Privacy Rules, 45 C.F.R. § 164.501, to mean notes recorded in any medium by a healthcare provider who is a mental health professional, documenting or analyzing the contents of conversation during private, joint, or group counseling sessions, and which are kept separate from my medical record.) I specifically authorize you to disclose this information orally and to disclose my entire medical record to the extent it relates to the FML healthcare provider certification.

1. **Person(s) or organization(s) to whom disclosure is to be made:**

Kentucky Transportation Cabinet's Office of Human Resource Management
200 Mero Street, 6th Floor West, Frankfort, KY 40622; 502-564-4610

2. **Specific type of information to be disclosed (if more limited than designated above):**

Information regarding the FML healthcare provider certification

3. **Purpose or need for disclosure:**

OHRM personnel may need clarification to understand the handwriting on the healthcare provider certification and/or to understand the meaning of a response. Additional information beyond that required by the certification form will not be asked.


DATE


4. **This authorization expires:**


This authorization is subject to written revocation at any time except to the extent that the healthcare provider has already taken action in reliance on the authorization. I understand that the information disclosed is subject to redisclosure within the Kentucky Transportation Cabinet and will no longer be protected by the federal Privacy Rules, 45 C.F.R. Parts 160 and 164 (HIPAA Authorization 45 C.F.R 164.508).


EMPLOYEE SIGNATURE


DATE


	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-246 Rev. 04/2012 Page 1 of 3
CERTIFICATION BY HEALTHCARE PROVIDER FOR SERIOUS HEALTH CONDITION OF EMPLOYEE		
INSTRUCTIONS TO EMPLOYEE		
<p>Provide this form to your healthcare provider. The Family Medical Leave Act (FMLA) permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FML due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections [29 U.S.C.:§ 2613, 2614(c)(3)]. Failure to provide a timely, complete, and sufficient medical certification may result in denial of your FML request [29 C.F.R. § 825.313]. Your employer must give you at least 15 calendar days to return this form to your employer [29 C.F.R. § 825.305(b)].</p>		
SECTION 1: EMPLOYER & EMPLOYEE INFORMATION		
EMPLOYER NAME	PHONE	FAX
Kentucky Transportation Cabinet	(502) 564-4610	(502) 564-0845
EMPLOYER ADDRESS		
TCOB 6th Floor West, 200 Mero Street, Frankfort KY 40622		
EMPLOYEE NAME	EMPLOYEE JOB TITLE	REGULAR WORK SCHEDULE
ESSENTIAL JOB FUNCTIONS <i>(employee)</i>		
1. Is a job description attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. What is the name of the person who provided the job description to the employee and on what date was it provided?		
NAME	DATE	
INSTRUCTIONS TO HEALTHCARE PROVIDER		
<p>Your patient has requested leave under FMLA. Please respond fully to all applicable parts (Parts A, B, and C) of this form. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your response should be your best estimate based upon your medical knowledge of, experience with, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. After completion of the form, sign and date below.</p>		
SECTION 2: HEALTHCARE PROVIDER INFORMATION		
NAME		
TYPE OF PRACTICE/MEDICAL SPECIALTY		
STREET ADDRESS	CITY	STATE ZIP
PHONE	FAX	
SIGNATURE OF HEALTHCARE PROVIDER		DATE

	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-246 Rev. 04/2012 Page 2 of 3
CERTIFICATION BY HEALTHCARE PROVIDER FOR SERIOUS HEALTH CONDITION OF EMPLOYEE		
PART A: MEDICAL FACTS ABOUT PATIENT		
ONSET OF CONDITION (<i>approximate date</i>)	PROBABLE DURATION OF CONDITION	
1. Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date(s) of admission.		
2. Provide the date(s) you treated the patient for the condition.		
3. Will the patient need to have treatment visits at least twice per year due to the condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Was medication, other than over-the-counter medication, prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Was the patient referred to other healthcare providers for evaluation or treatment (e.g., physical therapist)? If yes, state the nature of such treatment and expected duration of treatment. <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Is the medical condition pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give expected delivery date.		
Use the information provided by the employer in Section 1 to answer Questions 7 and 8 below. NOTE: If the employer failed to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his or her job functions.		
7. Is the employee unable to perform any of his or her job functions due to the condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the job functions the employee is unable to perform.		
8. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment).		
PART B: AMOUNT OF LEAVE PATIENT NEEDS		
1. Will the employee be incapacitated for a single continuous period of time due to his or her medical condition, including any time for treatment and recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimate the beginning and ending dates for the period of incapacitation.		
<div style="display: flex; justify-content: space-between;"> <div> BEGIN DATE <input type="text"/> </div> <div> END DATE <input type="text"/> </div> </div>		
2. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are the treatments or the reduced number of hours of work medically necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period.		
4. Estimate the part-time or reduced work schedule, if applicable, that the employee needs.		
HOURS PER DAY <input type="text"/>	DAYS PER WEEK <input type="text"/>	FROM (date) TO (date) <input type="text"/> <input type="text"/>


	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-246 Rev. 04/2012 Page 3 of 3
CERTIFICATION BY HEALTHCARE PROVIDER FOR SERIOUS HEALTH CONDITION OF EMPLOYEE		
PART B: AMOUNT OF LEAVE PATIENT NEEDS <i>(cont.)</i>		
5. Will the condition cause episodic flare-ups, periodically preventing the employee from performing his or her job functions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, is it medically necessary for the employee to be absent from work during flare-ups? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>		
6. Based upon the patient's medical history and your knowledge of his or her medical condition, estimate the frequency of flare-ups and the duration of related incapacitation the patient may have over the next 6 months (e.g., 1 episode every 3 months, lasting 1-2 days).		
FREQUENCY	# OF TIMES PER WEEK <input style="width: 50px;" type="text"/>	# OF TIMES PER MONTH <input style="width: 50px;" type="text"/>
DURATION	# OF HOURS PER EPISODE <input style="width: 50px;" type="text"/>	# OF DAYS PER EPISODE <input style="width: 50px;" type="text"/>
7. Did the employee provide a job description? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PART C: ADDITIONAL INFORMATION <i>(Reference either Part A or Part B and the question number with any additional comments.)</i>		

	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-247 Rev. 04/2012 Page 1 of 3
CERTIFICATION BY HEALTHCARE PROVIDER FOR SERIOUS HEALTH CONDITION OF FAMILY MEMBER		
INSTRUCTIONS TO EMPLOYEE Please complete Section 1 before giving this form to your family member or his or her healthcare provider. The Family and Medical Leave Act (FMLA) permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FML to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections [29 U.S.C.:§ 2613, 2614©(3)]. Failure to provide a complete and sufficient medical certification may result in denial of your FML request [29 C.F.R. § 825.313]. Your employer must give you at least 15 calendar days to return this form to your employer [29 C.F.R. § 825.305].		
SECTION 1: EMPLOYER, EMPLOYEE, & FAMILY MEMBER INFORMATION		
NAME (employer)	PHONE	FAX
<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS <input type="text"/>		
FIRST NAME (employee)	MIDDLE NAME	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME (family member receiving care)	MIDDLE NAME	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
FAMILY MEMBER RELATIONSHIP	<i>If the family member is your son or daughter, give his or her date of birth.</i>	
<input type="text"/>	<input type="text"/>	
Describe the care you will provide your family member, and estimate leave needed to provide the care. <input style="height: 40px;" type="text"/>		
EMPLOYEE SIGNATURE		DATE
<input type="text"/>		<input type="text"/>
INSTRUCTIONS TO HEALTHCARE PROVIDER The employee identified above has requested leave under FMLA to care for your patient. Please respond fully to Section 2 and all applicable parts (Parts A, B, and C) of this form. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your response should be your best estimate based upon your medical knowledge of, experience with, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee needs leave. After completion of the form, sign and date below.		
SECTION 2: HEALTHCARE PROVIDER INFORMATION		
PROVIDER NAME		TYPE OF PRACTICE/MEDICAL SPECIALTY
<input type="text"/>		<input type="text"/>
STREET ADDRESS	CITY	STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE	FAX	
<input type="text"/>	<input type="text"/>	
SIGNATURE OF HEALTHCARE PROVIDER		DATE
<input type="text"/>		<input type="text"/>

	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-247 Rev. 04/2012 Page 2 of 3				
CERTIFICATION BY HEALTHCARE PROVIDER FOR SERIOUS HEALTH CONDITION OF FAMILY MEMBER						
PART A: MEDICAL FACTS ABOUT PATIENT						
ONSET OF CONDITION <i>(approximate date)</i>		PROBABLE DURATION OF CONDITION				
<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; height: 20px;"></div>				
<p>1. Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date(s) of admission. <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div></p>						
<p>2. Provide the date(s) you treated the patient for the condition. <div style="border: 1px solid black; height: 30px; width: 100%;"></div></p>						
<p>3. Will the patient need to have treatment visits at least twice per year due to the condition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>						
<p>4. Was medication, other than over - the - counter medication, prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>						
<p>5. Was the patient referred to other healthcare providers for evaluation or treatment. (e.g., physical therapist)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the nature of such treatment and expected duration of treatment. <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p>						
<p>6. Is the medical condition pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give expected delivery date. <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div></p>						
<p>7. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment). <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>						
PART B: AMOUNT OF CARE NEEDED <i>(When answering these questions, please keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety, or transportation needs or the provision of physical or psychological care.)</i>						
<p>1. Will the employee be incapacitated for a single continuous period of time due to his or her medical condition, including any time for treatment and recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimate the beginning and ending dates for the period of incapacitation.</p>						
		<table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; text-align: center;">BEGIN DATE</td><td style="width: 50%; text-align: center;">END DATE</td></tr><tr><td style="text-align: center;"><div style="border: 1px solid black; width: 100%; height: 20px;"></div></td><td style="text-align: center;"><div style="border: 1px solid black; width: 100%; height: 20px;"></div></td></tr></table>	BEGIN DATE	END DATE	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
BEGIN DATE	END DATE					
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>					
<p>2. During this time, will the patient need care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain the care needed by the patient and the reasons such care is medically necessary. <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>						
<p>3. Will the patient require follow - up treatments, including any time for recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimate treatment schedule, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period. Also explain the care needed by the patient and the reasons such care is medically necessary. <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p>						

	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-247 Rev. 04/2012 Page 3 of 3
CERTIFICATION BY HEALTHCARE PROVIDER FOR SERIOUS HEALTH CONDITION OF FAMILY MEMBER		
PART B: AMOUNT OF CARE NEEDED <i>(cont.)</i>		
4. Will the patient require care on an intermittent basis, including any time for recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimate the number of hours the patient needs care on an intermittent basis.		
HOURS PER DAY	DAYS PER WEEK	FROM (date) TO (date)
5. Explain the care needed by the patient and the reason(s) such care is medically necessary. <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		
6. Will the condition cause episodic flare-ups, periodically preventing the patient from participating in normal daily activities? <input type="checkbox"/> Yes <input type="checkbox"/> No Based upon the patient's medical history and your knowledge of his or her medical condition, estimate the frequency of flare-ups and the duration of related incapacitation the patient may have over the next 6 months (e.g., 1 episode every 3 months, lasting 1-2 days).		
FREQUENCY	# OF TIMES PER WEEK <input style="width: 40px;" type="text"/>	# OF TIMES PER MONTH <input style="width: 40px;" type="text"/>
DURATION	# OF HOURS PER EPISODE <input style="width: 40px;" type="text"/>	# OF DAYS PER EPISODE <input style="width: 40px;" type="text"/>
7. Does the patient need care during these flare-ups? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain the care needed by the patient and the reasons such care is medically necessary. <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		
PART C: ADDITIONAL INFORMATION <i>(Reference either Part A or Part B and the question number with any additional comments.)</i> <div style="border: 1px solid black; height: 200px; margin-top: 5px;"></div>		

DOCKING PAY FOR TARDINESS			
1 minute	.01 hour	31 minutes	.52 hour
2 minutes	.03 hour	32 minutes	.53 hour
3 minutes	.05 hour	33 minutes	.55 hour
4 minutes	.07 hour	34 minutes	.57 hour
5 minutes	.08 hour	35 minutes	.58 hour
6 minutes	.10 hour	36 minutes	.60 hour
7 minutes	.12 hour	37 minutes	.62 hour
8 minutes	.13 hour	38 minutes	.63 hour
9 minutes	.15 hour	39 minutes	.65 hour
10 minutes	.17 hour	40 minutes	.67 hour
11 minutes	.18 hour	41 minutes	.68 hour
12 minutes	.20 hour	42 minutes	.70 hour
13 minutes	.22 hour	43 minutes	.72 hour
14 minutes	.23 hour	44 minutes	.73 hour
15 minutes	.25 hour	45 minutes	.75 hour
16 minutes	.27 hour	46 minutes	.77 hour
17 minutes	.28 hour	47 minutes	.78 hour
18 minutes	.30 hour	48 minutes	.80 hour
19 minutes	.32 hour	49 minutes	.82 hour
20 minutes	.33 hour	50 minutes	.83 hour
21 minutes	.35 hour	51 minutes	.85 hour
22 minutes	.37 hour	52 minutes	.87 hour
23 minutes	.38 hour	53 minutes	.88 hour
24 minutes	.40 hour	54 minutes	.90 hour
25 minutes	.42 hour	55 minutes	.92 hour
26 minutes	.43 hour	56 minutes	.93 hour
27 minutes	.45 hour	57 minutes	.95 hour
28 minutes	.47 hour	58 minutes	.97 hour
29 minutes	.48 hour	59 minutes	.98 hour
30 minutes	.50 hour	60 minutes	1.00 hour

	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-243 Rev. 06/2016 Page 1 of 2	
INTERNAL TRAINING REQUEST			
SECTION 1: REQUESTOR INFORMATION <i>(Note: For listing multiple attendees of the same training event under the purview of the same supervisor, complete Page 2.)</i>			
FIRST NAME	LAST NAME	EMPLOYEE ID	
JOB TITLE	PHONE	EMAIL	
SUPERVISOR NAME	SUPERVISOR TITLE	REQUEST FOR <input type="checkbox"/> Self <input type="checkbox"/> Staff <input type="checkbox"/> Both	
OFFICE/DEPARTMENT/DIVISION HEAD NAME			
SECTION 2: INTERNAL TRAINING EVENT INFORMATION			
TRAINING AGENCY	EVENT TITLE	EVENT DATE	EVENT TIME
SECTION 3: SIGNATURE AUTHORIZATIONS			
REQUESTOR SIGNATURE		DATE	
SUPERVISOR SIGNATURE		DATE	
OFFICE/DEPARTMENT/DIVISION HEAD SIGNATURE		DATE	





KENTUCKY TRANSPORTATION CABINET
OFFICE OF HUMAN RESOURCE MANAGEMENT


TC 12-243
Rev. 06/2016
Page 2 of 2

INTERNAL TRAINING REQUEST

[illegible]

		KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT				TC 12-242 Rev. 06/2016 Page 1 of 2
		EXTERNAL TRAINING REQUEST				
SECTION 1: REQUESTOR INFORMATION <i>(Note: For listing multiple attendees of the same training event under the purview of the same supervisor, complete Page 2.)</i>						
FIRST NAME		LAST NAME		JOB TITLE		
EMPLOYEE ID	PHONE	FAX		EMAIL		
SUPERVISOR NAME	SUPERVISOR TITLE			REQUEST FOR <input type="checkbox"/> Self <input type="checkbox"/> Staff <input type="checkbox"/> Both		
OFFICE/DEPARTMENT/DIVISION HEAD NAME						
SECTION 2: EXTERNAL TRAINING EVENT INFORMATION <i>(KY Transportation Center, NHI, etc.)</i>						
EVENT TYPE <input type="checkbox"/> Required <input type="checkbox"/> Elective		EVENT TITLE		EVENT LOCATION		
EVENT DATE(S)		EVENT INFORMATION <i>(Describe event as stated in vendor information [text limited for accurate printing].)</i>				
EVENT TIME(S)						
EVENT RELEVANCE TO ASSIGNED JOB TASKS <i>(text limited for accurate printing)</i>						
VIAIBLE VENDORS <i>(text limited for accurate printing)</i>				PREFERRED VENDOR <i>(Justify sole-source vendor.)</i>		
COSTS <i>(as applicable):</i>	Fund Source	Registration	Lodging	Vehicle Mileage	Per Diem	
SECTION 3: SIGNATURE AUTHORIZATIONS						
<input type="checkbox"/> I am requesting attendance of this training event for others and myself. <i>(See Page 2 for attendees' signature authorizations, including my own.)</i>						
<input type="checkbox"/> I am not attending this training but requesting attendance for others. <i>(See Page 2 for attendees' signature authorizations.)</i>						
<input type="checkbox"/> I am requesting attendance of this event for only myself, and by signing below, I hereby authorize my employer to use discretion in deducting from my pay any sum (up to 100%) paid for me to attend this event if (1) my application contains any falsification; (2) I do not provide evidence of successful completion to my employer within 10 workdays from completion; (3) my employment is terminated prior to completion; or (4) I withdraw from event (regardless of cause) without prior approval from my office or department head. Moreover, I authorize training provider to give my employer a copy of my performance (grade) report.						
REQUESTOR SIGNATURE		DATE		SUPERVISOR SIGNATURE		DATE
I approve this training request and certify that office/department funds are available for costs of this training (if this training does not meet requirements of Cabinet training funding sources) and for travel-related costs.						
OFFICE/DEPARTMENT /DIVISION HEAD SIGNATURE						DATE

	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-242 Rev. 06/2016 Page 2 of 2
EXTERNAL TRAINING REQUEST		
EVENT TITLE		EVENT DATE
By signing below, I hereby authorize my employer to use discretion in deducting from my pay any sum (up to 100%) paid for me to attend this event if (1) my application contains any falsification; (2) I do not provide evidence of successful completion to my employer within 10 workdays from completion; (3) my employment is terminated prior to completion or (4) I withdraw from event (regardless of cause) without prior approval from my office or department head. Moreover, I authorize training provider to give my employer a copy of my performance (grade) report.		
INSTRUCTOR USE ONLY	ATTENDEE NAME	ATTENDEE JOB TITLE
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
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<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
TRAINING INSTRUCTOR SIGNATURE		
By signing below, I certify that the attendee on Page 1 and, if applicable, those attendees whose names I have checked above, have completed this training.		
<div style="border-top: 1px solid black; width: 100%;"></div>		

	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-208 Rev. 02/2020 Page 1 of 1	
ADVANCED LEADERSHIP ACADEMY APPLICATION			
<p>INSTRUCTIONS: To be considered for the Advanced Leadership Academy, complete this application and obtain your first-line and second-line supervisors' signatures. With ALA in the subject line, email the completed application to kimberly.bynes@ky.gov or mail to:</p> <p>Advanced Leadership Academy Coordinator Office of Human Resource Management 200 Mero Street, 6th Floor West Frankfort, KY 40622</p>			
SECTION 1: APPLICANT INFORMATION			
FIRST NAME	LAST NAME	EMPLOYEE ID	JOB TITLE
OFFICE/DEPARTMENT/DIVISION/DISTRICT		PHONE (work)	EMAIL (work)
JOB GRADE		# OF YEARS IN TRANSPORTATION	
SUPERVISOR NAME		SUPERVISOR TITLE	
Indicate your educational level. (Select all that apply.) <input type="checkbox"/> High School <input type="checkbox"/> 2-year degree <input type="checkbox"/> 4-year degree <input type="checkbox"/> Professional Certificate/License			
If no degree, indicate number of college credits earned. _____		Area of Study: _____	
SECTION 2: EEO INFORMATION (Completion of this section is voluntary. The information is used for statistical purposes only.) Pursuant to Cabinet policy, GAP-803, KYTC does not tolerate discrimination or harassment of any kind against any protected class. Furthermore, reasonable accommodation will be provided upon request. SEX: _____ RACE: _____			
SECTION 3: APPLICANT SIGNATURE AGREEMENT I understand that my participation in the Advanced Leadership Academy is voluntary, and that if selected, I commit to actively participating in the 18-month program. I also understand that participation in or completion of the program does not guarantee that I will receive any promotion, advancement, or preferential treatment; likewise, denial into, removal from, or lack of participation in the program does not exclude me from promotional opportunities or advancement.			
APPLICANT SIGNATURE _____		DATE _____	
SECTION 4: SUPERVISOR SIGNATURE APPROVALS As the applicant's supervisor, I agree to: <ul style="list-style-type: none"> Discuss and assist the candidate in adjusting his or her work schedule to accommodate the days required for program training Accommodate for the potential travel expenses associated with the requirements of the program Provide feedback, as requested, about the candidate and the program 			
FIRST-LINE SUPERVISOR SIGNATURE _____		SECOND-LINE SUPERVISOR SIGNATURE _____	
DATE _____		DATE _____	

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Office, Federal Motor Carrier Safety Administration, MC-PPA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** _____ **First Name:** _____ in accordance with (please check only one):

- ☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- ☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

Medical Examiner's Name (please print or type)

- ☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number

Issuing State

National Registry Number

Driver's Signature

Driver's License Number

Issuing State/Province

Driver's Address

Street Address: _____

City: _____


State/Province: _____


Zip Code: _____


CLP/CDL Applicant/Holder

☐ Yes ☐ No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

		KENTUCKY TRANSPORTATION CABINET Office of Budget and Fiscal Management DIVISION OF ACCOUNTS TRAVEL REIMBURSEMENT REQUEST		TC 31-21 Rev. 09/2016 Page 1 of 3	
SECTION 1: DOCUMENT INFORMATION					
DATE		TE AUTHORIZATION #		TP DOCUMENT #	
SECTION 2: EMPLOYEE INFORMATION					
NAME		POSITION TITLE <i>(per class spec)</i>		EMPLOYEE ID	
HOME ADDRESS <i>(street)</i>		CITY		STATE	ZIP
WORK ADDRESS <i>(street)</i>		CITY		STATE	ZIP
WORK LOCATION		DIVISION/DISTRICT			DEPT CODE
SECTION 3: TRAVEL REIMBURSEMENT SUMMARY					
AMOUNTS BELOW ARE CALCULATED		Mileage Reimbursement Rate			
W-2 Reportable MEALS		Plate Number of State Vehicle Driven			
LODGING		TRAVELER MUST BE IN TRAVEL STATUS DURING THE ENTIRE MEAL PERIOD.			
PER DIEM		RATE <i>(Check one.)</i>	6:30 AM - 9 AM	11 AM - 2 PM	5 PM - 9 PM
PARKING & TOLLS					
POV - MILEAGE		<input type="checkbox"/> Low Rate	\$8.00	\$10.00	\$18.00
AIRFARE		<input type="checkbox"/> High Rate	\$10.00	\$11.00	\$23.00
REGISTRATION					
OTHER		<i>Above are meal reimbursement rates for travel that includes overnight lodging in state and authorized travel out of state. All lodging receipts must be attached.</i>			
TOTAL					
PURPOSE OF TRIP <i>(Describe in detail.)</i>					
SECTION 4: SIGNATURE CERTIFICATION					
Subject to the provisions of KRS 523.100 (Unsworn Falsification to Authorities), I hereby certify that the amounts above represent proper charges by a statutory employee of the Commonwealth in the discharge of official business and that data furnished within the eMARS travel system are true and correct to the best of my knowledge.					
EMPLOYEE NAME <i>(Print.)</i>			SUPERVISOR NAME <i>(Print.)</i>		
SIGNATURE <i>(employee)</i>		DATE	SIGNATURE <i>(supervisor)</i>		DATE

		KENTUCKY TRANSPORTATION CABINET Office of Budget and Fiscal Management DIVISION OF ACCOUNTS						TC 31-21 Rev. 09/2016 Page 2 of 3							
		TRAVEL REIMBURSEMENT REQUEST													
		NAME		POSITION TITLE (per class spec)		EMPLOYEE ID		DOCUMENT NUMBER							
SECTION 5: TRAVEL DETAIL															
DATE M/D	DEPARTURE TIME	RETURN TIME	LOCATION		MILEAGE		Tolls & Parking	Lodging	Per Diem	Totals					
					Point to Point	Vicinity									
			From						B						
			To						L						
Purpose								<input type="checkbox"/> SP	D						
DATE M/D	DEPARTURE TIME	RETURN TIME	LOCATION		MILEAGE		Tolls & Parking	Lodging	Per Diem	Totals					
					Point to Point	Vicinity									
			From						B						
			To						L						
Purpose								<input type="checkbox"/> SP	D						
DATE M/D	DEPARTURE TIME	RETURN TIME	LOCATION		MILEAGE		Tolls & Parking	Lodging	Per Diem	Totals					
					Point to Point	Vicinity									
			From						B						
			To						L						
Purpose								<input type="checkbox"/> SP	D						
DATE M/D	DEPARTURE TIME	RETURN TIME	LOCATION		MILEAGE		Tolls & Parking	Lodging	Per Diem	Totals					
					Point to Point	Vicinity									
			From						B						
			To						L						
Purpose								<input type="checkbox"/> SP	D						
DATE M/D	DEPARTURE TIME	RETURN TIME	LOCATION		MILEAGE		Tolls & Parking	Lodging	Per Diem	Totals					
					Point to Point	Vicinity									
			From						B						
			To						L						
Purpose								<input type="checkbox"/> SP	D						
DATE M/D	DEPARTURE TIME	RETURN TIME	LOCATION		MILEAGE		Tolls & Parking	Lodging	Per Diem	Totals					
					Point to Point	Vicinity									
			From						B						
			To						L						
Purpose								<input type="checkbox"/> SP	D						
DATE M/D	DEPARTURE TIME	RETURN TIME	LOCATION		MILEAGE		Tolls & Parking	Lodging	Per Diem	Totals					
					Point to Point	Vicinity									
			From						B						
			To						L						
Purpose								<input type="checkbox"/> SP	D						
SUBTOTALS FOR THIS PAGE															
SUBTOTALS FOR ALL CONTINUATION PAGES															
TOTALS															

		KENTUCKY TRANSPORTATION CABINET Office of Budget and Fiscal Management DIVISION OF ACCOUNTS TRAVEL REIMBURSEMENT REQUEST		TC 31-21 Rev. 09/2016 Page 3 of 3
NAME	POSITION TITLE <i>(per class spec)</i>	EMPLOYEE ID	DOCUMENT NUMBER	
SECTION 6: OTHER EXPENSES				
AIRFARE, REGISTRATION, & W-2 REPORTABLE MEAL EXPENSES				
DATE	ITEM OF EXPENSE	EXPLANATION	AMOUNT	
	AIRFARE	Airfare <u>paid by</u> employee		
	REGISTRATION FEE	Registration fees <u>paid by</u> employee		
	W-2 REPORTABLE MEALS	Meals reportable as defined by IRS regulation		
OTHER MISCELLANEOUS EXPENSES <i>(commuting cost, car rental, CDL licensure expenses, etc.)</i>				
TOTAL				
SECTION 7: INSTRUCTIONS & REGULATION REFERENCES				
<i>For instructions, see Accounts Manual. Forms must be typed or legibly prepared in ink. Subsistence includes meals, taxes, and tips. Subsistence cannot be claimed for meals included in registration fees or included in other reimbursements. Below are rates for travel that includes overnight lodging. All lodging receipts must be attached.</i>				
TRAVELER MUST BE IN TRAVEL STATUS DURING THE ENTIRE MEAL PERIOD.				
	<u>6:30 AM - 9 AM</u>	<u>11 AM - 2 PM</u>	<u>5 PM - 9 PM</u>	
For authorized travel in Kentucky and U.S. except "high rate" areas listed by the Secretary of Finance and Administration, traveler may claim:	\$8.00	\$10.00	\$18.00	
For authorized travel in "high-rate" areas listed by the Secretary of Finance and Administration, traveler may claim:	\$10.00	\$11.00	\$23.00	

**Personnel Cabinet
Employee Acknowledgement Form
Employee Performance Evaluation System**

I hereby certify that I have reviewed the information for the employee performance evaluation system provided. I acknowledge the following:

- 1) Performance evaluations shall be completed on all full time classified merit employees who:
 - A) hold status as of January 1 of the performance year, and
 - B) have remained in continuous merit status throughout the performance year.
(January 1 through December 31)
- 2) My evaluator (supervisor) shall establish a performance plan which consists of job duties, expectations, and assigned points and will meet with me to discuss the performance plan no later than January 31 after the start of the performance period. If my position or job title changes, my evaluator must establish a new performance plan no later than thirty (30) calendar days after the effective date of the change.
- 3) Interim reviews between the evaluator and myself are required three times during the performance year.
- 4) My evaluator shall complete my annual performance evaluation no later than January 31 after the end of the annual performance period.
- 5) Should I receive the highest possible overall rating of "Outstanding", I shall receive the equivalent of two (2) workdays of annual leave, not to exceed sixteen (16) hours of annual leave.
- 6) Should I receive the second highest possible overall rating of "Highly Effective", I shall receive the equivalent of one (1) workday of annual leave, not to exceed eight (8) hours of annual leave.
- 7) Should I receive an overall rating of "Unacceptable", the agency shall:
 - A) Demote me to a position commensurate with my skills and abilities, or
 - B) Terminate my employment.
- 8) I may appeal unresolved disagreements on ratings or any aspect of the evaluation through the reconsideration process established in regulation.
- 9) I may appeal overall ratings of "Needs Improvement" and/or "Unacceptable" to the Personnel Board upon exhausting the internal reconsideration process. Appeals must be filed within 60 calendar days after receiving the written decision from my next line supervisor.

I have read and understand the above. I understand this form will be maintained in my performance evaluation file.

Employee's Soc Sec/PERNR#: _____

Employee's Signature: _____ Date: _____
(Signature Must Be In Red Ink Unless Electronically Signed)

Employee's Printed Name: _____

Cabinet: _____ Department: _____

Evaluator's Signature: _____ Date: _____
(Supervisor's)
(Signature Must Be In Red Ink Unless Electronically Signed)

Evaluator Note: Upon completion of this form, please maintain a copy for your records and forward the original to your agency evaluation liaison.

Rev. 6/2015

KENTUCKY STATE GOVERNMENT
PERSONNEL CABINET

1/2017

ANNUAL EMPLOYEE PERFORMANCE EVALUATION

NAME: _____ PERSONNEL #: _____
 JOB TITLE: _____ JOB ID #: _____
 CABINET/DEPARTMENT #: _____ ORG ID #: _____
 ORG TITLE: _____
 POSITION #: _____ REVIEW PERIOD: FROM _____ TO _____
 Add or Change Performance Plan: ☐ New Job Title Begin Date: _____
 ☐ New Position Begin Date: _____
 ☐ Other: _____ Begin Date: _____
 EVALUATOR: _____ NEXT LINE SUPERVISOR: _____

PERFORMANCE PLANNING

INSTRUCTIONS: List job duties under each category and identify the expectations to "adequately meet" the job requirements. Distribute 100 points between the four (4) categories. **AT END OF YEAR,** rate each duty, multiply by points assigned, place sum in last column, and total each category. Record these category totals in the Performance Evaluation Section A, of the evaluation form.

DUTIES	PTS	EXPECTATIONS	RATING					TOTAL Points X Rating = Total
			1	2	3	4	5	
Job Tasks (Minimum 50 points) Job duties must be weighted consistently with the employee's Position Description (PD).								
Employee Will Be Assessed 10 points on the Following Job Task: Evaluation of Employee Performance		Completes all required performance evaluation system trainings, meetings and documentation as outlined by 101 KAR 2:180. Exercises and demonstrates fair and equitable treatment of all employees in accordance with all federal and state employment laws and related Executive Orders including the agency's policies, guidelines & procedures.						
(Do not assign points if employee is not an evaluator.)								
			Category Total					

EXHIBIT

Annual Employee Performance Evaluation

GAP-9037

NAME: _____

PERSONNEL #: _____

		Performance Appraisals Levels					
		(1) Fails to meet expectations	(2) Barely meets expectations	(3) Adequately meets expectations	(4) Exceeds expectations	(5) Greatly exceeds expectations	
DUTIES		RATING					TOTAL
Adaptability/Initiative (Minimum 5 points, weighted by importance)	PTS						Points X Rating = Total
Adaptability	3						
Initiative	3						
Time Management	3						
9		Category Totals					
DUTIES		RATING					TOTAL
Communication/Teamwork (Minimum 5 points, weighted by importance)	PTS						Points X Rating = Total
Communication	3						
Teamwork	3						
Employee Conduct	3						
9		Category Totals					
DUTIES		RATING					TOTAL
Self Management (Minimum 5 points, weighted by importance)	PTS						Points X Rating = Total
Attendance	3						
Punctuality	3						
Dependability/Responsibility	3						
Career Development	3						
12		Category Totals					
30							

This is to acknowledge that I have met with my evaluator to discuss my job duties and expectations.

ERROR: PTS MUST EQUAL 100

(Signature Must Be In Red Ink Unless Electronically Signed)

EMPLOYEE SIGNATURE

DATE

(Witness Signature Must Be In Red Ink If Employee Refuses To Sign)

WITNESS SIGNATURE

DATE

I certify that I have completed the training requirement as stated in 101 KAR 2:180 and that I have met with the employee to discuss his/her job duties and expectations.

ERROR: PTS MUST EQUAL 100

(Signature Must Be In Red Ink Unless Electronically Signed)

EVALUATOR SIGNATURE

DATE

I have reviewed the duties and expectations of this employee and find them to be reasonable and appropriate.

(Signature Must Be In Red Ink Unless Electronically Signed)

NEXT LINE SUPERVISOR SIGNATURE

DATE

Annual Employee Performance Evaluation
(Continuation Sheet)

NAME: _____

PERSONNEL #: _____

This form is to be used as a continuation sheet for the four category areas. The Category Points and Totals from this sheet will be added to the Plan.

Job Task	PTS	EXPECTATIONS	1	2	3	4	5	TOTAL
Category Total								

Adaptability/Initiative	PTS	EXPECTATIONS	1	2	3	4	5	TOTAL
Category Total								

Communication/Teamwork	PTS	EXPECTATIONS	1	2	3	4	5	TOTAL
Category Total								

Self Management	PTS	EXPECTATIONS	1	2	3	4	5	TOTAL
Category Total								

NAME: _____

PERSONNEL #: _____

MID-YEAR INTERIM REVIEW MEETING DOCUMENTATION

Review Period: From _____ To _____

EVALUATOR INSTRUCTIONS: Interim reviews must document performance to justify the annual performance rating.

Discuss both positive and negative aspects in all categories of performance. Relevant comments by the evaluator should be documented in the area below. A plan for improving performance may be developed for categories which are below expectations.

JOB TASKS:

ADAPTABILITY/INITIATIVE:

COMMUNICATION/TEAMWORK:

SELF MANAGEMENT:

Attendance:

Punctuality:

Dependability/Responsibility:

Career Development:

This is to certify that I have met with my evaluator to discuss my job performance during the first review period, as outlined in my performance plan. I understand that by signing below does not indicate my agreement with the above.

- ☐ I have attached additional pertinent comments. (To be considered in the annual evaluation, comments must be attached within five (5) workdays of interim meeting.)

I certify that I have completed the training requirements as stated in 101 KAR 2:180 and that I have met with the employee to discuss his/her job performance during the first review period.

(Signature Must Be in Red Ink Unless Electronically Signed)

EMPLOYEE SIGNATURE

DATE

(Signature Must Be in Red Ink Unless Electronically Signed)

EVALUATOR SIGNATURE

DATE

(Witness Signature Must Be in Red Ink if Employee Refuses To Sign)

WITNESS SIGNATURE

DATE

NAME: _____

PERSONNEL #: _____

YEAR-END INTERIM REVIEW MEETING DOCUMENTATION

Review Period: From _____ To _____

EVALUATOR INSTRUCTIONS: Interim reviews must document performance to justify the annual performance rating.

Discuss both positive and negative aspects in all categories of performance. Relevant comments by the evaluator should be documented in the area below. A plan for improving performance may be developed for categories which are below expectations.

JOB TASKS:

ADAPTABILITY/INITIATIVE: _____

COMMUNICATION/TEAMWORK: _____

SELF MANAGEMENT: _____

Attendance: _____

Punctuality: _____

Dependability/Responsibility: _____

Career Development: _____

This is to certify that I have met with my evaluator to discuss my job performance during the second review period, as outlined in my performance plan. I understand that by signing below does not indicate my agreement with the above.

I certify that I have completed the training requirements as stated in 101 KAR 2:180 and that I have met with the employee to discuss his/her job performance during the second review period.

- ☐ I have attached additional pertinent comments. *(To be considered in the annual evaluation, comments must be attached within five (5) workdays of interim meeting.)*

(Signature Must Be In Red Ink Unless Electronically Signed)

EMPLOYEE SIGNATURE

DATE

(Signature Must Be In Red Ink Unless Electronically Signed)

EVALUATOR SIGNATURE

DATE

(Witness Signature Must Be In Red Ink If Employee Refuses To Sign)

WITNESS SIGNATURE

DATE

NAME: _____ PERSONNEL #: _____

FINAL PERFORMANCE EVALUATION

A. CATEGORIES SCORE

Job Tasks	
Adaptability/Initiative	
Communication/Teamwork	
Self Management	
TOTAL	

B. OVERALL PERFORMANCE EVALUATION.
This employee's work:

☐ Outstanding (450 and above)

☐ Highly Effective (350 to 449)

☐ Good (250 to 349)

☐ Needs Improvement (150 to 249)

☐ Unacceptable (149 or less)

☐ Employee has changed jobs after November 1 of the performance year and will report to a different supervisor. The final evaluation is being conducted prior to the job change.

C. EMPLOYEE RESPONSE.

☐ Agree with performance evaluation.

☐ Disagree with performance evaluation, but accept.

☐ Disagree with performance evaluation and request reconsideration. Within 5 workdays of the request for reconsideration, the Initial Reconsideration shall be conducted by the evaluator. NOTE: Employee signature is required within 5 workdays of the evaluation meeting date to request reconsideration.

This is to certify that I have met with my evaluator to discuss my final performance evaluation.

I certify that I have completed the training requirements as stated in 101 KAR 2:180 and that I have met with the employee to discuss his/her annual performance evaluation.

(Signature Must Be in Red Ink Unless Electronically Signed)
EMPLOYEE SIGNATURE

DATE

(Signature Must Be in Red Ink Unless Electronically Signed)
EVALUATOR SIGNATURE

I am aware of this evaluation and have reviewed it to assist me in evaluating and/or managing the performance of the evaluator.

(Signature Must Be in Red Ink Unless Electronically Signed)
WITNESS SIGNATURE

DATE

(Signature Must Be in Red Ink Unless Electronically Signed)
NEXT LINE SUPERVISOR SIGNATURE

DATE

D. RESULTS OF INITIAL RECONSIDERATION. Must be conducted within five (5) workdays from date signed above. (Within five (5) workdays after initial reconsideration, the employee may submit a written request for reconsideration by the next line supervisor.)

☐ No change on evaluation

☐ Change on evaluation

☐ Agree with Results of Initial Reconsideration

☐ Disagree with Results of Initial Reconsideration, but accept

☐ Disagree with Results of Initial Reconsideration and request reconsideration by next line supervisor

(Signature Must Be in Red Ink Unless Electronically Signed)
EVALUATOR SIGNATURE

DATE

(Signature Must Be in Red Ink Unless Electronically Signed)
EMPLOYEE SIGNATURE

DATE

E. RESULTS OF FINAL RECONSIDERATION. Must be completed and written response provided to the employee and evaluator within fifteen (15) workdays after receipt of employee request. The written final reconsideration response must be attached to this Annual Employee Performance Evaluation Form and will become a part of the employee's personnel file.

☐ No Change on Evaluation

☐ Change on Evaluation

(Signature Must Be in Red Ink Unless Electronically Signed)
NEXT LINE SUPERVISOR SIGNATURE

DATE

The result of reconsideration may be appealed if the employee has an overall rating in either of the two (2) lowest overall ratings and makes a written appeal to the Personnel Board within sixty (60) calendar days of final reconsideration.

PERFORMANCE IMPROVEMENT PLAN

EMPLOYEE NAME: _____ PERSONNEL #: _____
 JOB TITLE: _____ POSITION #: _____
 CABINET/DEPT. NAME: _____ DIV./BRANCH: _____
 SUPERVISOR'S NAME: _____ REVIEW PERIOD: ____/____/____ to ____/____/____
 FIRST INTERIM REVIEW: _____ SECOND INTERIM REVIEW: _____ THIRD INTERIM REVIEW: _____ OTHER: _____

(PLEASE INDICATE FOR WHICH INTERIM REVIEW THIS PERFORMANCE PLAN WAS DEVELOPED)

This is to provide you with a formal Performance Improvement Plan in order to correct performance in areas that need improvement. To meet the expectations established for your position, you must improve in the specific area(s) noted below and continue successful performance in all other areas.

Performance Improvement Areas:
Specific areas which need improvement.

Performance Improvement Plan:
Corrective action to be taken and dates for conferences. (Additional sheets may be added if needed).

What resources or support, if any, will be provided to assist the employee in making the required improvement? (Additional sheets may be added if needed).

DATE OF NEXT CONFERENCE: ____/____/____

Performance Improvement Plan Outcome:
Specific results or outcome of performance plan; details on next steps.

This is to acknowledge that I have, on the date indicated below, discussed the areas of performance improvement and the corrective action as indicated by my supervisor. My supervisor has notified me that if my work performance does not improve, it may result in a low rating at the time of the annual performance evaluation.
 In compliance with 101 KAR 2:180, "If an employee receives an overall rating of "Unacceptable", the agency shall 1) Demote the employee to a position commensurate with his/her skills and abilities; or 2) Terminate the employee."

My supervisor and I agree to work together to enable me to improve my performance to a successful level.

Employee's Signature: _____ **Date:** ____/____/____
Employee Comments:

Supervisor's Signature: _____ **Date:** ____/____/____
Supervisor's Comments:

Witness Signature: _____ **Date:** ____/____/____
(Witness signature required if employee refuses to sign)

Next Line Supervisor's Signature: _____ **Date:** ____/____/____

SAMPLE PERFORMANCE INCIDENT LOG*(The following is provided as an example of how to keep record of employee's work performance.)***PERFORMANCE INCIDENT LOG****(Confidential)****Log for** _____**Evaluation Period** _____**Supervisor** _____

Date	Describe Job-Related Incident	Action Taken by Employee or Supervisor	Comments



KENTUCKY TRANSPORTATION CABINET
OFFICE OF HUMAN RESOURCE MANAGEMENT

TC 12-227
Rev. 07/2014
Page 1 of 2

REQUEST FOR CORRECTIVE OR MAJOR DISCIPLINARY ACTION

SECTION 1: EMPLOYEE INFORMATION

FIRST NAME	LAST NAME	EMPLOYEE ID	
JOB TITLE	DIVISION	CREW #	REQUEST DATE


SECTION 2: INCIDENT INFORMATION

1. Provide details of the incident and discuss what the employee did wrong or failed to do. *(text limited for accurate printing)*

2. Give a date for each occurrence. *(text limited for accurate printing)*

3. List name and title of each party involved, including supervisors and witnesses. *(text limited for accurate printing)*

4. List any policies and procedures, other than the GAP manual, applicable to this request. *(text limited for accurate printing)*

	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-227 Rev. 07/2014 Page 2 of 2
REQUEST FOR CORRECTIVE OR MAJOR DISCIPLINARY ACTION		
SECTION 2: INCIDENT INFORMATION (cont.)		
5. Provide information below on any previous actions taken to improve unsatisfactory conduct of work performance. If the answer is yes to any action, provide date and comments for the action. <i>(text limited for accurate printing)</i>		
Verbal Warning	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Improvement Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 3: SIGNATURES		
SUPERVISOR NAME <i>(first- or second-line)</i>	SUPERVISOR SIGNATURE	DATE
OFFICE HEAD/DEPARTMENT HEAD NAME	OFFICE/DEPARTMENT HEAD SIGNATURE	DATE
DIRECTOR NAME	DIRECTOR SIGNATURE	DATE

Revised 12-15-94

KENTUCKY PERSONNEL BOARD

FORM #18

APPEAL FORM

ALL APPEALS TO THE PERSONNEL BOARD MUST BE ON THIS FORM

This appeal to the Kentucky Personnel Board is hereby filed pursuant to the provisions of KRS Chapter 18A. The following information is provided as required by law.

For Official Use Only

NAME:	_____	_____	_____	_____	_____
	(LAST)	(FIRST)	(MIDDLE)	(MAIDEN)	(SOC. SEC. NO.)
HOME ADDRESS:	_____				
	(STREET)	(CITY)	(STATE)	(ZIP CODE)	
WORK STATION ADDRESS:	_____				
	(STREET)	(CITY)	(STATE)	(ZIP CODE)	
HOME PHONE NO:	_____	WORK STATION PHONE NO:	_____		
CABINET OR AGENCY:	_____				
NAME OF APPOINTING AUTHORITY:	_____				

REPRESENTED BY ATTORNEY:	<input type="checkbox"/> NO	<input type="checkbox"/> YES
ATTORNEY'S NAME, ADDRESS AND PHONE NO:	_____	

I AM A:	<input type="checkbox"/> Classified employee	<input type="checkbox"/> Unclassified employee
	<input type="checkbox"/> Applicant for employment	<input type="checkbox"/> Eligible on register

I AM APPEALING THE FOLLOWING ACTIONS: (Check appropriate box or boxes)		
<input type="checkbox"/> DISMISSAL	<input type="checkbox"/> DEMOTION	<input type="checkbox"/> SUSPENSION
<input type="checkbox"/> DISCIPLINARY FINE	<input type="checkbox"/> INVOLUNTARY TRANSFER	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> EMPLOYEE EVALUATION	<input type="checkbox"/> REALLOCATION	<input type="checkbox"/> RECLASSIFICATION
<input type="checkbox"/> APPLICANT REJECTION	<input type="checkbox"/> DENIED, ABRIDGED OR	<input type="checkbox"/> DISCRIMINATION Circle those that
<input type="checkbox"/> REMOVAL FROM REGISTER	IMPEDED RIGHT TO INSPECT OR	apply [race, color, religion, ethnic origin,
	COPY RECORDS	sex, disability, political, age (over 40)]
<input type="checkbox"/> OTHER PENALIZATION (Specify):		

CLASSIFIED, ELIGIBLE OR APPLICANT, PREPARE THIS SECTION

The following is a short, plain, and concise statement of the facts which relate to the action I am appealing:

UNCLASSIFIED EMPLOYEE, PREPARE THIS SECTION

The following is a short, plain, and concise statement of reason or cause given for dismissal or other penalization:


DATE OF RECEIPT OF NOTICE OF APPEALED ACTION: (Attach a copy of any written notice which you received relating to this Appeal.) _____

SIGNATURE_____
DATE_____
ATTORNEY'S SIGNATURE (if any)_____
DATE

For Official Use Only

THIS FORM IS TO BE MAILED OR DELIVERED TO:

KENTUCKY PERSONNEL BOARD
28 FOUNTAIN PLACE
FRANKFORT, KENTUCKY 40601

	KENTUCKY TRANSPORTATION CABINET Secretary's Office of Safety	TC 25-3 Rev. 02/2022 Page 1 of 1
PERSONAL PROTECTIVE EQUIPMENT (PPE) ACKNOWLEDGMENT		
SECTION 1: ACKNOWLEDGMENT STATEMENT		
<p>This is to certify that I have received the personal protective equipment identified below and have had made available to me a copy of the Cabinet's safety and health policy regarding the appropriate use of this equipment. I further certify that I have read and understand this policy.</p> <p>I further acknowledge that I have received training on the proper use of this equipment and agree to utilize it in a manner consistent with the intended use and in accordance with 29 CFR 1910.132.</p>		
SECTION 2: PPE ISSUED		
ITEM	ISSUED	COMMENTS
Hard Hat	<input type="checkbox"/>	
Hi-Viz Cap	<input type="checkbox"/>	
Boonie Hat	<input type="checkbox"/>	
Sock Hat	<input type="checkbox"/>	
Retro-Reflective Vest	<input type="checkbox"/>	
Shirt – Short-sleeve Polo	<input type="checkbox"/>	
Shirt – Short-sleeve Tee	<input type="checkbox"/>	
Shirt – Long-sleeve Tee	<input type="checkbox"/>	
Foot Protection	<input type="checkbox"/>	
Jacket	<input type="checkbox"/>	
Hearing Protection	<input type="checkbox"/>	
Eye Protection	<input type="checkbox"/>	
Face/Welder Shield	<input type="checkbox"/>	
Chainsaw Protection	<input type="checkbox"/>	
Gloves	<input type="checkbox"/>	
Personal Fall Arrest System (PFAS):		
• Harness	<input type="checkbox"/>	
• Lanyard	<input type="checkbox"/>	
Respirator (if applicable*)	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
<i>* Appendix D of 29 CFR 1910.134 as it relates to voluntary usage of "dust mask" respiratory protection.</i>		
SECTION 3: SIGNATURE		
<input type="checkbox"/> I have received the items listed and understand their proper use for my personal protection on the job.		
<input type="checkbox"/> I have received a copy of the Employee Safety & Health Manual.		
NAME	DATE	CREW
EMPLOYEE ID		
SAFETY COORDINATOR/ADMINISTRATOR	DISTRICT	SIGNATURE

	KENTUCKY TRANSPORTATION CABINET OFFICE FOR CIVIL RIGHTS & SMALL BUSINESS DEVELOPMENT	TC 18-15 Rev. 10/2024 Page 1 of 2
BRIDGING OPPORTUNITIES TRAINING PROGRAM APPLICATION - COLLEGE PROGRAM		
<p>INSTRUCTIONS: To be considered for the Bridging Opportunities Training Program, complete and submit this application along with other required documents to:</p> <p style="margin-left: 40px;"> Kentucky Transportation Cabinet BOTP Coordinator Office for Civil Rights & Small Business Development 200 Mero Street, 6th Floor West Frankfort, KY 40622 </p> <p>Check each box to confirm that the application packet is complete.</p> <p> <input type="checkbox"/> Completed application <input type="checkbox"/> Résumé <input type="checkbox"/> Unofficial transcript <input type="checkbox"/> One letter of recommendation (<i>Recommendation must be from non-family member.</i>) </p>		
SECTION 1: APPLICANT INFORMATION		
FIRST NAME	LAST NAME	SOCIAL SECURITY #
MAILING ADDRESS (<i>street</i>)	CITY	STATE ZIP
PHONE	EMAIL	
SECTION 2: COLLEGE INFORMATION (<i>List all colleges currently attending.</i>)		
COLLEGE NAME	MAJOR	HOURS EARNED
		CUMULATIVE GPA
1. Indicate the college program in which you are currently enrolled. <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate 2. Indicate the session in which you wish to enroll. <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		
SECTION 3: AREAS OF INTEREST (<i>Placement preferences are considered, but not guaranteed.</i>)		
(<i>Select up to four preferences.</i>)		
<u>Cabinet Offices & Services:</u>		
<input type="checkbox"/> Audits	<input type="checkbox"/> Budget & Fiscal Management	<input type="checkbox"/> Civil Rights & Small Business Development
<input type="checkbox"/> Legal Services	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Human Resource Management
<input type="checkbox"/> Public Affairs		
<u>Department of Highways:</u>		
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction Procurement	<input type="checkbox"/> Environmental Analysis
<input type="checkbox"/> Highway Design	<input type="checkbox"/> Highway Safety	<input type="checkbox"/> Right of Way & Utilities
<input type="checkbox"/> Planning	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Structural Design
<u>Department of Vehicle Regulation:</u>		
<input type="checkbox"/> Driver Licensing	<input type="checkbox"/> Motor Carriers	<input type="checkbox"/> Motor Vehicle Licensing


KENTUCKY TRANSPORTATION CABINET
OFFICE FOR CIVIL RIGHTS & SMALL BUSINESS DEVELOPMENTTC 18-15
Rev. 10/2024
Page 2 of 2BRIDGING OPPORTUNITIES TRAINING PROGRAM APPLICATION -
COLLEGE PROGRAM**SECTION 4: APPLICANT SIGNATURE AGREEMENT**


I certify that all the information given in this application is accurate and complete. I understand that a background check shall be conducted before any internship offer is made. All applicants shall sign and return by the assigned date.


SIGNATURE _____ DATE _____


SECTION 5: EEO & PROGRAM INFORMATION *(Completion of this section is voluntary. The information is for statistical purposes only.)*How did you learn about the Bridging Opportunities Training Program? ☐ Transportation Cabinet website☐ Career/School Fair ☐ Advisor ☐ Word of mouth ☐ Other (Specify) _____RACE: ☐ African-American ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native ☐ WhiteSEX: ☐ Female ☐ Male AGE: _____**KYTC Use Only**☐ Co-op ☐ InterimSession enrolled: ☐ Fall ☐ Spring ☐ Summer

SIGNATURE APPROVAL _____ DATE _____

		KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT		TC 12-270 Rev. 06/2016 Page 1 of 1
ROADMAP PROGRAM APPLICATION				
<p>INSTRUCTIONS: To be considered for the Roadmap Program, complete this application and obtain your first-line and second-line supervisors' signatures. With Roadmap in the subject line, email the completed application to KYTC Internal Training Requests mailbox or mail to:</p> <p>Roadmap Program Coordinator Office of Human Resource Management Professional Development Branch 200 Mero Street, 6th Floor West Frankfort, KY 40622</p> <p>To view the current schedule of classes for the Roadmap Program, click on the following link: https://business.kytc.ky.gov/apps/kytcu/kytctng/Documents/Roadmap%20Schedule%202016%20Public.pdf</p>				
SECTION 1: APPLICANT INFORMATION				
FIRST NAME	LAST NAME	EMPLOYEE ID	JOB TITLE	
OFFICE/DEPARTMENT/DIVISION/DISTRICT		PHONE (work)	EMAIL (work)	
Are you currently a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		# OF YEARS IN TRANSPORTATION		
SUPERVISOR NAME		SUPERVISOR TITLE		
SECTION 2: EEO INFORMATION <i>(Completion of this section is voluntary. The information is for statistical purposes only.)</i>				
Pursuant to Cabinet policy, GAP-803, KYTC does not tolerate discrimination or harassment of any kind against any protected class. Furthermore, reasonable accommodation will be provided upon request.				
SEX: _____ RACE: _____				
SECTION 3: APPLICANT SIGNATURE AGREEMENT				
I understand that my participation in the Roadmap Program is voluntary, but that if enrolled, I commit to actively participating in the 6-month/12-class program. I also understand that participation in or completion of the program does not guarantee that I will receive any promotion, advancement, or preferential treatment; likewise, denial into, removal from, or lack of participation in the program does not exclude me from promotional opportunities or advancement.				
APPLICANT SIGNATURE _____		DATE _____		
SECTION 4: SUPERVISOR SIGNATURE APPROVALS				
As the applicant's supervisor, I agree to:				
<ul style="list-style-type: none"> Discuss and assist the candidate in adjusting his or her work schedule to accommodate the days required for program training Accommodate for the potential travel expenses associated with the requirements of the program Provide feedback, as requested, about the candidate and the program 				
FIRST-LINE SUPERVISOR SIGNATURE _____		DATE _____		SECOND-LINE SUPERVISOR SIGNATURE _____
				DATE _____

		KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT		TC 12-275 Rev. 06/2016 Page 1 of 1
GPS PROGRAM APPLICATION				
<p>INSTRUCTIONS: To be considered for the GPS Program, complete this application and obtain your first-line and second-line supervisors' signatures. With GPS in the subject line, email the completed application to KYTC Internal Training Requests mailbox or mail to:</p> <p>GPS Program Coordinator Office of Human Resource Management Professional Development Branch 200 Mero Street, 6th Floor West Frankfort, KY 40622</p>				
SECTION 1: APPLICANT INFORMATION				
FIRST NAME	LAST NAME	EMPLOYEE ID	JOB TITLE	
OFFICE/DEPARTMENT/DIVISION/DISTRICT		PHONE (work)	EMAIL (work)	
Are you currently a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		# OF YEARS IN TRANSPORTATION		
SUPERVISOR NAME		SUPERVISOR TITLE		
SECTION 2: EEO INFORMATION <i>(Completion of this section is voluntary. The information is for statistical purposes only.)</i> Pursuant to Cabinet policy, GAP-803, KYTC does not tolerate discrimination or harassment of any kind against any protected class. Furthermore, reasonable accommodation will be provided upon request. SEX: _____ RACE: _____				
SECTION 3: APPLICANT SIGNATURE AGREEMENT I understand that my participation in the GPS Program is voluntary, but that if enrolled, I commit to actively participating in the 6-month/12-class program. I also understand that participation in or completion of the program does not guarantee that I will receive any promotion, advancement, or preferential treatment; likewise, denial into, removal from, or lack of participation in the program does not exclude me from promotional opportunities or advancement. If not selected for this enrollment period of the GPS Program, keep my application for consideration for the next enrollment period of the GPS Program this year. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>NOTE: Candidates who are not selected may be considered for the next enrollment period without reapplying. However, applications expire 12 months from the signature date below and will need to be resubmitted if not selected by the expiration date.</i>				
APPLICANT SIGNATURE _____		DATE _____		
SECTION 4: SUPERVISOR SIGNATURE APPROVALS As the applicant's supervisor, I agree to: <ul style="list-style-type: none"> Discuss and assist the candidate in adjusting his or her work schedule to accommodate the days required for program training Accommodate for the potential travel expenses associated with the requirements of the program Provide feedback, as requested, about the candidate and the program 				
FIRST-LINE SUPERVISOR SIGNATURE _____		DATE _____	SECOND-LINE SUPERVISOR SIGNATURE _____	
			DATE _____	

		KENTUCKY TRANSPORTATION CABINET OFFICE OF LEGAL SERVICES		TC 11-209 Rev. 02/2017 Page 1 of 1	
		WAIVER & RELEASE FOR RIDE-ALONG IN KYTC-OWNED VEHICLES & EQUIPMENT			
SECTION 1: RIDE-ALONG INFORMATION					
FIRST NAME		LAST NAME		EMAIL	
PHONE		CITY		STATE	ZIP
SECTION 2: SIGNATURES					
<p>In consideration of my receipt of permission to ride as a passenger, also known as a ride-along, in vehicles or construction equipment owned by the Kentucky Transportation Cabinet (KYTC), I, the undersigned, for myself, my heirs, my executors, my administrators, and my assigns hereby waive and release any and all claims for damages, death, personal injury, loss of property, or property damage I may have or that may subsequently accrue to me or to my heirs, my executors, my administrators, or my assigns as a result of my participation in the above-mentioned event. I, the undersigned, discharge and release in advance KYTC and its respective employees, representatives, and officials (collectively, KYTC) without limitation from any and all liability arising out of or connected in any way with my participation in the above-mentioned event, even though that liability may arise out of negligence or carelessness on the part of KYTC.</p> <p>I have read and understand all that is written above and hereby voluntarily sign this waiver and release.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div><div style="text-align: center;">RIDE-ALONG SIGNATURE</div><div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div><div style="text-align: center;">WITNESS SIGNATURE</div></div><div style="width: 45%;"><div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div><div style="text-align: center;">DATE</div><div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div><div style="text-align: center;">DATE</div></div></div>					

	KENTUCKY TRANSPORTATION CABINET OFFICE FOR CIVIL RIGHTS AND SMALL BUSINESS DEVELOPMENT	TC 18-22 Rev. 05/2025 Page 1 of 1
BRIDGING OPPORTUNITIES TRAINING PROGRAM— EXPECTATION & PARTICIPATION ACKNOWLEDGMENT		
Welcome to the Bridging Opportunities Training Program (BOTP)! To ensure a successful and productive experience and to ensure mutual understanding of program expectations, please indicate your understanding and agreement to comply with these requirements by initialing each section (1-7) and signing below.		
1. Work Schedule ○ You are expected to adhere to the agreed-upon work schedule. <i>Any</i> changes, requests for time off, or requests to work overtime must be communicated and approved in advance by both your work area supervisor and the BOTP coordinator. _____ ○ You have been provided a copy of the _____ BOTP term curriculum. _____		
2. Mandatory Bi-Weekly Group Meetings Attendance and active participation in biweekly group meetings are required. _____ If you cannot attend the scheduled bi-weekly meeting, you must notify the BOTP coordinator in advance, and you will be asked to complete an alternative assignment to make up for your absence. _____		
3. Assignments All assignments should be completed during your regular scheduled on-site work hours. Assigned tasks and projects must be completed within the designated time frame, submitted by the assigned due date, and must meet the expected standards set by the BOTP coordinator at the start of each assignment. _____		
4. Additional Assigned Duties You may be tasked with various other responsibilities throughout the internship. Your commitment to completing these duties is expected. _____		
5. On-Site Work Requirement All interns are expected to work on-site at their designated work location. Remote work or telework is not permitted during the internship. _____		
6. Professional Dress & Behavior ○ Interns are expected to present themselves in a professional manner at all times while participating in the BOTP. This includes wearing appropriate business attire and demonstrating respectful, courteous, and responsible behavior in the workplace. _____ ○ Interns should adhere to KYTC's dress code and conduct standards, as they are representatives of the BOTP. Please see GAP 801 Employee Conduct, General Conduct and GAP 806 Employee Conduct, Employee Dress for further information. _____		
7. Program Compliance Interns are expected to adhere to all BOTP guidelines and professional standards. To maintain a constructive and respectful learning environment, the BOTP follows a progressive accountability policy for violations of expectations, including but not limited to attendance issues, unprofessional conduct, failure to abide by requirements 1 – 6 above, or breach of KYTC policies. A breach of policies may be referred to the Office of Human Resource Management and may result in any the following: ○ Verbal warning and documentation of the incident/issue _____ ○ Written warning outlining the concern and expectations for improvement _____ ○ Dismissal from the BOTP _____		
_____ Intern Name (Print.)	_____ Intern Signature	_____ Date
_____ Work Area Supervisor Name (Print.)	_____ Work Area Supervisor Signature	_____ Date
_____ BOTP Coordinator Name (Print.)	_____ BOTP Coordinator Signature	_____ Date



Voting and Election Leave Verification

This form should be completed by the employee and submitted to the employee's supervisor. The supervisor will forward to the agency HR office after the timesheet has been approved.

Check all that apply.

☐ **Voting Leave**

According to **101 KAR 2:102 Section 7** and **101 KAR 3:015 Section 7**, an employee who is eligible and registered to vote shall be allowed, upon prior request and approval, use of up to four (4) hours for the purpose of voting in-person, by mail-in ballot, or to appear before the county clerk to request an application for or to execute an absentee ballot. This includes participation in out-of-state elections and absentee votes cast for out-of-state elections, if the employee is otherwise eligible. In order to be eligible for voting leave, an employee must:

- (1) be registered to vote in the county holding the election,
- (2) be regularly scheduled to work on the date the vote is cast:
 - a) On Election Day during the hours of 6:00 a.m. to 6:00 p.m., local time, or
 - b) On an alternate voting day, during the scheduled hours of operation of the alternate voting site, or
 - c) On the date the vote is cast by mail, and
- (3) notify their immediate supervisor prior to receiving voting leave. Employees who are authorized to work in lieu of taking voting leave shall receive up to four hours of compensatory leave.

☐ **Election Officer Leave**

According to **101 KAR 2:102 Section 7** and **101 KAR 3:015 Section 7**, an employee who is selected as an election officer shall be allowed, upon prior request and approval, leave up to seven and one half (7.5) hours based on a 37.5 hour work week or eight (8) hours based on a 40 hour work week, for attending training or serving as an election officer.

- Approved absences to serve as an election officer on Election Day shall be coded as ELEC (Working Polls Leave).
- Approved absences for election officer training activities shall be charged to compensatory leave, annual leave, or authorized leave without pay if the employee does not have accrued leave or a combination thereof

I certify that I was approved for leave to vote and/or serve as an election officer. I further certify that I voted, attended training to serve as an election officer, and/or served as an election officer on:

in _____ County, _____.

I understand that I may be subject to disciplinary action, up to and including termination, if it is determined that I falsified my timesheet by taking the voting leave benefit and failing to vote and/or election leave benefit I was not entitled to claim.


Employee Printed Name

PERNR or Employee/User ID

Employee Signature

Date


PC/DHRA/DEM
Oct 2022

	KENTUCKY TRANSPORTATION CABINET OFFICE FOR CIVIL RIGHTS AND SMALL BUSINESS DEVELOPMENT BRIDGING OPPORTUNITIES TRAINING PROGRAM— INTERN SELF-ASSESSMENT	TC 18-27 Rev. 05/2025 Page 1 of 1
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Date of Self-Assessment: _____	Dates of BOTP Participation: From _____ to _____
--------------------------------	--------------------------------------------------

SECTION 1: INTERN INFORMATION	
FULL NAME (<i>Print.</i>)	PRNR #
ASSIGNED WORK AREA	WORK AREA SUPERVISOR

SECTION 2: SELF-ASSESSMENT QUESTIONS
<i>(Answer each question below, providing details and examples as appropriate.)</i>
1. What were your main responsibilities and accomplishments?
2. What skills did you develop or strengthen?
3. What challenges did you face and how did you address them?
4. How has this internship influenced your career goals?
5. What suggestions do you have for improving the Bridging Opportunities Training Program (BOTP)?
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ INTERN SIGNATURE </div> <div style="width: 45%; text-align: center;"> _____ DATE </div> </div>

	KENTUCKY TRANSPORTATION CABINET OFFICE FOR CIVIL RIGHTS AND SMALL BUSINESS DEVELOPMENT BRIDGING OPPORTUNITIES TRAINING PROGRAM— INTERN EXIT SURVEY	TC 18-28 Rev. 05/2025 Page 1 of 1
Date of Exit Survey: _____ Dates of BOTP Participation: From _____ to _____		
SECTION 1: INTERN INFORMATION		
FULL NAME (Print.)	PRNR #	
ASSIGNED WORK AREA	WORK AREA SUPERVISOR	
SECTION 2: EXIT SURVEY QUESTIONS		
<i>(Answer each question below, providing details and examples as appropriate.)</i>		
1. What did you enjoy most and least about the internship? <div style="height: 80px; border: 1px solid black;"></div>		
2. Did you feel supported by your supervisor/team? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Explain why or why not.)</i> <div style="height: 100px; border: 1px solid black;"></div>		
3. Were your learning goals met? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Explain why or why not.)</i> <div style="height: 100px; border: 1px solid black;"></div>		
4. Would you recommend the BOTP to others? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Explain why or why not.)</i> <div style="height: 100px; border: 1px solid black;"></div>		
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;"> INTERN SIGNATURE </div> <div style="width: 45%; border-top: 1px solid black; text-align: center;"> DATE </div> </div>		

COMMONWEALTH OFFICE OF TECHNOLOGY Office of the Chief Information Officer Enterprise Policy (CIO)		Page 1 of 3
CIO-060: Acceptable Use Policy		
EFFECTIVE DATE: 5/15/1996	REVISED: 01/11/2023	REVIEWED: 03/03/2025

I. POLICY STATEMENT

This policy establishes controls related to acceptable use of enterprise IT resources. The policy provides guidance in decision-making and practices that optimize resources, mitigate risk, and maximize return on investment.

II. DEFINITIONS

"State IT Resources" – means services, assets, and access that include but are not limited to e-mail, network access, internet access, text messaging, wireless devices, voicemail, software, and devices such as phones, mobile phones, desktops, tablets, monitors, storage (like network drives, USB, and external hard drives), scanners, printers, plotters, projectors, servers, routers, and switches.

III. POLICY

The Commonwealth Office of Technology (COT) provides state IT services, assets, and access to staff, visitors, vendors, and the public. These services, assets, and access (collectively known as IT resources) are under COT's authority, and all users of state IT resources shall comply with all enterprise and agency policies.

Staff in the Executive Branch agencies shall read and acknowledge their responsibility for appropriate use of state IT resources. Users of state IT resources shall protect the resources and associated content appropriately.

Staff shall have no expectation of privacy associated with the information they publish, store, or access using Commonwealth resources. Staff shall report to their supervisor or agency IT coordinator immediately of any loss, abuse, or suspected abuse of state IT resources. Tools are available to monitor the use of state IT resources, and management may review potential abuse claims or inappropriate conduct. Staff members shall use state IT resources to accomplish their job responsibilities. Staff may also use state IT resources to maintain and develop professional skills. Incidental personal use is permissible, though not encouraged, and shall:

- Be infrequent, brief, ethical, and responsible.
- Have no negative impact on the staff member's overall productivity.
- Not interfere with the normal operations of the agency or work unit.
- Not compromise the agency or the Commonwealth in any manner.
- Not cause any additional expense to the Commonwealth or the agency.

Staff shall reimburse the state for printers/copiers, personal telephone or mobile phone use on agency devices.

COMMONWEALTH OFFICE OF TECHNOLOGY Office of the Chief Information Officer Enterprise Policy (CIO)		Page 2 of 3
CIO-060: Acceptable Use Policy		
EFFECTIVE DATE: 5/15/1996	REVISED: 01/11/2023	REVIEWED: 03/03/2025

COT must approve any commercial use of Internet connections by agencies for which the agency receives compensation. State agencies should avoid endorsing or promoting a specific product or company on agency websites; however, the placement of acknowledgements, accessibility, and certifications is acceptable.

IV. UNACCEPTABLE USES

Agencies and staff shall **not** use state IT resources to:

- Engage in inappropriate or unprofessional conduct;
- Engage in unapproved activities that may cause congestion or disruption of networks or systems;
- Use an application or otherwise access the Social Media site owned by the Chinese company ByteDance Limited or its successors commonly known as "Tik Tok," other than for a law enforcement purpose;
- Access for personal use or operate personal Social Media accounts on state IT resources, including, but not limited to, state-owned mobile devices such cellular phones or tablets, and state-owned desktop or laptop computers;
- Connect unauthorized personal or state devices to the state network;
- Falsify state resources or content;
- Solicit money for religious or political causes or for illegal purposes.

Staff shall not use any IT device (e.g., mobile phone or laptop), whether state-owned or personal, while operating a government vehicle.

Staff may need to be exempt from some of these prohibitions in the course of completing their job requirements and for legitimate state government business. Agencies requesting an exemption from or an exception to any parts of this policy shall submit an exception request to COT's Office of IT Architecture and Governance (OITAG) via the Commonwealth Service Desk. COT will pass any costs resulting from the exemptions or exceptions to this policy to those agencies.

This policy is subject to all terms and provisions of the ENT-301 Acceptable Use and Social Media Guidelines, all of which are, by this reference, made a part of and incorporated in this policy.

V. COMPLIANCE AND DISCIPLINARY ACTION

Each agency must ensure that staff within their organizational authority are made aware of and comply with this policy. The agency is responsible for enforcing it. Failure to comply with this policy may result in disciplinary action up to and including dismissal. COT may require additional service charges for remediation efforts due to non-compliance with this policy.

COMMONWEALTH OFFICE OF TECHNOLOGY Office of the Chief Information Officer Enterprise Policy (CIO)		Page 3 of 3
CIO-060: Acceptable Use Policy		
EFFECTIVE DATE: 5/15/1996	REVISED: 01/11/2023	REVIEWED: 03/03/2025

VI. APPLICABILITY

All executive branch agencies and non-executive branch agencies using COT-managed infrastructure or services shall adhere to this policy. This includes employees, contractors, consultants, temporaries, volunteers, and other workers within state government. Organizations may modify this policy to fulfill their responsibilities but must obtain approval through an exception request. Staff should refer to their internal policy, which may have additional information or clarification.

VII. REFERENCES:

Helpful references can be found on the Enterprise IT Policies webpage.

COMMONWEALTH OFFICE OF TECHNOLOGY Office of the Chief Information Officer Enterprise Policy (CIO)		Page 1 of 3
CIO-061: Social Media Policy		
EFFECTIVE DATE: 7/1/2011	REVISED 01/11/2023, 03/24/2025	REVIEWED: 01/11/2023, 03/24/2025

I. PURPOSE

This policy establishes controls related to Commonwealth Office of Technology (COT) Enterprise requirements for Social Media use. The policy provides guidance in decision-making and practices that optimize resources, mitigate project risk, and maximize return on investments.

II. DEFINITION

"Social Media" means technologies and platforms that allow users and organizations to create and share information via communities and networks. The media may share information globally (e.g., Facebook or YouTube), or organizations may use the media internally (e.g., internal SharePoint sites).

III. POLICY

COT and agencies have an opportunity and obligation to communicate with the public about their services, events, plans, and other business information. Social Media, such as Facebook, X.com (formerly known as Twitter), or YouTube provides agencies additional, cost-effective ways to communicate information. Social Media, when coupled with traditional information dissemination channels, can enhance an agency's outreach and communication with the public. This policy outlines the IT requirements needed to address the opportunities and risks concerning the use of Social Media. The policy only addresses the Social Media platforms used for external, public-facing communications.

Agencies shall:

- Use only official agency-branded accounts. No personal accounts may be used to communicate official agency business, and no official accounts may be used for personal opinions or information.
- Establish, maintain, and secure information related to agency Social Media accounts. Agencies must safeguard this information against compromise, as well as ensuring the availability and continued access to the accounts in the event of an emergency, employee termination, and retirement.
- Ensure that official Social Media accounts address appropriate security and compliance requirements, including account password changes and password complexity constraints.
- Ensure that the agency's use of Social Media complies with:
 - CIO-060 Acceptable Use Policy
 - CIO-071 Wireless Voice and Data Services Policy
 - CIO-092 Media Protection Policy
 - CIO-093 Risk Assessment Policy
 - Agency policies concerning official communications and the release of information by the agency
 - Terms of Service for each Social Media platform in use by the agency.

COMMONWEALTH OFFICE OF TECHNOLOGY Office of the Chief Information Officer Enterprise Policy (CIO)		Page 2 of 3
CIO-061: Social Media Policy		
EFFECTIVE DATE: 7/1/2011	REVISED 01/11/2023, 03/24/2025	REVIEWED: 01/11/2023, 03/24/2025

Agencies shall not:

- Release non-public information, such as personal, sensitive, confidential, or other personally identifiable information. The agency shall comply with all requirements for the release of any public information by use of Social Media.
- Release information concerning litigation or potential litigation.
- Release any content that violates any state or federal statute, regulation, or internal procedure.
- Release any information in violation of copyright, fair use, and other applicable intellectual property laws.
- Use an application or otherwise access the Social Media site owned by the Chinese company ByteDance Limited or its successors commonly known as "Tik Tok," other than for a law enforcement purpose.
- Release any Federal Tax Information by use of Social Media.

This policy is subject to all terms and provisions of the ENT-301 Acceptable Use and Social Media Guidelines, all of which are, by this reference, made a part of and incorporated in this policy.

Agency staff who fail to comply with policies concerning Social Media are subject to agency disciplinary action, up to and including dismissal.

Agencies may request exceptions to this policy by submitting a security exemption request via the Commonwealth Office of Technology ticketing system. The CISO will consider requests on a case-by-case basis. COT may pass any costs resulting from the exemptions or exceptions to this policy to those agencies.

IV. COMPLIANCE AND DISCIPLINARY ACTION

Each agency must ensure that staff within their organizational authority are made aware of and comply with this policy. The agency is responsible for enforcing it. Failure to comply with this policy may result in disciplinary action up to and including dismissal. COT may require additional service charges for remediation efforts due to non-compliance with this policy.


V. APPLICABILITY


All executive branch agencies and non-executive branch agencies using COT-managed infrastructure or services shall adhere to this policy. This includes employees, contractors, consultants, temporaries, volunteers, and other workers within state government. Organizations may modify this policy to fulfill their responsibilities but must obtain approval through an exception request. Staff should refer to their internal policy, which may have additional information or clarification.

COMMONWEALTH OFFICE OF TECHNOLOGY Office of the Chief Information Officer Enterprise Policy (CIO)		Page 3 of 3
CIO-061: Social Media Policy		
EFFECTIVE DATE: 7/1/2011	REVISED 01/11/2023, 03/24/2025	REVIEWED: 01/11/2023, 03/24/2025

VI. REFERENCES

Helpful references can be found on the Enterprise IT Policies webpage.

	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-263 Rev. 12/2018 Page 1 of 1
EMPLOYEE & AGENT PRIVACY & SECURITY OF CONFIDENTIAL OR SENSITIVE INFORMATION AGREEMENT		
SECTION 1: EMPLOYEE INFORMATION		
LAST NAME	FIRST NAME	EMPLOYEE ID #
OFFICE/DEPARTMENT/DIVISION		
SECTION 2: AGREEMENT		
<p>I understand that I may be allowed access to confidential or sensitive information and/or records so that I may perform my specific job duties or assignments; I further understand and agree that I am not to obtain, access, maintain, release, use, circulate, disclose, or dispose of confidential or sensitive information or media, documents, or writings, containing confidential or sensitive information, including but not limited to Social-Security-provided information, without prior consent of my supervisors or appropriate agency contact within the Kentucky Transportation Cabinet (Cabinet).</p> <p>I understand that all usernames and passwords to access electronic media systems are issued on an individual basis, that at no time will I allow use of my username and password by any other person or entity, and that I am solely responsible for all information obtained, accessed, maintained, released, used, circulated, or disclosed through such restricted systems accessed by my username and password; I further understand that modifying or installing additional equipment and/or unauthorized software to electronic equipment supplied by the Cabinet for my use as an employee, contractor, contract employee, or agent in the course of my employment without express permission from the Cabinet's Office of Information Technology is prohibited.</p> <p>I understand that all information, including personal information, placed on or sent over Commonwealth technology may be monitored. Use of Commonwealth technology, authorized or unauthorized, constitutes consent to monitoring of the use of the technology. Evidence of unauthorized use collected during monitoring may be used for administrative, criminal, or other adverse action. Use of Commonwealth technology constitutes consent to monitoring for these purposes.</p> <p>As an employee, I understand that my compliance with this agreement is required and that any negligent or intentional violation of any term of this agreement and the associated Cabinet policy (<i>General Administration & Personnel Manual</i>, GAP-807, "Confidential or Sensitive Information") may result in disciplinary action, up to and including dismissal, pursuant to KRS 18A and 101 KAR 1:345, as well as applicable civil and criminal penalties.</p> <p>As an agent or contract employee, I understand that my compliance with this agreement is required and that any negligent or intentional violation of any term of this agreement and the associated Cabinet policy is a breach of my procurement, employment, or service contract and may also result in applicable civil or criminal penalties.</p>		
SECTION 3: SIGNATURES		
I have read the above, received a copy of the Cabinet's <i>Confidential or Sensitive Information</i> policy, and understand my responsibilities.		
EMPLOYEE SIGNATURE	DATE	
SUPERVISOR SIGNATURE	DATE	
OFFICE/DEPARTMENT/DIVISION HEAD SIGNATURE	DATE	

	KENTUCKY TRANSPORTATION CABINET OFFICE FOR CIVIL RIGHTS AND SMALL BUSINESS DEVELOPMENT BRIDGING OPPORTUNITIES TRAINING PROGRAM— WORK AREA SUPERVISOR INTERN-EXIT SURVEY	TC 18-29 Rev. 05/2025 Page 1 of 1		
Date of Work Area Supervisor Intern-Exit Survey: _____				
Dates of BOTP Participation: From _____ to _____				
SECTION 1: INTERN INFORMATION				
FULL NAME (<i>Print.</i>)	PRNR #			
ASSIGNED WORK AREA	WORK AREA SUPERVISOR			
SECTION 2: INTERN PERFORMANCE				
PERFORMANCE RATING: (<i>1 = Poor, 5 = Excellent</i>)				
Quality of Work	Reliability & Punctuality	Communication Skills	Initiative & Problem Solving	Adaptability & Teamwork
PERFORMANCE COMMENTS:				
1. Key strengths observed:				
2. Areas for improvement:				
3. Would you recommend intern for future employment? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Explain why or why not.</i>)				
4. Would you recommend the BOTP to others? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Explain why or why not.</i>)				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> _____ WORK AREA SUPERISOR SIGNATURE </div> <div style="width: 45%; text-align: center;"> _____ DATE </div> </div>				

KENTUCKY TRANSPORTATION CABINET
OFFICE OF HUMAN RESOURCE MANAGEMENTTC 12-228
Rev. 05/2008
Page 1 of 1**NOTICE OF REQUEST FOR CORRECTIVE ACTION OR MAJOR DISCIPLINARY ACTION****SECTION 1: ACKNOWLEDGMENT**

I hereby acknowledge that I have been placed on notice that a request for corrective action or a major disciplinary action will be sent to the Transportation Cabinet's Appointing Authority, or designee, for review and consideration.


I may respond to the request in writing and provide supporting documentation in my defense to the person notifying me of this request who, in turn, will forward the written statement and documentation to the Transportation Cabinet's Appointing Authority, or designee.


I further understand that my acknowledgment of the request for corrective action or major disciplinary action does not constitute my admission to the charges or my agreement with the request.

Moreover, I understand that any major disciplinary action taken against me—including suspension, dismissal, or demotion—shall be approved by the Appointing Authority, or designee. I am to continue to report to work unless otherwise directed in writing by the Appointing Authority, or designee.

SECTION 2: SIGNATURES

EMPLOYEE	DATE
FIRST- OR SECOND-LINE SUPERVISOR	DATE
WITNESS (<i>upon refusal of employee to sign</i>)	DATE

	KENTUCKY TRANSPORTATION CABINET OFFICE FOR CIVIL RIGHTS & SMALL BUSINESS DEVELOPMENT	TC 18-6 Rev. 01/2024 Page 1 of 2
EEO COMPLAINT		
INSTRUCTIONS Complete this form and submit it in accordance with the Transportation Cabinet's EEO/Civil Rights Complaint Procedures, GAP-902. Please attach additional pages as necessary and sign and date each page.		
SECTION 1: EMPLOYEE INFORMATION		
FIRST NAME	LAST NAME	BEST CONTACT #
HOME MAILING ADDRESS <i>(street)</i>	CITY	STATE ZIP
WORK MAILING ADDRESS <i>(street)</i>	CITY	STATE ZIP
JOB STATUS <i>(Check all that apply.)</i>		
<input type="checkbox"/> Probational <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Interim		
<input type="checkbox"/> Contract <input type="checkbox"/> Applicant for Initial State Employment		
SECTION 2: HARASSMENT/DISCRIMINATION COMPLAINT INFORMATION		
TYPE OF ALLEGED DISCRIMINATION <i>(as supported in your statements)</i>		
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> Age (40 or over) <input type="checkbox"/> Retaliation <input type="checkbox"/> Disability		
<input type="checkbox"/> Smoking Status <input type="checkbox"/> HIV Status <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Gender Identity <input type="checkbox"/> Veteran Status <input type="checkbox"/> Political Affiliation		
NATURE OF ALLEGED HARASSMENT/DISCRIMINATION <i>(Attach additional pages as necessary.)</i>		
SECTION 3: EMPLOYEE SIGNATURE & DATE		
SIGNATURE <i>(employee)</i>		DATE

	KENTUCKY TRANSPORTATION CABINET OFFICE FOR CIVIL RIGHTS & SMALL BUSINESS DEVELOPMENT	TC 18-6 Rev. 01/2024 Page 2 of 2
EEO COMPLAINT		
SECTION 4: EVIDENCE & WITNESS INFORMATION		
1. What evidence support s your discrimination complaint? <i>(Attach additional pages as necessary.)</i>		
2. Witnesses		
SECTION 5: ATTEMPTED RESOLUTIONS & RECOMMENDATIONS TO MANAGEMENT		
1. What have you done to try to resolve this problem?		
2. What is your desired outcome?		
SECTION 6: EMPLOYEE SIGNATURE & DATE		
SIGNATURE <i>(employee)</i>		DATE



GRIEVANCE FORM

A GRIEVANCE IS A COMPLAINT CONCERNING A TERM OR CONDITION OF EMPLOYMENT OVER WHICH THE EMPLOYEE'S AGENCY HAS CONTROL. A GRIEVANCE MUST BE FILED WITHIN THIRTY (30) DAYS OF THE OCCURRENCE OR DISCOVERY OF THE EVENT. IF THIS GRIEVANCE CONCERNS AN ACTION APPEALABLE DIRECTLY TO THE PERSONNEL BOARD PURSUANT TO KRS 18A.095, YOUR RIGHT TO FILE AN APPEAL WITH THE PERSONNEL BOARD IS NOT EXTENDED BEYOND THE SIXTY (60) DAY APPEAL PERIOD OR OTHERWISE AFFECTED BY THE FILING OF A GRIEVANCE.

[Please type or print]

Name: _____ Pernr: _____
 Job Title/Classification: _____
 Cabinet: _____
 Department: _____ Work Phone: _____
 Division: _____
 Branch: _____
 Work Location: _____

WHAT IS YOUR GRIEVANCE? (Please state facts and be specific as to the date, place and individual(s) involved. Attach additional pages if necessary.)

WHAT SPECIFIC SOLUTION DO YOU RECOMMEND TO RESOLVE YOUR GRIEVANCE?

☐ In accordance with 101 KAR 1:375, Section 3, I choose to file this grievance with my second line supervisor.

Employee's Signature _____

Date _____

FIRST LEVEL REVIEW- FINDINGS AND DECISION OF SUPERVISOR: (Must be completed within ten (10) work days of receipt of grievance.)

Supervisor's Printed Name _____

Supervisor's Signature _____

Date _____

Employee chooses to: ☐ Accept this decision
☐ Appeal this decision to the next level. (Must be requested within five (5) work days of receipt of supervisor's decision.)

Employee's Signature _____

Date _____

SECOND LEVEL REVIEW- FINDINGS AND DECISION (Must be completed within five (5) days):

Printed Name Printed Title Signature Date

Employee chooses to: ☐ Accept this decision
☐ Appeal this decision to the next level (Must be filed within five (5) days)

Employee's Signature

Date

THIRD LEVEL REVIEW- FINDINGS AND DECISION (Must be completed within five (5) days):

Printed Name Printed Title Signature Date

Employee chooses to: ☐ Accept this decision
☐ Appeal this decision to the next level (Must be filed within five (5) days)

Employee's Signature

Date

FINAL SUPERVISORY REVIEW- FINDINGS AND DECISION (Must be completed within five (5) days):

Printed Name Printed Title Signature Date

Employee chooses to: ☐ Concur with this decision
☐ Appeal this decision to the appointing authority for final determination. (Must be filed within five (5) work days of final line supervisor's response.)

Employee's Signature

Date

IF YOUR GRIEVANCE IS NOT APPEALABLE TO THE PERSONNEL BOARD UNDER THE PROVISIONS OF KRS 18A.095, THE DETERMINATION OF YOUR AGENCY'S APPOINTING AUTHORITY IS FINAL.

KENTUCKY TRANSPORTATION CABINET
OFFICE OF LEGAL SERVICESTC 11-205
Rev. 05/2007
Page 1 of 1

REQUEST TO INSPECT PUBLIC RECORDS

(KRS 61.870 to KRS 61.884)

TO

Office of Legal Services
200 Mero St., 6th Floor West
Frankfort, KY 40622
Fax: (502) 564-5238

DATE

I request to inspect and/or copy the following document(s):

NAME

COMPANY

ADDRESS (*street*)

CITY

STATE

ZIP

PHONE

Records Transmittal to State Archives Center or State Records Center

Kentucky Department for Libraries and Archives, Public Records Division
300 Coffee Tree Road, P. O. Box 537, Frankfort Kentucky 40602

Cabinet/Local Jurisdiction

Department/Local Government Office

Division

Branch/Unit

Retention Schedule Date

Total Containers

Permanent? Yes ☐ No ☐
 Destruction Date
(Month, Year)
PRD USE ONLY

Accession No. _____ RG. No. _____
 Compiler _____ Date _____
 Shelver _____ Vol. _____
 Reviewer/Date _____ Retention _____
 Inventory _____ Destruction Certificate _____ Date Destroyed _____
 Locator _____ Disposition Request _____ Disposition Database _____

PRD USE		FOR AGENCY USE		
LOCATION IN CENTER	BOX ROLL BOOK BUNDLE OTHER	SERIES NUMBER AS ON SCHEDULE	TITLE OF RECORDS, EXACTLY AS LISTED ON THE RECORDS RETENTION SCHEDULE	DATE SPAN OF RECORDS IN EACH CONTAINER
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

IS ACCESS TO THESE RECORDS RESTRICTED? Yes ☐ No ☐ IF YES, CITE AUTHORITY

* By transferring permanent records to the State Archives Center, an agency acknowledges that records are not needed for current business use.
 By transferring permanent records to the State Records Center, an agency acknowledges that records are needed for current business use.

Agency Records Officer/Signature

Date

Page 1 of 2

Records Officer should send completed form, as an attachment, to state.records@ky.gov. Save until you receive your locator copy.
 PRD 70
Rev. 09/08

**Records Transmittal to State Archives Center or State Records Center
(Continuation Sheet)**

PRD USE ONLY

Accession No.

Cabinet/Local Jurisdiction

Department/Local Government Office

Division

Branch/Unit

PRD USE		FOR AGENCY USE			
LOCATION IN CENTER	BOX ROLL BOOK BUNDLE OTHER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SERIES NUMBER AS ON SCHEDULE	TITLE OF RECORDS, EXACTLY AS LISTED ON THE RECORDS RETENTION SCHEDULE	DATE SPAN OF RECORDS IN EACH CONTAINER

Page of

PRD 70a
Rev. 02/08

PRD 320 Rev. 4/86		1. RECORD GROUP NO.		2. SERIES NO.	
Records Description and Analysis Public Records Division Department for Libraries & Archives		3. ORIGINATING AGENCY			
		4. ADMINISTRATIVE UNIT			
		5. PHYSICAL CUSTODIAN			
COMPILER		DATE		PHONE NO.	
IDENTIFICATION AND DESCRIPTION					
6. TITLE OF RECORD			7. VARIANT TITLE		
8. RECORD IS: <input type="checkbox"/> Original <input type="checkbox"/> Duplicate		9. LOCATIONS OF ALTERNATE COPIES (Original or Duplicate)			
10. INFORMATION SUMMARIZED IN:					
11. MEDIUM (If Machine Readable Record, Complete and Attach Form PRD 320 M) <input type="checkbox"/> Paper <input type="checkbox"/> Computer Printout <input type="checkbox"/> Microform <input type="checkbox"/> Computer Disk <input type="checkbox"/> Computer Diskette <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio/Video Tape <input type="checkbox"/> Photographic Negative <input type="checkbox"/> Photographic Print <input type="checkbox"/> Motion Picture <input type="checkbox"/> Other (Explain)					
12. ARRANGEMENT/SORT SEQUENCE (Alpha, Numeric, Chronological, Random, etc.): Explain in detail.					
13. INDEX/FINDING AID(S)					
14. DATE SPAN:		In Agency		State Records Center	
From: To:		From: To:		From: To:	
15. VOLUME:		In Agency		State Records Center	
16. ANNUAL ACCUMULATION (Cu. Ft.)		17. REFERENCE RATE (Number of times you use each year's accumulation)			
		1st Year: 2nd Year: 3-5 Years: More than 5 Years:			
18. FUNCTION AND USE (For what purpose is/was record created? What activity, process or transaction does it document?)					

19. CONTENTS (Documents in this file? Information on this form? Data Elements in this computer file, etc.)		
20. INPUT RECORDS (What records flow into, or provide information to create this record?)		
21. OUTPUT RECORDS (What records flow out of the information in this record series?)		
22. VITAL RECORD? <input type="checkbox"/> Yes <input type="checkbox"/> No	23. If Yes, VITAL RETENTION PERIOD?	
24. VITAL RECORDS PROTECTION INSTRUCTIONS		
25. ACCESS RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain restrictions and attach copy of authority (KRS, KAR, CFR, etc.)		
26. IS RECORD SUBJECT TO AUDIT? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list AUDITING AGENCY (Federal, State, Internal)		27. AUDIT RETENTION REQUIREMENT
28. LEGAL RETENTION REQUIREMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, cite statute and state length of retention period required.		
ANALYSIS		
29. APPRAISAL CRITERIA <input type="checkbox"/> Administrative Retention Value <input type="checkbox"/> Legal Retention Value <input type="checkbox"/> Fiscal Retention Value <input type="checkbox"/> Research Retention Value <input type="checkbox"/> Intrinsic Retention Value 31. AGENCY RETENTION	30. RATIONALE FOR RETENTION	
32. DISPOSITION INSTRUCTIONS:		
33. RECORDS CENTER RETENTION:	34. ARCHIVES CENTER RETENTION:	35. TOTAL RETENTION:
Records Analyst Signature		Date

L-A&R 140

10/2008

RECORDS REQUEST AUTHORIZATION

Kentucky Department for Libraries and Archives
Public Records Division

State Records Branch – 300 Coffee Tree Road
Frankfort, KY 40601 502-564-8300

AGENCY: [Click here to enter text.](#)

(Do NOT use acronyms)

Address: [Click here to enter text.](#)

The following persons are authorized to request or otherwise use the records of the above agency which are located in the State Archives or Records Center *(Please print)*:

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

Agency Records Officer Signature

Date

**INSTRUCTIONS FOR PRD-160
RECORD REQUEST FORM**

If you need further instructions, call 502-564-3617 and speak to anyone who answers. An alternate phone number is 502-564-8300, extension 237.

- 1) Enter your agency name (i.e. state agency, county name, etc).
- 2) Enter your office name (i.e. Public Records Division, circuit or district court, etc).
- 3) Enter your name.
- 4) Enter a contact phone number where we can reach you, and your extension if any. If this is a copy request for a customer enter the customer's phone number here.
- 5) Enter the action for this request (Example: send to a John Smith on receipt of record).
- 6) Check Original or Photocopy. Do you need the original record or a photocopy? Only the custodial agency can request that the original record be sent out. Other parties need to request a copy. There is a charge for copy service.
- 7) Enter your agency's address (and a mail stop if any). If this a copy request for a patron, enter the patron's billing address here.
- 8) Location is listed on the Agency Locator copy of the appropriate records transmittal in the block labeled **Location in Center** on the left side of the form. (The format for the State Records Center is either: Roman Numeral - Letter - Number. [Example: X-F-24 or V-F-24]; or Letter and Letter-Number-Number [Example: WA-10-100]) (The format for State Archives Center is: (Letter and Number / Letter and Number - Number. [Example: C31/E1-A])
- 9) Accession Number is listed on the Agency Locator copy of the appropriate records transmittal in the small box at the top right. (Example: R2007-1234 or A2007-1234). In the case of accessions in years prior to 1983 the format will be the number of the shipment followed by the year of the shipment. (Example: Transmittal 1 of 1982).
- 10) Unit Number is listed on the Agency Locator copy of the appropriate records transmittal in the block labeled **Box; Roll; Book; Bundle; or Other** second from the left.
- 11) This is the title of the record (name on case or description of the file).
- 12) This is the case number or file number.
- 13) Will you be returning the record to the State Records Center or the State Archives Center? (Yes or No)
- 14) Libraries and Archives use only.
- 15) Libraries and Archives use only.
- 16) In this block you can note specific instructions to follow once you receive the record, or you can enter instructions to ensure we understand your request.
- 17) Libraries and Archives use only.
- 18) These are the addresses to send records back for storage. Accession numbers beginning with an "R" are to be sent back to the State Records Center. Accession numbers beginning with an "A" are to be sent back to the State Archives Center.

Online PRD 160

Rev. 0

Public Records Division - Kentucky Department for Libraries and Archives

Billing/Mailing Address:

Requesting Agency:	1	Unit:	2	Billing/Mailing Address:										
Requested By:	3	Telephone Number:												
Action:	5	Date 30-Jun-14	Request For: <input type="checkbox"/> Original <input checked="" type="checkbox"/> Photocopy		7									
Location in Center	8	Accession Number	9	Unit Number	10	Record Series Title	11	Identification Number	12	To Be Returned?	13	Out	In	Date Record
Special Instructions														
16														
<input type="checkbox"/> Agency Office Instructions														
Retrieved By/Date	17	Return Record To:												
		<div> <input type="checkbox"/> State Records Center 1425 Leestown Road Frankfort, Kentucky 40601 (502) 564-3617 FAX (502) 564-4053 </div> <div> 18 </div> <div> <input type="checkbox"/> State Archives Center 300 Coffee Tree Road Frankfort, Kentucky 40601 (502) 564-8300 FAX (502) 564-1060 </div>												

Online PRD 160
Rev. 0

Public Records Division - Kentucky Department for Libraries and Archives

Requesting Agency:		Unit:		Billing/Mailing Address:					
Requested By:		Telephone Number:							
Action:		Date 30-Jun-14	Request For: <input type="checkbox"/> Original <input type="checkbox"/> Photocopy						
Location in Center		Accession Number	Unit Number	Record Series Title		Identification Number	To Be Returned?	Date Record Out In	
Special Instructions									
<input type="checkbox"/> Agency Office Instructions									
Retrieved By/Date		Return Record To:							
		<input type="checkbox"/> State Records Center 1425 Leestown Road Frankfort, Kentucky 40601 (502) 564-3617 FAX (502) 564-4053							
		<input type="checkbox"/> State Archives Center 300 Coffee Tree Road Frankfort, Kentucky 40601 (502) 564-8300 FAX (502) 564-1060							

RECORDS DESTRUCTION CERTIFICATE INSTRUCTIONS

The Records Destruction Certificate is a fielded Microsoft Word form that should be used by Records Officers to document destruction of records at an agency. A printed copy of the completed and signed form should be sent to the Public Records Division.

Fill in the data on the Records Destruction Certificate (form PRD 50) as follows:

- **Date:** Enter the month, day, year the Certificate is prepared.
- **Cabinet/Local Jurisdiction:** Enter your agency's cabinet or local jurisdiction.
- **Department/Local Government Office:** Enter the name of department or local government office which falls under the entity listed above.
- **Division:** Name of division which falls under entity listed above.
- **Branch/Unit:** Name of branch or unit which falls under entity listed above.
- **Schedule Date:** The month and year the current Records Retention Schedule for your agency was approved by the State Archives and Records Commission. This information can be found on the signature page which accompanies the retention schedule or the top right-hand side of an individual schedule page.
- **Destruction Date:** Indicate the date the records were disposed of.
- **Destruction Method:** Indicate the method used to dispose of the records, i.e., landfill, trash, recycle, shred, etc. using the pull down menu.
- **Series No.:** Enter the series number from your agency's Records Retention Schedule or applicable general schedules for the record(s) you are destroying. Multiple series can be recorded on the Destruction Certificate.
- **Title Records:** Enter the title of the record(s) exactly as shown in your agency's Records Retention Schedule, or the General Schedule for State Agencies.
- **Date Span:** Give the inclusive (oldest and most recent) dates of the records destroyed.
- **Volume:** Indicate the amount of each series of records destroyed. This may be in cubic feet (if the records are in paper format), megabytes (if the records are in digital format), or some other unit of measure (for other formats). If the records are in other formats, click the box next to the empty field and complete that field.
- **Total Volume of Records Destroyed:** Enter the total volume of records destroyed.
- **Approvals and Certifications:** Agency Records Officer or records custodian signs and dates the form, certifying destruction of records.

Forward the original signed copy of the Records Destruction Certificate, plus one photocopy, to either the State Records Branch (if it is a state record) or the Local Records branch (if it is a local record) of the Public Records Division, 300 Coffee Tree Road, P.O. Box 537, Frankfort, Kentucky, 40602. Retain one paper or electronic copy for your agency's files.

Kentucky Department for Libraries and Archives, Public Records Division
300 Coffee Tree Road, P.O. Box 537, Frankfort Kentucky 40602

Date:

Cabinet/Local Jurisdiction:

Department/Local Government Office:

Division:

Branch/Unit:

Schedule Date:

Destruction Date:

Destruction Method: Recycle

For records destroyed at agency only, per approved retention schedules

Series No.	Title of Records	Date Span	Volume <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Megabytes <input type="checkbox"/>
Total Volume of Records Destroyed			

Approvals and Certifications

Before destroying records not listed on the agency's retention schedule or applicable general schedules, approval must be obtained from the State Archives and Records Commission.

I hereby certify that the records described above have been destroyed.

Records Officer/Custodian

Date _____

PRD USE ONLY

I ☐

D□

EM ☐L ☐

KENTUCKY TRANSPORTATION CABINET
OFFICE OF HUMAN RESOURCE MANAGEMENTTC 12-18
Rev. 01/2014
Page 1 of 1

REQUEST TO REVIEW PERSONNEL FILE

SECTION 1: STATUTE & INSTRUCTIONS

KRS 18A.020 (3) and (4) state: Upon written request, an employee shall have the right to examine his personnel file. An employee may comment in writing on any item in his file. Such comments shall be made a part of his file and shall be attached to the specific record or document to which they pertain.

Upon written request, a state employee, an applicant for employment, or an eligible on a register shall have the right to inspect and to copy any record and preliminary documentation and other supporting documentation that relates to him, except that an applicant, an eligible, or a state employee shall not have the right to inspect or to copy any examination materials.

INSTRUCTIONS

Complete **Section 2** below and mail this request to:

Kentucky Transportation Cabinet
Office of Human Resource Management, 6th Floor West
200 Mero Street
Frankfort KY 40622

Applicants or employees shall be notified in writing within three (3) working days after receipt of a request for inspection of any reason the records requested are not available for inspection. If available, records may be inspected from 8:00 a.m. to 4:30 p.m., Monday through Friday each week, except holidays. **NOTE: Employees will be charged \$0.10 per page for copying 30 pages or more but no fee if the number of copies is fewer than 30 pages. If copy charges apply, requestors will be notified of the amount payable. Advance payment is required.**

SECTION 2: EMPLOYEE OR APPLICANT INFORMATION

FIRST NAME	LAST NAME	EMPLOYEE ID	PHONE (daytime)
ADDRESS (street)		CITY	STATE
			ZIP
EMPLOYEE OR APPLICANT SIGNATURE		EMAIL	

1. Are you presently employed with the Kentucky Transportation Cabinet? ☐ Yes ☐ No

2. If not presently employed with the Cabinet, what year did you last work?

3. Please list any other names under which you may have worked for the Cabinet.

4. I request: ☐ File Review ☐ File Copy


5. Records are to be: ☐ Mailed ☐ Picked Up ☐ Reviewed on Site

6. # of copies needed Date needed by:

7. Provide additional information, instructions, or comments in the space below.

SECTION 3: FOR OFFICE OF HUMAN RESOURCE MANAGEMENT USE ONLY

Date Request Received by OHRM	<input type="text"/>	Records were	<input type="radio"/> Mailed <input type="radio"/> Picked Up <input type="radio"/> Reviewed on Site
Date & Time of Mailing or Review	<input type="text"/>	Reviewed By	<input type="text"/> # of pages copied & amount <input type="text"/>

		KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT REVIEW & APPROVAL OF GUIDANCE MANUAL		TC 12-215 Rev.04/2014 Page 1 of 1
SECTION 1: CONTACT INFORMATION				
FROM <i>(OMB liaison)</i>		TO <i>(manual liaison)</i>		
PHONE		LOCATION <i>(manual liaison)</i>		
DATE				
SECTION 2: MANUAL INFORMATION				
MANUAL TITLE		MANUAL OWNER <i>(office/department/division)</i>		
<input type="checkbox"/> Policy Change <i>(approved by Secretary of Transportation)</i>		<input type="checkbox"/> Procedure Change <i>(approved by manual owner)</i>		<input type="checkbox"/> Minor Change <i>(approved by OMB)</i>
PROPOSED REVISION <i>(text limited for accurate printing)</i>				
Return this copy and any attachments by				
SECTION 3: MANUAL LIAISON COMMENTS & APPROVALS <i>(Check one.)</i>				
<input type="checkbox"/> Recommend for approval <input type="checkbox"/> Recommend for approval on the condition that comments below or on attached document be resolved <input type="checkbox"/> Do not recommend approval based on comments below or on attached document				
MANUAL LIAISON COMMENTS & SIGNATURE				
SIGNATURE <i>(manual liaison)</i>			DATE	
SECTION 4: SIGNATURE APPROVAL <i>(office/department/division head)</i>				
SIGNATURE			DATE	





TRANSPORTATION CABINET


Frankfort, Kentucky 40622
www.transportation.ky.gov/


Steven L. Beshear
Governor


Joseph W. Prather
Secretary


TO: Joe Prather 
Secretary of Transportation

THROUGH: O. Gilbert Newman, P.E. 
State Highway Engineer

Robert L. Russell 
Executive Director/General Counsel
Office of Legal Services

Chuck A. Knowles, P.E. 
Deputy State Highway Engineer
Office of Project Delivery and Preservation

John Roberts 
Administrative Branch Manager
Policy Support Branch

FROM: Jeff Wolfe 
TEBM – Traffic Engineering
Division of Traffic Operations

DATE: July 22, 2008

SUBJECT: Clearance Interval Policy
Proposed Modification to Traffic Operations Guidance Manual

Attached is a revised section of the Traffic Operations Guidance Manual for your review. The revised policy (Section TO-603-2) develops guidelines for establishing yellow and red clearance intervals at traffic signals on the state highway system. We feel this policy is necessary to ensure consistency in the establishment of signal timing across the Commonwealth. We feel this policy will have a positive effect on the capacity and safety of our signalized intersections.

We request your approval for this modified policy. If you have any questions, please let us know.

Attachments



An Equal Opportunity Employer M/F/D



Steven L. Beshear
Governor

TRANSPORTATION CABINET
Frankfort, Kentucky 40622
www.transportation.ky.gov/

Joseph W. Prather
Secretary

OFFICE OF THE SECRETARY 105142
OFFICIAL ORDER

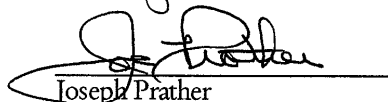
SUBJECT: *Grants Management Branch Manual*

This manual has been prepared to provide information and guidance to personnel of the Kentucky Transportation Cabinet. Its purpose is to establish uniformity in the interpretation and administration of laws, regulations, policies, and procedures applicable to the operations of the Grants Management Branch and its relationship with other units of the Cabinet.

The policies and procedures set forth herein are hereby approved and declared effective unless officially changed.

All previous instructions, written and oral, relative to or in conflict with this manual are hereby superseded.

Signed and approved this 5th day of February, 2009.


Joseph Prather
Secretary

Approved as to Legal Form


Office of Legal Services



An Equal Opportunity Employer M/F/D

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

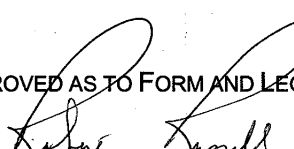
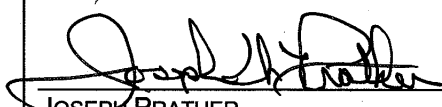
MANUAL TITLE: Accounts ManualREVISION NO.: 2DATE OF UPDATE: October 2008

REPRINT: _____

REQUESTED BY: Brad Webb

NEW: _____

NEW POLICY

CHAPTER/ SECTION	EXPLANATION	DELETE	INSERT
ACC-200, 400, 1000, 1200	The purpose of this printing is to incorporate into the <i>Accounts Manual</i> the new policies: "Encumbrances", "Reassignment & Moving Expense Reimbursement", "Miscellaneous Commodities & Services", "Collection Procedures", and "Funds Acquired through Redemption of Recycled Materials". <div style="text-align: center;">APPROVED AS TO FORM AND LEGALITY:  OFFICE OF LEGAL SERVICES  JOSEPH PRATHER SECRETARY 10/29/08 DATE</div>	ACC-205-3 ACC-405-4 ACC-1001 ACC-1003	ACC-205-3 ACC-405-4 ACC-1001 ACC-1003 ACC-1205
BW			

**COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
FRANKFORT, KY 40622**

MANUAL TITLE: Field Operations Guidance ManualREVISION NO.: 1DATE REQUESTED: January 22, 2009


REPRINT: _____

REQUESTED BY: Brad Webb

NEW: _____

REVISED POLICY

CHAPTER/ SECTION	EXPLANATION	OLD PAGES TO BE DELETED	NEW PAGES TO BE ADDED
FOG-00, 300, 400, 500, 600, 700, 800, 900, 1000, 1200	<p>The purpose of this printing is to incorporate into the <i>Field Operations Guidance Manual</i> the new policies "Joint Crack Sealing—Asphalt (A060)," "Joint Crack Sealing—PCC (A070)," and "Training and Calibration (E120)" and the following revised policies: "Pavement Contract Patching Inspection (A140)," "Vendor-Aided Patching (A150)," "Milling (A710)," "Miscellaneous Surface & Shoulder Overhead (A980)," "Contract Shoulder Maintenance (B150)," "Contract Guardrail Maintenance (C390)," "Contract Guardrail Enhancement (C400)," "Tree & Shrub Maintenance (E110)," "Noxious Weed Control (E280)," "Herbicide Treatment under Guardrails & around Posts, State Forces or Contract (E290)," "Mechanical Spot-Spraying of Herbicides (E300)," "Mechanical Broadcast-Spraying of Herbicides (E310)," "Mechanical Application of Granular Fertilizer (E330)," "Miscellaneous Roadside Agronomy Overhead (E980)," "Type-2 Mowing, Sickle & Rotary (F210)," "Cleaning Bridge Decks & Other At-Grade Bridge Items (H110)," "Contract Bridge Maintenance (H150)," "Repairing Cross Drains (J030)," "Contract Drainage (J150)," "Initial Preparedness (K120)," and "Training Overhead (N120)."</p> <p>This printing also includes updated indexes and new chapter numbers for those chapters not revised, but affected by the addition of the new chapters.</p>	FOG-01 02 306 — 316 408 515 516 604 — 613 705 802 804 903 906 1005 1208	FOG-01 02 306 — 318 408 515 516 604 — 614 705 802 804 903 906 1005 1208
Produced & Distributed by the Organizational Management Branch			

	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-222 Rev. 03/2022 Page 1 of 1				
FORM DESIGN REQUEST						
SECTION 1: FORM OWNER INFORMATION						
FORMS LIAISON	OFFICE/DEPT/DIVISION/BRANCH	DATES				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Requested</td> <td style="width: 50%; text-align: center;">Due</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table>	Requested	Due		
Requested	Due					
SECTION 2: PROJECT INFORMATION <i>(If requesting a new form, leave FORM # blank and provide a suggested title.)</i>						
REQUEST TYPE	LIBRARY	FORM #				
FORM TITLE						
REVISIONS REQUESTED <i>(Include a mock-up when requesting multiple edits or development of a new form.)</i>						
SECTION 3: APPROVAL <i>(form owner/liaison)</i>						
SIGNATURE		DATE				
FOR OMB USE ONLY						
DESIGNER	Received	Posted				
FORMATS POSTED		PROTECTED DOCUMENT				
<input type="checkbox"/> Word <input type="checkbox"/> PDF <input type="checkbox"/> Excel <input type="checkbox"/> PDF-Fill <input type="checkbox"/> Other <i>(see notes below)</i>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

kentucky**DESIGN & PRINT**services

Kentucky Transportation Cabinet - 200 Mero Street - Frankfort, KY - 40601



JOB #

DATE REC:

FUNDING STRIP REQUIRED FOR BILLING PURPOSES - KYTC Employees use "KYTC" in required fields

EMARS TEMPLATE	DEPARTMENT	FUND	UNIT	FUNCTION	OBJECT	OTHER

25% RUSH FEE if project is needed within 7 business days. CONTACT KDPS WITH ANY QUESTIONS

DATE _____ DUE DATE _____

PROOF REQUIRED
☐ YES

☐ NO

Contact _____

Cabinet _____ Agency _____

Email _____ Phone _____

☐ ENVELOPES INK COLOR

☐ DESIGN

☐ PRINT

☐ WIDE FORMAT

☐ ENGRAVING
PROJECT DESCRIPTION

# of Pages	# of Copies	Front & Back	Color Options	Paper Stock	Finish Size
		YES <input type="radio"/> NO <input type="radio"/>	CHOOSE ONE	CHOOSE ONE	

FINISHING OPTIONS

GBC



SPIRAL BIND



PERFECT BIND



GROMMET



PUNCH



RUBBER BAND



SHRINK WRAP

FOLD CHOOSE ONE

STAPLE CHOOSE ONE

LAMINATE CHOOSE ONE

☐ FOAM BOARD


☐ PAD/# _____
NOTES & ADDITIONAL INFORMATION**DELIVERY ADDRESS**

TOTAL COST

DELIVERY CONFIRMATION -- PRINT NAME & DATE

NAME _____ DATE _____

ALL SECTIONS IN RED ARE REQUIRED
USE APPROPRIATE BUTTON BELOW TO PROCEED
REQUEST
ESTIMATESUBMIT
REQUESTGENERAL
QUESTIONS
 ESTIMATE & REQUEST
 MUST BE SUBMITTED TOGETHER
 TO ENSURE PROPER BILLING

	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-23 Rev. 03/2015 Page 1 of 1
REASONABLE SUSPICION CHECKLIST CONFIDENTIAL <i>This document contains personal information, which shall be secured to prevent unauthorized disclosures.</i>		
SECTION 1: EMPLOYEE INFORMATION		
FIRST NAME	LAST NAME	SOCIAL SECURITY # (all 9 digits)
OFFICE/DIVISION/DISTRICT		<input type="checkbox"/> CDL Holder <input type="checkbox"/> Non-CDL Holder
SECTION 2: OBSERVATION INFORMATION		
Please record observations of employee appearance or behavior that you believe to be the result of prohibited drug or alcohol abuse. Following approval, only the CDL employee may be ordered to undergo reasonable suspicion drug and/or alcohol testing.		
OBSERVATION LOCATION <i>(text limited for accurate printing)</i>		
OBSERVATION DATE & TIME		
CAUSES FOR SUSPICION <i>(Check all that apply. Observations must be based on specific, immediate observations of the appearance, behavior, speech, or body odors of the employee.)</i>		
SPEECH	AWARENESS	BALANCE
<input type="checkbox"/> Normal <input type="checkbox"/> Incoherent <input type="checkbox"/> Confused <input type="checkbox"/> Slurred <input type="checkbox"/> Silent <input type="checkbox"/> Loud	<input type="checkbox"/> Normal <input type="checkbox"/> Confused <input type="checkbox"/> Sleepy <input type="checkbox"/> Paranoid <input type="checkbox"/> Aggressive	<input type="checkbox"/> Normal <input type="checkbox"/> Swaying <input type="checkbox"/> Staggering <input type="checkbox"/> Falling
		WALKING
		<input type="checkbox"/> Normal <input type="checkbox"/> Stumbling <input type="checkbox"/> Falling <input type="checkbox"/> Holding or
		OTHER
		<input type="checkbox"/> Smells of alcohol <input type="checkbox"/> Eyes glazed <input type="checkbox"/> Unkempt appearance <input type="checkbox"/> Dilated or pinpoint pupils <input type="checkbox"/> Cannot control equipment
DESCRIPTION OF OTHER OBSERVED ACTIONS, BEHAVIORS, OR INCIDENTS <i>(Be specific and attach additional pages if necessary.)</i>		
SECTION 3: OBSERVER SIGNATURES & OFFICE HEAD APPROVAL <i>(Attach additional pages as necessary.)</i>		
NAME	TITLE	SIGNATURE
OFFICE/DEPARTMENT HEAD OR DESIGNEE NAME		DATE
OFFICE/DEPARTMENT HEAD OR DESIGNEE SIGNATURE		WORK PHONE <i>(office head or designee)</i>
		DATE



KENTUCKY TRANSPORTATION CABINET
Office for Civil Rights and Small Business Development

TC 18-21
Rev. 04/2025
Page 1 of 1

**TRUTH & CONFIDENTIALITY AGREEMENT FOR
EQUAL EMPLOYMENT OPPORTUNITY (EEO) INVESTIGATIONS**

CASE #: _____

The Office for Civil Rights & Small Business Development is investigating an EEO complaint involving allegation(s) that one or more of KYTC policies may have been violated. It is important to maintain confidentiality, to the extent possible, throughout the investigation to assist the investigator in conducting a full and fair assessment of the allegations. [General Administration and Personnel Policy 801](#) includes the following:

Engaging in conduct to impede or obstruct an official KYTC investigation and/or failing to cooperate with an official KYTC investigation, to include but not limited to investigations conducted by the Office of Human Resources Management, the Office of the Inspector General, the Office of Audits, or the Office for Civil Rights and Small Business Development is prohibited.

By my signature below, I acknowledge that I will cooperate fully, and I agree to the following:

- ☐ I will not discuss the investigation or the allegations with anyone other than the investigators during the investigation.
- ☐ I will not spread gossip or engage in conversation about the investigation, allegation(s), or other case information.
- ☐ I will provide truthful answers to questions from the investigators.
- ☐ I will provide all documentation requested by investigators.
- ☐ I will not threaten, intimidate, harass, or retaliate against anyone involved, or whom I believe may be involved, in the investigation.
- ☐ I will not otherwise engage in any conduct that may interfere or impede the investigation.

Employee Name (*Print.*)

Employee Signature

Date & Time

Investigator/OCRSBD Staff Name (*Print.*)

Investigator/OCRSBD Staff Signature

Date & Time

Cabinetwide			
	Send to Office of Support Services (see GAP-1303)	Send to Office of Information Technology	Contact Right of Way & Utilities
Furniture	X		
Lab Equipment	X		
Office Equipment (non- technology- related)	X		
Office Equipment (other than computers) with KYTC ID	X		
Office Supplies	X		
Photographic Equipment	X		
Real Property			X
Survey Equipment	X		
Technology Equipment		X	

Division of Equipment					
	Recycle (via contract)	Reuse (send to CO Equipment Warehouse)	Auction (send to Division of Equipment)	Sell (via sealed bid)	Return to CO Inventory
Scrap Metal	X				
Scrap Tires	X				
Shop Tools		X	X		
Used Tires*	X	X			
Waste Oil	X				
Waste Oil Filters	X				
Waste Antifreeze	X				
Waste Hydraulic Fluid	X				
Waste Transmission Fluid	X				

*See the *Equipment Manual* for details about tire sizes, casings, existing contracts, etc.

Division of Maintenance					
	Recycle (via contract)	Reuse (send to CO Maintenance Sign Shop)	Auction (send to Division of Equipment)	Sell (via sealed bid)	Return to District Inventory
Asphalt Millings				X	
Damaged Bridge Handrail	X				
Damaged Chainsaws / Weed Eaters			X		
Damaged Guardrail / Posts	X				
Damaged Steel Pipe	X				
Damaged / Non- Reflective Signs	X				
Used but Undamaged Bridge Handrail		X			
Used but Undamaged Guardrail / Posts / Wood Blocks		X			
Used but Undamaged Steel Pipe					X

Division of Traffic Operations					
	Recycle (via contract)	Reuse (send to CO Electronic Shop)	Auction (send to Division of Equipment)	Dispose of through E-scrap	Discard at Landfill
Ballast Kits			X		
Batteries			X		
Blankout & LED Enhanced Signs			X		
Cabinets			X ¹		
Controllers		X ²			
Electronic Components		X ⁴			
Cameras					
Conflict Monitors					
Isolators					
LED Modules ³					
Load Switches					
Loop Detectors					
Modems					
Nema Flashers					
Pedestrian Buttons with Electronics					
Radios					
School Clocks					
UPS's					
Light Poles & Arms			X		
Luminaires (High Mast³, Conventional, Navigational, etc.)			X ⁵		

Notes:

¹ Remove panel with mercury contact switches before disposal. Send switches to electronic shop for disposal through e-scrap.


² Electronic Shop will discard of irreparable controllers through Equipment Auction. Electrical components will be removed before auction and disposed of using e-scrap contract.


³ Verify whether items are still under warranty.

⁴ Electronic Shop will dispose of irreparable items through e-scrap contract.

⁵ High-pressure sodium bulbs are hazardous and shall be disposed of appropriately.

Division of Traffic Operations (cont.)					
	Recycle (via contract)	Reuse (send to CO Electronic Shop)	Auction (send to Division of Equipment)	Dispose of through E-scrap	Discard at Landfill
Marking Materials					
Glass Beads					X
Thermoplastic					
Metal Materials					
Antennas					
Backplates					
Brackets					
Conduit					
Hangers					
Lowering Devices					
Messenger Wire					
Pedestals					
Pedestrian Buttons without Electronics					
Signal Heads					
Sign Housings					
Transformer Base Doors					
Transformers					
Plastic Materials					
Backplates					
Conduit					
Delineators					
Housings					
Junction Boxes					
Signal Heads					
Transformer Base Doors					
Sign Sheeting					X
Signs, Posts, & Hardware	X				
Solar Panels			X		
Steel Strain Poles			X		
Variable Message Boards			X		
Wire/Cables	X				
Wood Poles					X

	KENTUCKY TRANSPORTATION CABINET Office of Support Services DIVISION OF FACILITIES SUPPORT	TC 77-1 Rev. 10/2012 Page 1 of 7						
STATE-OWNED PERSONAL PROPERTY DECLARED SURPLUS								
SECTION 1: PROCESSING INFORMATION								
DATE	ACCOUNT #	D.S. #						
DEPARTMENT #	DEPARTMENT							
DIVISION/DISTRICT/BRANCH	ORIGINAL LOCATION OF PROPERTY							
SECTION 2: ITEMIZATION								
Qty	Description	Inventory Tag #	Original Cost	Current Value	REASON FOR SURPLUS (Check one.)			
					Lost/Stolen	Obsolete	Damaged	Other
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 3: DISPOSAL METHOD & APPROVAL								
Disposal by the following method is recommended. (Note: Agencies with delegated authority and located within five miles of Franklin County must select A, B, F, or G.)								
A. Intra/Inter Agency Transfer <input type="checkbox"/>			D. Sell by Public Auction <input type="checkbox"/>			G. Deliver to FAC Surplus Properties <input type="checkbox"/>		
B. Trade In <input type="checkbox"/>			E. Sell by Sealed Bid <input type="checkbox"/>			H. Cannibalize for Parts <input type="checkbox"/>		
C. Transfer to Eligible Nonstate Agency <input type="checkbox"/>			F. Dispose as Solid Waste <input type="checkbox"/>			I. Other (requires approval of FAC Surplus Properties) <input type="checkbox"/>		
RECOMMENDED BY: BRANCH MANAGER				DATE		ENDORSED BY: CDE/DIVISION HEAD		DATE
It is hereby ordered that the listed property be declared surplus to this agency and that it be disposed of as recommended in accordance with KRS 45A, KRS 56, and Finance and Administration Cabinet policies and procedures.								
APPROVED BY: OSS-DESIGNATED PROPERTY OFFICER				DATE				
ATTACHMENTS								
Police Report (If stolen or lost) <input type="checkbox"/> Copy of Insurance Settlement (If destroyed) <input type="checkbox"/> Explanation of Loss/Destruction <input type="checkbox"/>								

	KENTUCKY TRANSPORTATION CABINET Office of Support Services DIVISION OF FACILITIES SUPPORT	TC 77-1 Rev. 10/2012 Page 2 of 7						
STATE-OWNED PERSONAL PROPERTY DECLARED SURPLUS								
SECTION 1: PROCESSING INFORMATION <i>(Continuation Page)</i>								
DATE	ACCOUNT #	D.S. #						
DEPARTMENT #	DEPARTMENT							
DIVISION/DISTRICT/BRANCH	ORIGINAL LOCATION OF PROPERTY							
SECTION 2: ITEMIZATION								
Qty	Description	Inventory Tag#	Original Cost	Current Value	REASON FOR SURPLUS <i>(Check one.)</i>			
					Lost/Stolen	Obsolete	Damaged	Other
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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B 217-2: Declared Surplus

STATE OWNED PERSONAL PROPERTY DECLARED SURPLUS

D.S. # _____

To be assigned by Surplus Property unless Agency has been delegated the authority.

Date:	Account #:	Cabinet/Dept. #:
Dept:	Division or Institution	
Original Location of Property:		

[illegible]

Disposal by the following method is recommended:

- | | | | | | |
|-------------------------------------------|--------------------------|-----------------------------|--------------------------|---------------------------------------|--------------------------|
| (A) Intra/Inter Agency Transfer | <input type="checkbox"/> | (D) Sell by Public Auction | <input type="checkbox"/> | (G) Deliver to Surplus Property | <input type="checkbox"/> |
| (B) Trade-in | <input type="checkbox"/> | (E) Sell by Sealed Bid | <input type="checkbox"/> | (H) Cannibalized for parts | <input type="checkbox"/> |
| (C) Transfer to Eligible Non-State Agency | <input type="checkbox"/> | (F) Disposal as Solid Waste | <input type="checkbox"/> | (I) Other (requires special approval) | <input type="checkbox"/> |

NOTE: Agencies with Delegated Authority located within 5 miles of Franklin County, must select A, B, F, or G

Above Listed Action
Recommended by: _____
Agency Inventory Control Officer

Endorsed by: _____
Authorized Agency Surplus Representative

It is hereby ordered (recommended only, if non-delegated agency) that the listed property be declared surplus to this agency and that it be disposed of as recommended, in accordance with KRS 45A, KRS 56, and Finance and Administration Cabinet Policies and Procedures.

Approved by: _____
Delegated Agency Head Date

Attachments: Police Report (if stolen or lost) ☐ Copy of Insurance Settlement (if item is destroyed) ☐ Letter of Explanation ☐

NOTE: Agencies without Delegated Authority to forward completed form to the Division of Surplus Property.

Approved by: _____ Property Received by: _____
 Director, Division of Surplus Property Date Received Date Received

INSTRUCTIONS FOR AGENCIES WITH DELEGATED AUTHORITY

1. Complete form
2. Send copy to Fixed Assets if property is Fixed Asset reportable
3. File with appropriate related documents

INSTRUCTIONS FOR AGENCIES WITHOUT AUTHORITY

1. Complete form
2. Submit four (4) copies to Surplus Property Branch
3. Surplus Property will return one approved copy to agency
4. File with appropriate related documents



[illegible]

EXHIBIT

Direct Transfer of Surplus State Property to Non-State Agencies, B-217-42A

GAP-9078**FORM B 217-42 A: APPLICATION FOR DIRECT TRANSFER
OF SURPLUS STATE PROPERTY TO NON-STATE AGENCIES**COMMONWEALTH OF KENTUCKY
FINANCE AND ADMINISTRATION CABINET

RQ# _____

DS# _____

The noted local government or non-profit agency desires to purchase the items listed below from the Commonwealth of Kentucky. As a duly authorized representative of local government or non-profit agency, I certify that these items will be used in the official service of said agency in compliance with the terms and conditions printed on the back of the form.

DESCRIPTION	INVENTORY NUMBER	SERIAL NUMBER	QUANTITY	TRANSFER CHARGE
Total Transfer Charge				

Donee Card Number _____

Agency Name _____

Requested By Name & Title _____

Agency Address _____

City _____ State _____ Zip _____

Authorized Agency Signature _____

ORDER


Pursuant to KRS 45A.425 (KRS 46.600 for handguns), the above listed property has been declared surplus to the Commonwealth of Kentucky. It is deemed in the best interest of the Commonwealth to transfer said property as requested, at the charges listed and in compliance with the terms and conditions listed on the back of this form.

Approved By: _____
Property Officer, Donor Agency

INSTRUCTION for B217-42A: Form to be filled out by the requesting local government or non-profit agency and returned to the surplus agency. Form to be attached by the surplus agency to the B217-2 Declared Surplus form.

The agency requesting this property certifies that it:

- a. Is a unit of local government or a nonprofit organization exempt from taxation under Section 501(c)(3) of the Internal Revenue Code or a nonprofit organization eligible to receive federal surplus property pursuant to 41 C.F.R. 101-44.207(c).
- b. Shall use the property for public purposes or to further its nonprofit mission and that it is not being acquired for other purposes, for sale, or for permanent use outside the Commonwealth.
- c. Shall use all property received for at least one (1) year from date of receipt unless prior approval is granted for an alternate minimum use requirement by the Surplus Property Branch, Division of Purchases, Finance and Administration Cabinet.
- d. Shall pay to the Commonwealth the proceeds of disposal or the fair market value or fair rental value of the property if the property is put into personal or other ineligible use, or, is sold, traded, leased, or otherwise disposed of, within twelve (12) months of receipt, without approval of the Commonwealth. Such payment shall be determined as of the time of such disposal or ineligible use, and shall be at the option of and as determined by the state agency. Payment shall not preclude any other legal action that the state may pursue if criminal violation is suspected.
- e. Shall, if requested during the twelve (12) months after receipt, report to the state agency the condition, use, and location of, answer other questions about, and allow inspection of the property.
- f. Accepts the property "as is" and "where is" without warranty of any kind.
- g. Holds the Commonwealth of Kentucky harmless from any and all losses, claims, expenditures, actions, causes of action, costs, damages, and obligations arising from this transaction and from the use of the property and the acts of the donee recipient, its agents, employees, and licensees that may result in injury to person or persons, damage to property, or loss of any sort, and to indemnify the Commonwealth of Kentucky from any and all liability, loss, or damage that it may suffer resulting therefrom or any other claims or judgments resulting therefrom.
- i. Shall title any transferred property for which titles are required in the name of the recipient agency.

		KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT		TC 12-258 Rev. 12/2014 Page 1 of 1
EMPLOYEE USE OF PERMANENTLY ASSIGNED VEHICLES				
SECTION 1: DRIVER INFORMATION				
FIRST NAME		LAST NAME		EMPLOYEE ID
JOB TITLE		OFFICE/DEPARTMENT/DIVISION		SUPERVISOR NAME
DRIVING PERIOD BEGIN DATE			DRIVING PERIOD END DATE	
SECTION 2: VEHICLE INFORMATION				
PLATE #	MAKE	MODEL	ACTUAL LOCATION OF VEHICLE	
SECTION 3: SIGNATURES OF AGREEMENT				
In compliance with GAP-1104-2, "User Requirements, Assignments, and Responsibilities" for State-Owned Vehicles and Equipment, I have been issued the state vehicle identified above to travel to and from work for the sole purpose of performing my assigned duties as an employee of the Transportation Cabinet during the timeframe indicated above. I understand that the \$3.00 daily fringe benefit value (\$1.50 per each one-way commute) will be applied to my wages for the use of the state vehicle.				
EMPLOYEE SIGNATURE			DATE	
SUPERVISOR SIGNATURE			DATE	



FM-6
Rev. 5/11

**KENTUCKY FINANCE AND ADMINISTRATION CABINET
Division of Fleet Management**

**Authorization to Transport Non-State Employee Passengers in a
Commonwealth-Owned Vehicle**

This authorization supersedes all previous waivers or authorizations regarding the transport of non-state employees in Commonwealth-owned vehicles.

I (we) hereby request that authorization be given to allow the transport of non-state employees in a Commonwealth-owned vehicle for the reason and period of time stated below:

Reason _____

Location _____

Date From _____ Date To _____

SIGNATURES

I (we) understand that our agency is required to have a state employee driving the vehicle at all times, and to have the non-state employee passenger(s) made aware of the state's policy on the use of Commonwealth-owned vehicles. By virtue of this request, I am certifying that all non-state employees riding in this vehicle are being advised of the policies on the use of state vehicles.

State Employee _____ Date _____

Print Employee's
Name _____

Non-State
Employee _____ Date _____

Print Non-State
Employee's Name _____

Employee's
Director _____ Date _____

Print Employee's
Director Name _____

Director of Fleet
Management _____ Date _____

**Return completed form to Director, Division of Fleet Management
For Approval Prior to Travel**

See reverse side for selected information for drivers and passengers of Division of Fleet Management vehicles.

Complete information is located in the Finance and Administration Cabinet, Guide for Drivers of the Commonwealth's Vehicles available on the web at: <http://finance.ky.gov/ourcabinet/caboff/OAS/fleet/manual/>

Additional restrictions may be established by your agency.

Authorization: The Director of Fleet Management reserves the right to withhold authorization.

Permitted Drivers: Must be an employee or "authorized agent" of the Commonwealth; possess a valid driver's license; and be at least eighteen (18) years of age.

Permitted Vehicle Use: Commonwealth of Kentucky vehicles are for official business of the Commonwealth. The driver and passengers must comply with all state and local laws, policies, rules and regulations and drive in a legal, safe and courteous manner.

Permitted Passengers: Passengers in state vehicles are limited to state government employees and persons associated with official state business. Transport of non-state employees must be approved via Authorization to Transport Non-State Employee Passengers in a State-Owned Vehicle, FM-6.

Prohibited Vehicle Use: Inappropriate and prohibited use includes, but is not limited to:

- Reckless driving, speeding, or any other traffic violation
- Use of radar detection devices
- Personal use or convenience travel
- Using alcohol, illegal drugs or other illegal substances while operating a motor vehicle
- Transporting or possessing alcohol, illegal drugs or other illegal substances unless required as part of your official job duties
- Transporting non-state employee passengers unless authorized
- Transporting hitchhikers or other unauthorized passengers, including family members
- Tampering with or removal of any GPS device or component thereof
- Electronic communications including text messaging while driving a state vehicle
- A trip that is exclusively, or in part, for the purpose of campaigning in support of or in opposition to any candidate for national, state or local office
- Any other use not expressly authorized by KRS 44.045

State agencies may impose additional restrictions or prohibitions regarding state vehicle use.

Traffic Violations: Any traffic violation incurred while operating a Fleet Management vehicle is the personal responsibility of the driver. Drivers shall be responsible for promptly paying all vehicle fines. A driver must notify Fleet Management, through the agency contact, within 24 hours of receiving a citation in a Fleet Management-owned vehicle.

Child Safety Restraints: Children transported in a state vehicle shall be properly secured in a child restraint system that meets federal motor vehicle safety standards per KRS 189.125.

Seat Belts: Drivers and all passengers in state vehicles shall comply with the Kentucky seat belt law.

Smoking: Smoking is strictly prohibited in all Fleet Management or Commonwealth-owned vehicles.

Illegal Drugs or Alcoholic Beverages: Individuals under the influence of illegal drugs or alcoholic beverages shall not operate Commonwealth-owned or Fleet Management-owned vehicles. Transport or possession of illegal drugs or alcoholic beverages is prohibited in state fleet vehicles at all times.

Vehicle Tracking (GPS): State vehicles may be equipped with automatic tracking devices. Information from these devices will assist the Commonwealth to ensure efficient vehicle operation. Items such as mileage, speed, idle times, utilization or travel routes may be monitored without the driver's knowledge. Tampering with or removing a GPS device or component thereof from a state vehicle is strictly prohibited.

Complaints and "How's My Driving" program: To promote safe and appropriate vehicle use, the Division of Fleet Management operates a "How's My Driving" campaign, allowing citizens to contact Fleet Management in the event that a vehicle is being operated in an inappropriate manner. Complaints are documented and forwarded to the appropriate agency for action and response. Appropriate actions will be reviewed and determined on a case by case basis.

Breakdown and emergency information: Phone numbers are located on the vehicle windshield as well as the key pouch.

15-Passenger Vans: Before an employee or authorized agent is permitted to drive a 15-person van, a mandatory driver safety training course must be completed. See [Guide for Drivers of the Commonwealth's Vehicles](#) for more information.



KENTUCKY TRANSPORTATION CABINET
OFFICE OF HUMAN RESOURCE MANAGEMENT

TC 12-262
Rev. 03/2015
Page 1 of 1

GENERAL POLICY ACKNOWLEDGMENT

NOTE: This form is to be used for acknowledging receipt of a policy (Transportation Cabinet-specific or otherwise) or any other document as specified and required by Cabinet management personnel. However, this form is not to be used for any policy or related document that has a specific acknowledgment attached to it.

SECTION 1: POLICY INFORMATION

[illegible]

SECTION 2: EMPLOYEE SIGNATURE ACKNOWLEDGMENT

I acknowledge that I have received, reviewed, and been given the opportunity to ask questions to further my understanding of the policies identified above.

EMPLOYEE NAME	EMPLOYEE ID
EMPLOYEE SIGNATURE	DATE

SECTION 3: SUPERVISOR SIGNATURE

SUPERVISOR NAME		SUPERVISOR SIGNATURE	DATE
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July 15, 20XX

SUBJECT: Mass Mailings to Subrecipients
CFR Title 2 Subtitle A Chapter II Part 200 Federal Audit Requirements Applicable to
Recipients of Federal Funding for Fiscal Year 20XX

Dear Subrecipients:

The Federal Office of Management and Budget (OMB) lends development of government-wide policy to assure that grants are managed properly and those Federal dollars are spent in accordance with applicable laws and regulations. CFR Title 2 Subtitle A Chapter II Part 200 was issued and sets forth standards for obtaining consistency and uniformity among Federal agencies for the audit of States, local governments, and non-profit organizations expending Federal awards. In accordance with CFR Title 2 Subtitle A Chapter II Part 200, all non-federal entities that expend in excess of \$750,000 in Federal awards shall have a single audit.

As you are aware and as a recipient of federal awards during Fiscal Year 20XX, you must adhere to the stipulations of CFR Title 2 Subtitle A Chapter II Part 200.

- If your fiscal year ended June 30, 20XX and you expended more than \$750,000 in federal funds from all sources, you must submit a copy of your single audit and Data Collection Form to the Federal Audit Clearinghouse (FAC), complete with any findings and recommendations, within 30 days after completion of the audit or no later than March 31, 20XX, whichever comes first.
- If your fiscal year ends September 30, 20XX and you expended more than \$750,000 in federal funds from all sources, you must submit a copy of your single audit and Data Collection Form, complete with any findings and recommendations to the FAC within 30 days after completion of the audit or no later than June 30, 20XX, whichever comes first.
- If your fiscal year ends December 31, 20XX and you expended more than \$750,000 in federal funds from all sources, you must submit a copy of your single audit and Data Collection Form, complete with any findings and recommendations to the FAC within 30 days after completion of the audit or no later than September 30, 20XX, whichever comes first.

If you expended less than \$750,000 in Federal awards during Fiscal Year 20XX, please certify to such using the attached form. You must notify our office of your status by completing and returning the attached form.

If the Single Audit contains finding and recommendations, you must develop and implement a corrective action plan. KYTC monitoring of federal fund awards includes the review of the Single Audit and if applicable, requests a corrective action plan and the monitoring of corrective action plan efforts.

Thank you so much for your cooperation and adherence to these Federal requirements. If you have any questions, please contact your Project Manager.

Sincerely,

Name
XXX Branch Manager
Office of XXXX

COMPLETE AND RETURN TO:

Audit Manager
Kentucky Transportation Cabinet
Office of Audits, Internal Audit Branch
200 Mero Street Frankfort, KY - 40622

Entity Name: _____

Entity Mailing Address: _____

Entity Contact Name: _____

Entity Contact Phone Number: _____

Entity Contact email Address: _____

Fiscal Year End Date _____

Check One:

☐

More than \$750,000 in federal funds was
expended during Fiscal Year 20XX.

☐

Less than \$750,000 in federal funds was
expended during Fiscal Year 20XX.

By signing below, I attest that the information above is accurate to the best of my knowledge.

Name (Printed)

Title

Signature

Date

**KENTUCKY TRANSPORTATION CABINET BUILDING
EMPLOYEE SECURITY ACCESS**

Office of Support Services - Facilities Support
Kentucky Design & Print Services
200 Mero Street, Frankfort KY

TC 77-31

Rev. 8/2023

Page 1 of 1

KYTC.BadgeRequests@ky.gov

KDPS USE ONLY**- ALL FIELDS MUST BE TYPED - Handwritten Forms will NOT be accepted****SECTION 1: EMPLOYEE INFORMATION****CABINET:** FINANCE ☐ TRANSPORTATION ☒**BADGE STATUS:** New Employee ☐ Update ☐ Replacement ☐ Replacement badge cost \$10.00

FIRST NAME	MIDDLE NAME	LAST NAME	
JOB CLASSIFICATION / TITLE		SSN - Last four digits	
DEPARTMENT / OFFICE / DIVISION / DISTRICT			
WORK ADDRESS	CITY	STATE	ZIP
OFFICE PHONE	EXTENSION- If applicable		
FIRST LINE SUPERVISOR	FIRST LINE SUPERVISOR TITLE		

SECTION 2: ACCESS PRIVILEGES (select one)General Access (M-F 6:00AM - 6:00PM) - ☐24/7 Access - Requires Justification - ☐Special Access - Requires Justification (M-F 6:00AM - 11:00PM) - ☐ Saturday - ☐ Sunday - ☐**DESCRIPTION OF & JUSTIFICATION FOR SPECIAL ACCESS**

SECURE AREA ACCESS REQUESTED


EFFECTIVE DATES

FROM _____ TO _____

SECTION 3: SIGNATURES

EMPLOYEE NAME	SIGNATURE	DATE
SUPERVISOR NAME	SIGNATURE	DATE
EX. DIRECTOR / COMMISSIONER	SIGNATURE	DATE

WHEN COMPLETED, FORWARD THIS FORM TO: KYTC.BadgeRequests@ky.gov

	KENTUCKY TRANSPORTATION CABINET Office of Support Services DIVISION OF FACILITIES SUPPORT RELOCATION REQUEST	TC 77-9 Rev. 10/2009 Page 1 of 1
SECTION 1: RELOCATION REQUEST DETAILS		
OFFICE/DEPARTMENT		
ADDRESS (street)	CITY	STATE ZIP
LOCATION	EMPLOYEE MOVING (first name) (last name)	
LOCATION (current)	LOCATION (requested)	
DESCRIPTION (proposed alteration or relocation)		
JUSTIFICATION		
CONTACT (first name) (last name)		PHONE EXTENSION
SIGNATURE (office/department head)		DATE
SECTION 2: WORK DETAIL (to be completed by Division of Facilities Support)		
Additional furniture required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, describe.</i>	
Additional workstations required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, describe.</i>	
Walls/furniture moved? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, describe.</i>	
SECTION 3: APPROVALS		
SIGNATURE (Division of Facilities Support)	DATE	APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE (Secretary, or Designee)	DATE	



**KENTUCKY TRANSPORTATION CABINET
OFFICE OF SUPPORT SERVICES CONFERENCE CENTER**

TC 77-24
Rev. 03/2025
Page 1 of 2

ROOM INFORMATION & LEASE AGREEMENT

MONDAY - FRIDAY - Excluding Holidays - (8:00 a.m. – 4:30 p.m.)

The Kentucky Transportation Cabinet Conference Center is managed by the Office of Support Services.

For questions or reservations, please email the KYTC Conference Center at kytc.conferencecenter@ky.gov

The Conference Center does not provide access to a copy machine.

CONFERENCE CENTER RENTAL FEES

<u>Conference Rooms</u>	<u>Room Capacity</u>	<u>Rental Charge - all day</u>	<u>Rental Charge - half day</u>
Auditorium (C105)	250	\$900.00	\$500.00
Video Room (C122)	24	\$300.00	\$150.00
Hearing Room (C121)	24	\$300.00	\$150.00
Training Room (C117)	50	\$400.00	\$200.00
Training Room (C118)	50	\$400.00	\$200.00
Computer Lab (C112)	16	\$300.00	\$150.00
Small Room (C114, C115, C116, C120)	5	\$200.00	\$100.00
Medium Room (C110)	14	\$250.00	\$150.00
Large Room (C109 A & B)	28	\$300.00	\$150.00
Large Room (C107 A & B)	36	\$350.00	\$175.00

-- TERMS AND GUIDELINES FOR USE OF THE BUILDING --

Payment must be made prior to the meeting date using your 3-digit department code and 6-digit eMARS template. For those who don't use eMARS you may pay via cashier's check, money order, or agency-issued check made payable to the Kentucky State Treasurer.

Payments shall be forwarded to:

Attn: Amy Ueltschi
Kentucky Transportation Cabinet Conference Center
200 Mero Street
Frankfort, KY 40622

-- FOOD AND BEVERAGE --

Catering services are available via the KYTC cafeteria or you may select an outside caterer of your choice. The host will be responsible for cleaning all surfaces and disposing of any trash before leaving the facility.

-- PARKING --

Parking is available in the east parking garage marked "visitor parking", the lot across the street, or on the street.

- Please consult the Conference Center manager regarding any other payment arrangements.
- KYTC will prepare and submit the IET document for payment.
- Please let us know in advance if you have any special requests and ADA needs.
- Meetings shall not extend beyond the hours scheduled.
- Any adjustments made to meeting hours must be approved in advance.
- Please follow all safety and emergency instructions provided by the on-site staff members.

FUNDING STRIP REQUIRED FOR BILLING PURPOSES

EMARS TEMPLATE	DEPARTMENT	FUND	UNIT	FUNCTION	OBJECT	OTHER



KENTUCKY TRANSPORTATION CABINET
OFFICE OF SUPPORT SERVICES CONFERENCE CENTER

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ROOM INFORMATION & LEASE AGREEMENT

It is hereby understood and agreed that the Applicant, a state agency, and the Kentucky Transportation Cabinet shall not be liable to any person or entity except as provided by Kentucky law. Any claim against the Applicant or the Transportation Cabinet by any person or entity shall be subject to review by the Board of Claims pursuant to KRS Chapter 44. Neither the Applicant nor the Kentucky Transportation Cabinet waive absolute immunity by the terms of this agreement.

ACCEPTANCE

I request use of the described Commonwealth facilities based on the rules set forth above. I certify that I am an authorized representative of the state agency applying for permission to use the facilities and authorized to enter into this agreement.

Date: _____

Contact /Host Name: _____

Phone Number: _____

Agency: _____

Requested Date/Dates: _____

Title of Event: _____

Number of Attendees: _____ **Time Start:** _____ **Time End:** _____

Catering Services: ☐ Yes ☐ No If Yes, note the service: _____

Equipment Request: ☐ TV ☐ monitor/HDMI cable ☐ video-conference unit ☐ podium w/microphone
☐ overhead ☐ projector ☐ Other

Customer Notes:

When using computer labs, you agree to delete any software loaded for specific training. Special needs for software or program use will need prior approval from the Conference Center supervisor. Persons given access to KYTC's Information Technology resources are considered Authorized Users and require acceptance of the policies we have in force.

Wireless connectivity is available.

If your PC is not adaptable, plug Ethernet cable into PORT B (the orange outlet on the wall).

24 hour notice must be given via email for cancellation or your agency will be charged the regular fee.

[Click here to submit your request to the Conference Center](#)

COMMONWEALTH OF KENTUCKY - STATE RISK & INSURANCE SERVICES DIVISION INSURANCE NOTICE OF LOSS			
Instructions: For all CLAIMS, complete sections 1, 2 & 3 Certificate # _____ For AUTO CLAIMS - Also complete Section 4 & 5 Property ID # _____ Email Form to State Risk & Insurance Services Division Policy # _____			
1	CABINET _____ INSURED ADDRESS _____ REPORTED BY _____	DEPARTMENT _____ DIVISION (name) _____ DATE _____ PHONE # _____	
2	INSURED PROPERTY LOSS TYPE <input type="checkbox"/> Fire & Tornado <input type="checkbox"/> Auto(KSAP) <input type="checkbox"/> Boiler & Equipment Breakdown		
3	LOSS DATE _____ TIME _____ PROBABLE AMOUNT OF LOSS \$ _____ LOSS LOCATION _____ CAUSE OF LOSS _____ PROPERTY DAMAGE _____ INVESTIGATOR _____ REPORT # _____ <small>(Police, Fire, etc.)</small>		
4	BODILY INJURY or PROPERTY DAMAGE - (Use additional sheets if necessary) NAME _____ HOME PHONE # _____ <small>(Claimant/Owner)</small> ADDRESS _____ WORK PHONE # _____ CITY _____ ZIP _____ LIST INJURIES _____ WITNESSES _____ MEDICAL ATTENTION? <input type="checkbox"/> YES <input type="checkbox"/> NO PHONE # _____		
5	AUTO LOSSES ONLY - (Use additional sheets if necessary) IS THE VEHICLE AGENCY OWNED <input type="checkbox"/> OR <input type="checkbox"/> LEASED FROM FLEET COKY # _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> STATE VEHICLE YEAR/MAKE/MODEL _____ VIN # / TAG # _____ DRIVER _____ DRIVER LIC # _____ <small>(Number & State)</small> ADDRESS _____ PHONE # _____ DATE OF BIRTH _____ EMAIL _____ PASSENGERS _____ LIST DAMAGE TO PROPERTY OTHER THAN VEHICLE _____ </div> <div style="width: 48%;"> CLAIMANT VEHICLE YR/MAKE/MODEL _____ VIN # _____ DRIVER _____ DRIVER LIC # _____ <small>(Number & State)</small> ADDRESS _____ PHONE # _____ DATE OF BIRTH _____ VEHICLE OWNER _____ OWNER ADDRESS _____ INSURANCE CO _____ ADDRESS _____ PHONE # _____ INSURANCE POLICY # _____ PASSENGERS _____ </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> OWNER'S NAME _____ PHONE # _____ </div> <div style="width: 48%;"> INSURANCE CONTACT _____ DATE _____ PHONE # _____ </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> MAIL TO: State Risk & Insurance Services Division 209 Saint Clair, 5th Floor Frankfort, Ky. 40601 ATTN: CLAIMS </div> <div style="width: 48%;"> eMAIL TO: Evelyn.Smith@ky.gov 502 782-5433 Timothy O'nan@ky.gov 502 782 5445 FAX # 502 564 2693 </div> </div>			

SR-4

(Rev. 10/96)

COMMONWEALTH OF KENTUCKY <i>SPACE REQUEST</i>	
SUBMIT TO: DIVISION OF REAL PROPERTIES BUSH BUILDING, 3RD FLOOR 403 WAPPING STREET FRANKFORT, KENTUCKY 40601-2607	FOR INTERNAL USE ONLY SR No. _____ Date Received: _____
PLEASE NOTE: Accurate completion of this form is essential. Information provided will assist us in complying with KRS 42.027, and it will be the basis for determining your space needs and office design. Please call our office at 502/564-2319 if you have any questions.	
1. CHECK APPLICABLE DESIRED SPACE: <input type="checkbox"/> State-owned space <input type="checkbox"/> Privately-owned, leased <input type="checkbox"/> No preference	2. REQUESTED BY: Cabinet: _____ Contact Person: _____ Phone: _____
3. TYPE OF REQUEST: <input type="checkbox"/> New <input type="checkbox"/> Supplemental * <input type="checkbox"/> Replacement *	4. TO BE OCCUPIED BY: Department: _____ Annual Budget Available For Space Sought: _____ Required Occupancy Date: _____ Duration of Program: _____
*REPLACE OR SUPPLEMENT: SQ.FT. NOW OCCUPIED: BUILDING: FLOOR/ROOM: LEASE/PR/A NO.:	
(a) _____ (b) _____ (c) _____	
IF FULL SERVICE LEASE, COMPLETE RENT LINE ONLY: REASON FOR REQUESTED RELOCATION:	
Current monthly price (rent) \$ _____ Current monthly price (utilities) \$ _____ Current monthly price (janitorial) \$ _____ Current monthly price (other) \$ _____ Current monthly TOTAL: \$ _____	
5. TO BE OCCUPIED AT: City: _____ County: _____	6. TYPE OF SPACE REQUEST: <input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Other Explain: _____ _____
7. PUBLIC CONTACT (Frequency of contact with general public, not with other agencies): CHECK ONE: <input type="checkbox"/> Heavy <input type="checkbox"/> Frequent Average number of clients/visitors per week: _____ <input type="checkbox"/> Occasional <input type="checkbox"/> Rare <input type="checkbox"/> None	
8. SPECIAL NEEDS (Please explain special needs on separate sheet): <input type="checkbox"/> Floor Loading - For equipment, file cabinets, storage cabinets, etc. which would weigh more than the normal office furnishings of a desk, credenza, 5-drawer file cabinet, etc. List estimated weights and describe equipment on separate worksheet. <input type="checkbox"/> Data-Processing Equipment - Indicate here only if equipment requires raised floor and/or supplemental cooling. List equipment on separate worksheet.	

10 (A) STANDARD OFFICE SPACE REQUIREMENTS:

<u>Employee Classification:</u>	<u>Current No. of Staff:</u>	<u>Existing No. of Vacancies:</u>	<u>Additional Projected No. of Staff:</u>	<u>Anticipated Date:</u>
Executive-3	_____	_____	_____	_____
Executive-2	_____	_____	_____	_____
Executive-1	_____	_____	_____	_____
Manager-3	_____	_____	_____	_____
Manager-2	_____	_____	_____	_____
Professional-3	_____	_____	_____	_____
Professional-2	_____	_____	_____	_____
Technical-3	_____	_____	_____	_____
Technical-2	_____	_____	_____	_____
Clerical-3	_____	_____	_____	_____
Clerical-2	_____	_____	_____	_____
Field-1	_____	_____	_____	_____

Male: _____ # Female: _____

(Please include a break-down of staffing by branch, department, etc. and what items are to be included in their area, to be used for space design.)

10 (B) SUPPORT AREAS (Average number of individuals per use):

Reception _____

Conference Room _____

Classroom _____

Training/Testing _____

Library _____

Interview/Visitation Room _____

Hearing Room _____

10 (C) COPY AREA (Fill in number for each item to be included in this area):

Copy Machine _____

Storage Cabinet _____

Lateral File _____

Vertical File _____

Bookcases _____

Work Table _____

10 (D) FILE AREA (Fill in number for each item to be included in this area):

Storage Cabinet _____

Lateral File _____

Vertical File _____

Bookcases _____

Twin Rotating Files (Times II) _____

Lektriever _____

Track File (linear feet) _____

10 (E) COMPUTER ROOM (in linear feet):

File Server _____

Printer _____

Main Frame (raised flooring) _____

UPS System needed? ☐ Yes ☐ No

10 (F) OTHER:

Storage Room: _____

Break Room (Average # using at one time): _____

Other (specify): _____

Other (specify): _____

11. REMARKS (In addition to comments listed above, indicate any special equipment used by specific positions such as business machines (floor-type or on separate stands), work and reference tables, bookcases, drawing boards, filing systems, computer mainframes or servers, etc.):

B217-5 (Rev. 9/03)

COMMONWEALTH OF KENTUCKY LEASE AGREEMENT

LEASE/PR #	PR-XXXX, XXXX	AGENCY/DEPARTMENT	XXXX
Dept/Division Code	\$	DIVISION	XXXX
ANNUAL ENCUMBRANCE	\$XXXX	DATE	XXXX
VENDOR #	XXXX XX	BUILDING CODE #	

THIS LEASE, entered into between: XXXX, whose address is: XXXX (Business Phone: XXXX/ Home Phone: XXXX), his heirs and assigns, hereinafter called the "Lessor", and the COMMONWEALTH OF KENTUCKY, hereinafter referred to as the "Commonwealth";

WITNESSETH, that for the consideration hereinafter mentioned, the parties hereto agree as follows:

1a. The Lessor hereby leases to the Commonwealth and agrees to keep in quiet and peaceful possession the following described premises with its appurtenances; property located at XXXX, in the County of XXXX.

1b. Said premises consisting of XXXX square feet are to be rented at the cost of \$XXXX per square foot and will be used by the Commonwealth for XXXX space.

2. The Commonwealth agrees to pay rent to the Lessor for the leased premises at the rate of \$XXXX, payable XXXX. The Lessor shall provide the Commonwealth with the following services: XXXX; with XXXX reserved parking spaces.

3. Subject to the limitations imposed by law and as provided in paragraphs 5 and 6 of this Lease, the term during which the Lease shall be effective shall begin XXXX, and end JUNE 30, XXXX.

4. This Lease shall be extended automatically upon the same terms and conditions herein for further periods of 12 months, not to exceed XXXX extension period(s) unless the Commonwealth shall give the Lessor written notice XX days prior to the expiration of the term or any extension that it will not be extended; no extension shall prolong the period of occupancy of the leased premises beyond the XXTH day of XXXX. The Lessor understands that the Commonwealth's funds cannot be committed beyond its current fiscal year and its applicable appropriation, and the related allotment from rental payments will be made.

5. The Commonwealth shall have the further right to terminate this Lease at any time upon XX days written notice, time to be computed from date of mailing notice; termination under this paragraph shall not be considered effective until the last day of the month in which the notice period ends.

6. The Commonwealth agrees not to assign this Lease, or to sublet the premises except to a desirable tenant and for a similar purpose, and will not permit the use of the premises by anyone other than the Commonwealth, the Federal Government, or such sub-lessee, and the agents and servants of the Commonwealth, the Federal Government, or such sub-lessee.

7. The Commonwealth shall have the right during the existence of this Lease to make alterations, attach fixtures and erect additional structures or signs in or upon the leased premises, provided such alterations, additions, structures or signs shall not be detrimental to or inconsistent with rights granted to other tenants on the property or in the building in which the premises are located. Fixtures, additions, structures or signs placed in or upon or attached to the premises shall remain the Commonwealth's property and may be removed by it prior to the termination of this Lease.

8. Unless otherwise specified, the Lessor shall maintain the premises in good repair and tenantable condition, including heating and/or air conditioning equipment, except in case of damage arising from the negligent acts of the Commonwealth's agents or employees. For the purpose of maintaining the premises and to make necessary repairs, the Lessor reserves the right to enter and inspect the premises at reasonable times.

9. The Commonwealth agrees to take good care of the premises and to return them at the expiration of their Lease in as good order as received, ordinary wear and tear and natural decay excepted.

10. The Lessor shall be responsible for procuring and continuously maintaining casualty and liability insurance on the leased premises.

11. If the premises are destroyed by fire or other casualty, this Lease shall immediately terminate. In case of partial destruction or damage so as to render the premises untenable, the Commonwealth may terminate or suspend this Lease by giving written notice to the Lessor within 15 days after such partial destruction or damage, and, if so suspended, no rent shall accrue to the Lessor after the date of such partial destruction or damage until such damage is repaired and premises are considered tenantable.

12. It is agreed by the parties hereto that if any one of the provisions of this Lease shall contravene or be invalid under the laws of the Commonwealth of Kentucky, such contravention or invalidity shall not invalidate the whole Lease, but it shall be construed as if not containing that particular provision or provisions, and the rights and obligations of the parties shall be construed accordingly.

13. The Lessor certifies by his signature hereinafter affixed that he ("he" is construed to mean "they" if more than one person is involved; and, if a firm, partnership, corporation, business trust or other organization is involved, then "he" is construed to mean any person with an interest therein) is legally entitled to enter into contracts with the Commonwealth of Kentucky and that by holding and performing this contract will not be violating either any conflict of interest statute (KRS 45A.330 - 45A.340 or 45A.990) of the Executive Branch Code of Ethics, KRS Chapter 11A, or any other applicable statute or principle by the performance of this Lease, or will he realize any unlawful benefit or gain directly or indirectly from it. The Lessor further certifies that he has not knowingly violated any provision of the campaign finance law of the Commonwealth, and that by entering into this Lease Agreement he will not be in violation of the campaign finance laws of the Commonwealth.

14. The Lessor agrees to notify the Commonwealth of all persons owning or upon any change or transfer of ownership involving 5% or more in stock, in partnership, business trust, or corporation, including silent or limited partners. Non-compliance may result in termination of the Lease Agreement.

15. Lessor shall comply with all standards set by the Department of Housing, Buildings and Construction, Division of Building Codes Enforcement, and that of the Kentucky Occupational Safety and Health Standards Board and the Americans with Disabilities Act (ADA).

16. The Contractor, as defined in KRS 45A.030(7), agrees that the contracting agency, the Finance and Administration Cabinet, the Auditor of Public Accounts, and the Legislative Research Commission, or their duly authorized representatives, shall have access to any books, documents, papers, records, or other evidence, which are directly pertinent to this contract for the purpose of financial audit or program review. Furthermore, any books, documents, papers, records, or other evidence provided to the contracting agency, the Finance and Administration Cabinet, the Auditor of Public Accounts, or the Legislative Research Commission which are directly pertinent to the contract shall be subject to public disclosure regardless of the proprietary nature of the information, unless specific information is identified and exempted and agreed to by the Secretary of the Finance and Administration Cabinet as meeting the provisions of KRS 61.878(1)(c) prior to the execution of the contract. The Secretary of the Finance and Administration Cabinet shall not

B217-6 (Rev. 10/96)

COMMONWEALTH OF KENTUCKY LEASE MODIFICATION AGREEMENT

LESSOR		PR NUMBER, COUNTY	PR-, COUNTY
ADDRESS		VENDOR NUMBER	
		AGENCY/DEPARTMENT	
		DIVISION	
		DATE	
		ACCOUNT NUMBER	

1. Lease Agreement number PR-, dated, is hereby modified as set forth in Paragraph 2.
2. This Lease is modified as follows:
3. All other terms and conditions of the lease remain unchanged.
4. The Lessor is not required to sign this document. The Lessor is required to sign this document and return all copies for further processing.
5. The Lessor certifies by his signature hereinafter affixed that he ("he" is construed to mean "they" if more than one person is involved; and, if a firm, partnership, corporation, business trust or other organization is involved, then "he" is construed to mean any person with an interest therein) is legally entitled to enter into contracts with the Commonwealth of Kentucky and that by holding and performing this contract will not be violating either any conflict of interest statute (KRS 45A.330 - 45A.340 or 45A.990) of the Executive Branch Code of Ethics, KRS Chapter 11A, or any other applicable statute or principle by the performance of this Lease, or will he realize any unlawful benefit or gain directly or indirectly from it. The Lessor further certifies that he has not knowingly violated any provision of the campaign finance law of the Commonwealth, and that by entering into this Lease Modification Agreement he will not be in violation of the campaign finance laws of the Commonwealth.

STATE LEASING AGENCY REPRESENTATIVE _____ Date

LESSOR _____ Date

ANALYST, LEASING BRANCH, DIVISION OF REAL PROPERTIES _____ Date

ATTORNEY, FINANCE & ADMINISTRATION CABINET _____ Date

MANAGER, LEASING BRANCH, DIVISION OF REAL PROPERTIES _____ Date


DIRECTOR, DIVISION OF REAL PROPERTIES _____


SECRETARY, FINANCE & ADMINISTRATION CABINET _____ Date


APPROVED THIS _____ DAY OF _____, 20____


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[illegible]

	KENTUCKY TRANSPORTATION CABINET Office of Budget & Fiscal Management DIVISION OF PURCHASES	TC 73-102 Rev. 01/2023 Page 1 of 13		
AGENCY REQUEST FOR QUOTATION				
Quote #:	Title:	Issue Date:	Closing Date:	Closing Time (Requesting Office location):
				<input type="checkbox"/> CST <input type="checkbox"/> CDT <input type="checkbox"/> EST <input type="checkbox"/> EDT
VENDOR INSTRUCTIONS AND CONDITIONS BEGIN ON PAGE 6 OF THIS FORM. <ul style="list-style-type: none"> All blanks on this form shall be completed. Return completed form by fax or email to the person listed below by the closing date and time listed. ALL BIDDERS are required to submit a completed <i>"Annual Affidavit for Bidders, Offerors, and Contractors"</i> with quotes. Any order from this quotation shall be issued by a purchase order. No delivery or billable work is authorized until a valid Purchase Order has been fully executed. 				
SECTION 1: REQUESTING OFFICE INFORMATION				
DISTRICT/DIVISION			CONTACT PERSON	
ADDRESS (street)		CITY	STATE	ZIP
PHONE		FAX	EMAIL	
SECTION 2: VENDOR INFORMATION				
NAME			REPRESENTATIVE	
MAILING ADDRESS		CITY	STATE	ZIP
PHONE		FAX	EMAIL	
CUSTOMER NUMBER:			FEIN:	
The vendor agrees that when delivery is not made within the contracted due date, one percent (1%) per day will be deducted from the vendor's invoice for each day the vendor fails to meet the contracted delivery date.				
_____ SIGNATURE			_____ DATE	
DELIVERY After Receipt of Order (ARO) _____ calendar days				

	KENTUCKY TRANSPORTATION CABINET Office of Budget & Fiscal Management DIVISION OF PURCHASES	TC 73-102 Rev. 01/2023 Page 2 of 13			
AGENCY REQUEST FOR QUOTATION					
SECTION 3: PRICING					
LINE #	COMMODITY CODE	QUANTITY	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
<u>Item Description:</u>					
<u>Extended Description:</u>					
LINE #	COMMODITY CODE	QUANTITY	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
<u>Item Description:</u>					
<u>Extended Description:</u>					
LINE #	COMMODITY CODE	QUANTITY	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
<u>Item Description:</u>					
<u>Extended Description:</u>					
LINE #	COMMODITY CODE	QUANTITY	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
<u>Item Description:</u>					
<u>Extended Description:</u>					
<i>(Attach the following Continuation Pages as needed.)</i>					
				Subtotal	\$ _____
				Total from Continuation Page(s)	\$ _____
				Grand Total	\$ _____

	KENTUCKY TRANSPORTATION CABINET Office of Budget & Fiscal Management DIVISION OF PURCHASES	TC 73-102 Rev. 01/2023 Page 3 of 13			
AGENCY REQUEST FOR QUOTATION					
SECTION 3: PRICING (cont.)					
LINE #	COMMODITY CODE	QUANTITY	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
<u>Item Description:</u>					
<u>Extended Description:</u>					
LINE #	COMMODITY CODE	QUANTITY	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
<u>Item Description:</u>					
<u>Extended Description:</u>					
LINE #	COMMODITY CODE	QUANTITY	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
<u>Item Description:</u>					
<u>Extended Description:</u>					
LINE #	COMMODITY CODE	QUANTITY	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
<u>Item Description:</u>					
<u>Extended Description:</u>					
Subtotal \$					

		KENTUCKY TRANSPORTATION CABINET Office of Budget & Fiscal Management DIVISION OF PURCHASES		TC 73-102 Rev. 01/2023 Page 4 of 13	
AGENCY REQUEST FOR QUOTATION					
SECTION 3: PRICING (cont.)					
LINE #	COMMODITY CODE	QUANTITY	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
<u>Item Description:</u>					
<u>Extended Description:</u>					
LINE #	COMMODITY CODE	QUANTITY	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
<u>Item Description:</u>					
<u>Extended Description:</u>					
LINE #	COMMODITY CODE	QUANTITY	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
<u>Item Description:</u>					
<u>Extended Description:</u>					
LINE #	COMMODITY CODE	QUANTITY	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
<u>Item Description:</u>					
<u>Extended Description:</u>					
<div>Subtotal \$</div>					

	KENTUCKY TRANSPORTATION CABINET Office of Budget & Fiscal Management DIVISION OF PURCHASES	TC 73-102 Rev. 01/2023 Page 5 of 13			
AGENCY REQUEST FOR QUOTATION					
SECTION 3: PRICING (cont.)					
LINE #	COMMODITY CODE	QUANTITY	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
<u>Item Description:</u>					
<u>Extended Description:</u>					
LINE #	COMMODITY CODE	QUANTITY	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
<u>Item Description:</u>					
<u>Extended Description:</u>					
LINE #	COMMODITY CODE	QUANTITY	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
<u>Item Description:</u>					
<u>Extended Description:</u>					
LINE #	COMMODITY CODE	QUANTITY	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
<u>Item Description:</u>					
<u>Extended Description:</u>					
Subtotal					\$



KENTUCKY TRANSPORTATION CABINET
Office of Budget & Fiscal Management
DIVISION OF PURCHASES

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AGENCY REQUEST FOR QUOTATION

REQUEST FOR QUOTATION SOLICITATION INSTRUCTIONS AND CONDITIONS

I. DEFINITIONS: As used herein:

- a. The term "solicitation" means Request for Quotations.
- b. The term "offer" means a response to the Request for Quotations.
- c. If stated as a number of days, "time" means Saturdays, Sundays, and Holidays are included.

II. OFFER PREPARATION:

- a. Review the entire solicitation, including specifications, instructions, attachments incorporated by reference, and any drawings.
- b. Provide all information requested in the solicitation.
- c. The solicitation specifies the acceptable terms and conditions. No others shall be proposed.
- d. Sign your offer in ink, initial in ink any erasures or other changes, and type or print all other information.
- e. Quote unit pricing after deducting trade discounts and calculating quantity discounts, and then extend totals to the amount column for each item offered. In case of discrepancy between a unit price and extended price, the unit price shall govern.
- f. Cash discounts are not considered in the selection of the winning quote and should not be offered.
- g. Prompt payment terms offered may be considered in the selection of the winning quote, if so stated in the solicitation.
- h. Offer items or services specified only, unless other options are requested in the solicitation.
- i. **Offer a definite time for delivery** of supplies or performance of services unless otherwise specified in the solicitation. When delivery is not made as required by the contract resulting from this solicitation, the Kentucky Transportation Cabinet reserves the right to make the purchase on the open market, with any cost in excess of the contract price payable by the defaulting contractor. Failure to meet contract delivery dates may also be cause for contract cancellation, bidder suspension, or both, pursuant to 200 KAR 5:315.
- j. **Offer firm pricing.**
- k. Any equipment offered shall be new and current model unless otherwise specified. Any equipment delivered that does not meet this requirement shall be returned and replaced with the required equipment by the vendor at vendor expense.
- l. The manufacturer's most favorable warranty offered to preferred customers shall apply to all items. **A copy of such warranty shall be furnished to the agency upon delivery of goods.**
- m. **Freight terms offered shall be "F.O.B. Destination Freight Prepaid and Allowed"** to the ordering agency's designated receiving location, all freight prepaid, unless otherwise specified in this solicitation.

III. SPECIFIED BRAND, ALTERNATE BRANDS

Unless otherwise specified, brands and specifications referenced in a Request for Quotation are intended to establish a minimum standard of quality only. Bidders may bid brands they consider to be equal by marking through the specified brand and inserting the brand name, model number, etc. which they are offering. Bids offering "equal" product will be considered for award if such product is clearly identified in the bid and is determined by the State to fully meet or exceed the minimum essential specifications and salient characteristics referenced in the Request for Quotation. Product not meeting the minimum essential requirements will be rejected.

A bidder proposing alternate brands should enclose descriptive literature with the offer so that the above can be verified. Failure to submit sufficient literature may result in rejection of the offer.



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DIVISION OF PURCHASES

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AGENCY REQUEST FOR QUOTATION

III. SPECIFIED BRAND, ALTERNATE BRANDS (cont.)

If a brand or trade name product is not referenced in the Request for Quotation, bidder should provide sufficient descriptive literature with the offer so that compliance with specifications can be verified. Failure to provide said literature and specification data with the offer may result in rejection of the offer.

When specified brand names are not changed, it will be assumed that the bidder is proposing to supply the specified brand, the contract will be written accordingly, and delivery of that brand will be required.

IV. REQUESTS FOR CLARIFICATION OF SOLICITATION:

If you have any questions or complaints about this solicitation you should submit them in writing at least one (1) day prior to the closing date to the named buyer. This is required so that the Commonwealth can provide the response to each prospective offeror. Oral explanations or instructions given before the award of the contract shall not be binding.

V. ACKNOWLEDGMENT OF ADDENDA TO SOLICITATIONS:

Receipt of an addendum to a solicitation shall be acknowledged by the offeror. Such acknowledgment shall be received prior to the hour and date specified for receipt of offers. Verbal acknowledgment shall not be accepted. Failure to acknowledge addenda may cause the offer to be considered non-responsive.

VI. OFFER SUBMISSION:

- a. Offers and modifications thereof shall be addressed to the office specified in the solicitation.
- b. Offers may be submitted by email or fax. Offers may be modified by any of those means if such modification is received prior to the specified closing hour and date. Modifications submitted by fax shall not mention unit prices or total price; but shall only refer to percentage change or numerical change (e.g., reduce unit price of item 1 by \$1.00).
- c. When samples are required, they shall be submitted within the time specified, and unless otherwise specified, at no expense to the Commonwealth of Kentucky. If not destroyed by testing, samples shall be returned at offeror's request and expense, unless otherwise specified by the solicitation. Unless a request for their return is made within thirty (30) days of award of contract, all samples shall become property of the State.

VII. MODIFICATION OR WITHDRAWAL OF OFFERS:

Offers may be modified or withdrawn as stated in VI. (b) above. An offer may be withdrawn in person by an offeror or his authorized representative, if his identity is made known and he signs a receipt for the offer, but only if the withdrawal is made prior to the specified closing hour and date.

VIII. LATE OFFERS AND MODIFICATIONS:

Offers and modifications of offers received after the specified closing hour and date shall not be considered for an award of contract, UNLESS:

- a. No offer other than the late offer is received
- b. The offer is postmarked on a date prior to the closing date stated in the solicitation
- c. The immediate needs of an agency preclude the re-solicitation of quotes
- d. The KYTC Division of Purchases determines that the specifications and the selection of bidders by the buyer were not the cause for the late offer being the only offer available for consideration
- e. The offer is evaluated and found to serve the best interest of the Commonwealth of Kentucky.

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IX. MULTIPLE AND ALTERNATE BIDS:

Bidders shall submit one response only to the solicitation and shall not propose more than one price, model, and brand for each bid item. Multiple or alternate bids offering more than one bid price in total (or by line-item) shall be cause for rejection unless specifically called for in special conditions provided elsewhere in the solicitation.

X. METHOD OF AWARD:

Quotes will be evaluated on the basis of lowest price.

XI: REGISTRATION WITH THE SECRETARY OF STATE BY A FOREIGN ENTITY

Pursuant to KRS 45A.480(1)(b), an agency, department, office, or political subdivision of the Commonwealth of Kentucky shall not award a state contract to a person that is a foreign entity required by [KRS 14A.9-010](#) to obtain a certificate of authority to transact business in the Commonwealth ("certificate") from the Secretary of State under [KRS 14A.9-030](#) **therefore, foreign entities should submit a copy of their certificate with their solicitation response.** If the foreign entity is not required to obtain a certificate as provided in [KRS 14A.9-010](#), the foreign entity should identify the applicable exception in its solicitation response. Foreign entity is defined within [KRS 14A.1-070](#).

For all foreign entities required to obtain a certificate of authority to transact business in the Commonwealth, if a copy of the certificate is not received by the contracting agency within the time frame identified above, the foreign entity's solicitation response shall be deemed non-responsive or the awarded contract shall be cancelled.

Businesses can register with the Secretary of State at <https://secure.kentucky.gov/sos/ftbr/welcome.aspx>



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PURCHASE ORDER TERMS:

I. AWARD OF CONTRACT:

This written notice of award (or acceptance of offer) mailed or otherwise furnished to the successful offeror within the time for acceptance specified in the offer shall be deemed to result in a binding contract without further action by either party.

II. KENTUCKY SALES AND USE TAXES:

Sales of tangible personal property or services to the State of Kentucky and its agencies are not subject to state sales or use taxes.

III. COMPLIANCE WITH STATE LAWS:

Contracts and orders shall be governed by the laws of the Commonwealth of Kentucky. The rights and obligations of the parties thereto shall be determined in accordance with these laws.

IV. CONTRACT MODIFICATIONS:

No modification to this Contract shall be permitted unless the contractor receives written approval from the Office of Procurement Services.

If the contractor believes modifications are necessary, he/she may request approval of the Office of Procurement Services. All contract modifications shall be subject to the provisions of 200 KAR 5:311.

V. SELLER'S INVOICES:

Invoices, if required, shall be prepared and transmitted to the agency receiving the goods or services. One copy shall be marked "original" unless otherwise specified. Invoices shall contain, at a minimum, the following information: Contract and order number (if any), item numbers, description of supplies or services, sizes, quantities, unit prices, and extended totals.

VI. SHIPPING

All shipping shall be **F.O.B. Destination Freight Prepaid and Allowed.**

VII. DELIVERY

Delivery shall be **thirty (30) days** after receipt of order (ARO).

The Vendor agrees that when delivery is not made within the contracted due date, one percent (1%) per day will be deducted from the Vendor's invoice for each day the Vendor fails to meet the contracted delivery date.

VIII. WARRANTY

The Vendor shall provide its most favorable warranty. A copy of such warranty shall be furnished to the agency upon delivery of the equipment. The Vendor will not be liable under the above warranty for any defects or damages resulting from unforeseeable causes beyond the control and without the fault or negligence of the Vendor, such as misuse or neglect by the State, acts of God, fires, floods and hurricanes.

IX. PAYMENTS

The vendor shall be paid, upon the submission of proper invoices to the receiving agency at the prices stipulated for the supplies delivered and accepted, or services rendered. Unless otherwise specified, payment will not be made for partial deliveries accepted. Payments will be made within thirty (30) working days after receipt of goods or a vendor's invoice in accordance with KRS 45.453 and KRS 45.454.



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X. ACCESS TO RECORDS

The state agency certifies that it is in compliance with the provisions of KRS 45A.695, "Access to contractor's books, documents, papers, records, or other evidence directly pertinent to the contract." The Contractor, as defined in KRS 45A.030, agrees that the contracting agency, the Finance and Administration Cabinet, the Auditor of Public Accounts, and the Legislative Research Commission, or their duly authorized representatives, shall have access to any books, documents, papers, records, or other evidence, which are directly pertinent to this agreement for the purpose of financial audit or program review. The Contractor also recognizes that any books, documents, papers, records, or other evidence, received during a financial audit or program review shall be subject to the Kentucky Open Records Act, KRS 61.870 to 61.884. Records and other prequalification information confidentially disclosed as part of the bid process shall not be deemed as directly pertinent to the agreement and shall be exempt from disclosure as provided in KRS 61.878(1)(c).

XI. GOVERNING LAW

This contract shall be governed by and construed in accordance with the laws of the Commonwealth of Kentucky. Any action brought against the Commonwealth on the contract, including but not limited to actions either for breach of contract or for enforcement of the contract, shall be brought in Franklin Circuit Court, Franklin County, Kentucky in accordance with KRS 45A.245.

XII. DISCRIMINATION (Effective April 8, 2015)

Discrimination (because of race, religion, color, national origin, sex, sexual orientation, gender identity, age, or disability) is prohibited. This section applies only to contracts utilizing federal funds, in whole or in part. During the performance of this contract, the contractor agrees as follows:

1. The contractor will not discriminate against any employee or applicant for employment because of race, religion, color, national origin, sex, sexual orientation, gender identity, or age. The contractor further agrees to comply with the provisions of the Americans with Disabilities Act (ADA), Public Law 101-336, and applicable federal regulations relating thereto prohibiting discrimination against otherwise qualified disabled individuals under any program or activity. The contractor agrees to provide, upon request, needed reasonable accommodations. The contractor will take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to their race, religion, color, national origin, sex, sexual orientation, gender identity, age or disability. Such action shall include, but not be limited to the following; employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensations; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this non-discrimination clause.
2. The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, sex, sexual orientation, gender identity, age or disability.
3. The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice advising the said labor union or workers' representative of the contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment. The contractor will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance.



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4. The contractor will comply with all provisions of Executive Order No. 11246 of September 24, 1965 as amended, and of the rules, regulations and relevant orders of the Secretary of Labor.
5. The contractor will furnish all information and reports required by Executive Order No. 11246 of September 24, 1965, as amended, and by the rules, regulations and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations and orders.
6. In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of the said rules, regulations or orders, this contract may be cancelled, terminated or suspended in whole or in part and the contractor may be declared ineligible for further government contracts or federally-assisted construction contracts in accordance with procedures authorized in Executive Order No. 11246 of September 24, 1965, as amended, and such other sanctions may be imposed and remedies invoked as provided in or as otherwise provided by law.
7. The contractor will include the provisions of paragraphs (1) through (7) of section 202 of Executive Order 11246 in every subcontract or purchase order unless exempted by rules, regulations or orders of the Secretary of Labor, issued pursuant to section 204 of Executive Order No. 11246 of September 24, 1965, as amended, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions including sanctions for noncompliance; provided, however, that in the event a contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the agency, the contractor may request the United States to enter into such litigation to protect the interests of the United States.

XIII. BIDDER, OFFEROR, OR CONTRACTOR MANDATORY REPRESENTATIONS COMPLIANCE WITH COMMONWEALTH LAW

The contractor represents that, pursuant to [KRS 45A.485](#), they and any subcontractor performing work under the contract will be in continuous compliance with the KRS chapters listed below and have revealed to the Commonwealth any violation determinations within the previous five (5) years:

[KRS Chapter 136](#) (CORPORATION AND UTILITY TAXES)
[KRS Chapter 139](#) (SALES AND USE TAXES)
[KRS Chapter 141](#) (INCOME TAXES)
[KRS Chapter 337](#) (WAGES AND HOURS)
[KRS Chapter 338](#) (OCCUPATIONAL SAFETY AND HEALTH OF EMPLOYEES)
[KRS Chapter 341](#) (UNEMPLOYMENT COMPENSATION)
[KRS Chapter 342](#) (WORKERS' COMPENSATION)

Boycott Provisions

If applicable, the contractor represents that, pursuant to [KRS 45A.607](#), they are not currently engaged in, and will not for the duration of the contract engage in, the boycott of a person or an entity based in or doing business with a jurisdiction with which Kentucky can enjoy open trade. **Note:** The term Boycott does not include actions taken for bona fide business or economic reasons, or actions specifically required by federal or state law.

If applicable, the contractor verifies that, pursuant to KRS 41.480, they do not engage in, and will not for the duration of the contract engage in, in energy company boycotts as defined by KRS 41.472.



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Lobbying Prohibitions

The contractor represents that they, and any subcontractor performing work under the contract, have not violated the agency restrictions contained in [KRS 11A.236](#) during the previous ten (10) years, and pledges to abide by the restrictions set forth in such statute for the duration of the contract awarded.

The contractor further represents that, pursuant to [KRS 45A.328](#), they have not procured an original, subsequent, or similar contract while employing an executive agency lobbyist who was convicted of a crime related to the original, subsequent, or similar contract within five (5) years of the conviction of the lobbyist.



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AGENCY REQUEST FOR QUOTATION**ANNUAL AFFIDAVIT FOR BIDDERS, OFFERORS, AND CONTRACTORS****Affidavit Effective for One (1) Year from Date of Execution****REQUIRED AFFIDAVIT FOR BIDDERS, OFFERORS AND CONTRACTORS**

Instructions: Pursuant to [KRS 45A.110](#) and [45A.115](#), a bidder, offeror, or contractor ("Contractor") is required to submit a Required Affidavit for Bidders, Offerors, and Contractors to be awarded a contract, or for the renewal of a contract. An authorized representative of the contracting party must complete the attestation below, have the attestation notarized, and return the completed affidavit to the Commonwealth.

Attestation

As a duly authorized representative for the Contractor, I swear and affirm under penalty of perjury, that that the Contractor has not knowingly violated campaign finance laws of the Commonwealth of Kentucky and that the award of a contract will not violate any provision of the campaign finance laws of the Commonwealth. For purposes of this attestation, "Knowingly" means that the bidder or offeror is aware or should have been aware of the existence of a violation. The bidder or offer understands that the Commonwealth retains the right to request an updated affidavit at any time.

Signature_____
Printed Name_____
Title_____
Date

Bidder or Offeror Name: _____

Address: _____

Commonwealth of Kentucky Vendor Code (If known): _____


Subscribed and sworn to before me this ____ day of _____, _____.


State of: _____ Notary: _____

County of: _____ My Commission Expires: _____

[illegible]

[illegible]

	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT EMPLOYEE PERFORMANCE SELF-EVALUATION	TC 12-274 Rev. 10/2016 Page 1 of 2
SECTION 1: EMPLOYEE INFORMATION		
NAME	POSITION TITLE	OFFICE/DEPARTMENT/DIVISION
SECTION 2: PERFORMANCE DETAILS		
REVIEW PERIOD <input type="checkbox"/> May Interim <input type="checkbox"/> September Interim <input type="checkbox"/> January Interim/Year-End Review		
1. My major accomplishments or contributions during this review period have been as follows (<i>progress toward/ completion of job-related goals; special recognition; specialized projects; acceptable recommendations; customer service; etc.</i>):		
2. During this review period, I developed the following skills/competencies that relate to my accomplishments:		
3. I would like to focus on developing the following skills to enhance my abilities to better perform my job duties:		
4. I see the need to improve my job performance in the following areas (<i>initiative, communication, time management, adaptability, punctuality, conduct, teamwork, etc.</i>):		

	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT EMPLOYEE PERFORMANCE SELF-EVALUATION	TC 12-274 Rev. 10/2016 Page 2 of 2
SECTION 2: PERFORMANCE DETAILS <i>(cont.)</i>		
5. I encountered the following challenges in meeting my job responsibilities/goals this interim and recommend these changes:		
6. Additional Comments:		
SECTION 3: SIGNATURES		
EMPLOYEE SIGNATURE <i>(My signature certifies that all the information above is accurate.)</i>		DATE
SUPERVISOR SIGNATURE <i>(My signature does not necessarily indicate my agreement with all the information above.)</i>		DATE

KENTUCKY TRANSPORTATION CABINET
OFFICE OF HUMAN RESOURCE MANAGEMENTTC 12-287
Rev. 11/2021
Page 1 of 2**TERMINATION OF
EMPLOYEE TELECOMMUTING AGREEMENT**

The agreement between KYTC and _____,
(Employee Name, Personnel Num, KHRIS ID)

for participation in the telecommuting program is terminated as of _____.

Work Location and Schedule

Beginning _____, the employee shall report to the following location according to the schedule below:

Primary Work Location (state office location):

Address: _____

Telephone: _____

Day	Hours: From/To
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Return of Equipment

The following table lists the agency or state equipment that was relocated during the telecommuting agreement (attach additional documentation if needed). I understand that I must immediately return all equipment or supplies to my primary work location listed above. I further understand that if I do not return all equipment or supplies, or if I have lost or damaged any equipment or supplies, that my agency may deduct the value of these items from my salary and/or final payment of annual and compensatory leave balances. I, therefore, authorize such deductions to be made in the event I fail to return such items as required, or in the event that I have lost or damaged such items. I understand that the failure to return these items as directed may result in criminal prosecution.

Item	Inventory Number	Date Out	Date Returned

Special Conditions or Additional Agreements: (List if applicable)

By my signature below, I understand that my telecommuting agreement with KYTC has been terminated, that I am directed to report to the primary work location as detailed on this form, and that I understand the expectations regarding the return of equipment and supplies.

Employee Signature

Manager's Signature


Division Director's Signature

Director's Signature

HR and/or Approval Section

This agreement is ☐ Approved ☐ Denied

Approving Authority's Signature

	KENTUCKY TRANSPORTATION CABINET OFFICE OF HUMAN RESOURCE MANAGEMENT	TC 12-288 Rev. 05/2022 Page 1 of 1	
LEADERSHIP CHARACTER PROGRAM APPLICATION			
<p>INSTRUCTIONS: To be considered for the Leadership Character Program, complete this application and obtain your first-line supervisor's signature. With "Leadership Character" in the subject line, email the completed application to KYTC Internal Training Requests mailbox at KYTCU@ky.gov or mail to:</p> <p>Leadership Character Program Coordinator Office of Human Resource Management Professional Development Branch 200 Mero Street, 6th Floor West Frankfort, KY 40622</p>			
SECTION 1: APPLICANT INFORMATION			
FIRST NAME	LAST NAME	EMPLOYEE ID	JOB TITLE
OFFICE/DEPARTMENT/DIVISION/DISTRICT		PHONE (work)	EMAIL (work)
Are you currently a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		# OF YEARS IN TRANSPORTATION	
Do you prefer in-person or online class sessions? <input type="checkbox"/> In-person <input type="checkbox"/> Online		(Preferences will be taken into consideration, but cannot be guaranteed due to class sizes and demand.)	
SUPERVISOR NAME		SUPERVISOR TITLE	
SECTION 2: EEO INFORMATION <i>(Completion of this section is voluntary. The information is for statistical purposes only.)</i> Pursuant to Cabinet policy, GAP-803, KYTC does not tolerate discrimination or harassment of any kind against any protected class. Furthermore, reasonable accommodation will be provided upon request. SEX: _____ RACE: _____			
SECTION 3: APPLICANT SIGNATURE AGREEMENT I understand that my participation in the Leadership Character Program is voluntary, but that if enrolled, I commit to actively participating in the program. I also understand that participation in or completion of the program does not guarantee that I will receive any promotion, advancement, preferential treatment, or acceptance into the Advanced Leadership Academy; likewise, denial into, removal from, or lack of participation in the program does not exclude me from promotional opportunities or advancement.			
APPLICANT SIGNATURE _____		DATE _____	
SECTION 4: SUPERVISOR SIGNATURE APPROVAL As the applicant's supervisor, I agree to: <ul style="list-style-type: none"> Discuss and assist the candidate in adjusting his or her work schedule to accommodate the days required for program training Accommodate for the potential travel expenses associated with the requirements of the program Provide feedback, as requested, about the candidate and the program 			
FIRST-LINE SUPERVISOR SIGNATURE _____		DATE _____	

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LEADERSHIP INFLUENCE PROGRAM APPLICATION			
<p>INSTRUCTIONS: To be considered for the Leadership Influence Program, complete this application and obtain your first-line supervisor's signature. With "Leadership Influence" in the subject line, email the completed application to KYTC Internal Training Requests mailbox at KYTCU@ky.gov or mail to:</p> <p>Leadership Influence Program Coordinator Office of Human Resource Management Professional Development Branch 200 Mero Street, 6th Floor West Frankfort, KY 40622</p>			
SECTION 1: APPLICANT INFORMATION			
FIRST NAME	LAST NAME	EMPLOYEE ID	JOB TITLE
OFFICE/DEPARTMENT/DIVISION/DISTRICT		PHONE (work)	EMAIL (work)
Are you currently a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		# OF YEARS IN TRANSPORTATION	
Do you prefer in-person or online class sessions? <input type="checkbox"/> In-person <input type="checkbox"/> Online		<i>(Preferences will be taken into consideration, but cannot be guaranteed due to class sizes and demand.)</i>	
SUPERVISOR NAME		SUPERVISOR TITLE	
SECTION 2: EEO INFORMATION <i>(Completion of this section is voluntary. The information is for statistical purposes only.)</i>			
Pursuant to Cabinet policy, GAP-803, KYTC does not tolerate discrimination or harassment of any kind against any protected class. Furthermore, reasonable accommodation will be provided upon request.			
SEX: _____ RACE: _____			
SECTION 3: APPLICANT SIGNATURE AGREEMENT			
I understand that my participation in the Leadership Influence Program is voluntary, but that if enrolled, I commit to actively participating in the program. I also understand that participation in or completion of the program does not guarantee that I will receive any promotion, advancement, preferential treatment, or acceptance into the Advanced Leadership Academy; likewise, denial into, removal from, or lack of participation in the program does not exclude me from promotional opportunities or advancement.			
APPLICANT SIGNATURE		DATE	
SECTION 4: SUPERVISOR SIGNATURE APPROVAL			
As the applicant's supervisor, I agree to: <ul style="list-style-type: none"> Discuss and assist the candidate in adjusting his or her work schedule to accommodate the days required for program training Accommodate for the potential travel expenses associated with the requirements of the program Provide feedback, as requested, about the candidate and the program 			
FIRST-LINE SUPERVISOR SIGNATURE		DATE	