

EMPLOYEE'S CLAIM FOR DAMAGE TO PERSONAL PROPERTY

This form is to be completed by the employee who would like to request reimbursement for the repair or replacement to his/her damaged personal property while in the course and scope of WISD employment. Replaced (damaged) property must be surrendered to the Program Supervisor at time of reimbursement. Replacement must be of same item (or of equal value). All claims are subject to Supervisor/Administration review, evaluation and approval, prior to repair or replacement.

INSTRUCTIONS: Please complete all requested information. A accident/incident report is required to accompany this reimbursement request. Send completed forms to your Program Supervisor.

Employee Name: _____ Dept/Location: _____

Date of Incident:	Time of Incident:	Location of Incident:
Date of Incident Reported to Supervisor:	Is the Accident/Incident Report Filled Out and Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe in detail the Damage to Property:		
Cause of Damage:		
Witness Name:	Phone:	
Witness Name:	Phone:	
Action Requested: <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Estimated Cost to Repair or Replace: \$	
Documents Attached: <input type="checkbox"/> Repair/Replacement Invoice <input type="checkbox"/> Photographs <input type="checkbox"/> Police Report <input type="checkbox"/> Receipt <input type="checkbox"/> Other:		

CERTIFICATION: I hereby certify that the statements contained herein are true; that the damage or loss occurred while the employee was in the course and scope of his/her WISD employment; that it was not caused or in any way contributed to by the employee; and that the damaged property was necessarily worn or carried by the employee while in the course and scope of WISD employment.

Employee's Signature: _____ Date Completed: _____

To be Completed by Supervisor of Employee

Is the Accident/Incident Report Attached? Yes No Is the Picture Attached? Yes No

If Replacement, Has it Been Verified as Same/Similar? Yes No Is the Purchase Order Attached? Yes No

Has the Damaged Property Been Turned in by the Employee? Yes No

Was the Damaged Property Necessary for the Employee to Perform the Duties Required in the Scope of Their WISD Employment? Yes No

Request Approved Request Not Approved Additional Information Required: _____

Amount Approved: \$ _____ G/L Acct #: _____

Authorized Signature: _____ Date: _____