



Drug Recognition Expert (DRE) Call-Out Overtime Reimbursement



DRE Call-Out Reimbursement Policy and Procedure

Effective November 1, 2023 – September 30, 2024

The purpose of this program is to support and encourage Law Enforcement Agencies in utilizing the training and expertise of Drug Recognition Experts (DRE) in the State of Colorado. The Highway Safety Office (HSO) within the Colorado Department of Transportation (CDOT) administers federal funding to reimburse Law Enforcement agencies for overtime (OT) payroll expenses incurred resulting from off-duty DRE responses to assist with DUI Investigations within and outside their jurisdiction.

A Drug Recognition Expert (DRE) is an individual who has successfully completed all phases of training requirements for certification established by the International Association of Chiefs of Police and the National Highway Traffic Safety Administration and is currently certified through the International Association of Chiefs of Police (IACP).

It is encouraged to utilize a DRE to enhance impaired driving investigations in the following circumstances:

- The result of a Standard Field Sobriety Test (SFST) and the observed signs of impairment are not consistent with the results of the preliminary breath test.
- The driver of a vehicle involved in a traffic crash has been placed under arrest and drug impairment has been identified as a possible cause of the crash.
- A traffic crash results in a fatality or serious physical injury and based upon the opinion of the investigator, a DRE is needed to determine drug or medical impairment.
- A DRE responding to a call out request from their own or a neighboring agency with the State of Colorado.

Agencies may request reimbursement of costs associated with:

- Overtime pay for an off-duty DRE traveling to and conducting a DRE evaluation within the State of Colorado.
- Mileage if a DRE used their own personal vehicle.
- Court time may be considered on a case-by-case basis and must be pre-approved by the DRE State Coordinator. You may email your request to the DRE State Coordinator, Mark.Ashby@state.co.us.
- Reimbursements are payable to LE Agencies only.

Required Documentation:

- The DRE Call-Out Overtime Reimbursement Form attached to this policy.
- Payroll documentation showing OT expenses were incurred by the agency (NHTSA Requirement).
- DRE Evaluation form or proof that it was uploaded to NHTSA DRE Database.
- The case number and if applicable the case number from the agency assisted.

What is not covered:

- Work hours that are outside of the current federal fiscal year effective dates
- Regularly scheduled work hours (straight time)
- Expenses incurred that are being reimbursed under another source of funding.
- Activities related to DRE program administration or training.
- Meals, lodging, fuel, per diem, & other travel expenses.
- Reimbursements paid directly to a DRE

Thank you for your ongoing commitment to eliminating impaired driving on our roadways.



Drug Recognition Expert (DRE) Call-Out Overtime Reimbursement



Reimbursement Request Form

DRE Callouts occurring between November 1, 2023 – September 30, 2024

Law Enforcement Agencies requesting reimbursement of payroll expenses for DRE Callouts are required to submit this form and required documentation the DRE State Coordinator within 45 days of the DRE Callout date. All reimbursement requests will receive status response within 30 days.

DRE State Coordinator: Mark.Ashby@state.co.us DRE Program Manager: Brittany.Janes@state.co.us

Agency Name: _____ Reimbursement Request Date: _____

Agency Mailing Address: _____

Name of individual submitting this request: _____

Email Address: _____

Name of DRE: _____ DRE Employee ID#: _____

Callout Start Date & Time: _____ Callout End Date & Time: _____

Case # _____ Total Number of Overtime Hours: _____

Overtime Rate: _____ per hour **Total Requested Reimbursement:** _____

Was the DRE called out to support a different agency? Yes No

If so, which agency? _____ This Agency's Case #: _____

The following documentation must be included with reimbursement request:

- DRE Evaluation Form and proof it has been entered to NHTSA DRE Database.
- Payroll record showing the DRE has been paid for their overtime.

By signing this form (or typing my signature) I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (US Code Title 18, Section 1001 and Title 31 Sections 3729-3730 and 3801-3812)

Supervisor Signature & Date

Supervisor Rank & Name Printed

CDOT Use Only
Approval for Payment

DRE State Coordinator Signature & Date

DRE Program Manager Signature & Date

Invoicing Party Vendor Number

Program Controls Signature & Date

WBS Element _____

Purchase Order _____