



## Employee Personal Property Damage/Loss Claim

NAME		DATE OF DAMAGE/LOSS	TIME OF DAMAGE/LOSS <input type="checkbox"/> AM <input type="checkbox"/> PM
CLASS TITLE	PLACE OF EMPLOYMENT	TELEPHONE NUMBER (WITH AREA CODE)	
WORK ADDRESS	CITY	STATE <b>WA</b>	ZIP CODE
<b>Property Damage/Loss</b>	<b>Item 1</b>	<b>Item 2</b>	
Description of item(s)			
Date of purchase(s)			
Original cost(s)			
Condition of item(s) before damage/loss (excellent, good, fair, poor)			
Extent of damage(s)/loss(es) (be specific):			
1. _____			
2. _____			
<b>Substantiating Information</b>			
Describe where, how, and why the damage/loss occurred:			
<b>Witnesses</b>			
Witness Name(s): _____			
Describe what you were doing at the time the above damage/loss occurred?			
Did damage/loss occur as a result of an incident/confrontation with another person: <input type="checkbox"/> Yes <input type="checkbox"/> No		NAME OF PERSON CONTRIBUTING TO THE LOSS/DAMAGE	

If damage/loss was to a privately owned automobile:

Where was it parked? \_\_\_\_\_

What type of parking area (i.e., public, private, or state)? \_\_\_\_\_

Was some form of security provided for this parking area?  Yes  No

**Reimbursement Requested**

\$ \_\_\_\_\_ (Estimate of repair(s)/replacement(s) costs.)

**Attach a copy of the receipt(s), invoice(s), or other documents in support of this claim.**

Reimbursement shall be made for either the repair or replacement (less the fair market depreciated value) of the item(s) damaged/lost.

**Employee's Certification**

**I certify and declare that the foregoing information is true and correct.**

EMPLOYEE'S SIGNATURE

DATE

**Supervisor's Statement**

Specific action that can be taken to prevent a similar damage/loss recurrence:

Investigative follow up/action taken:  Yes  No

SIGNATURE

DATE

TELEPHONE NUMBER (WITH AREA CODE)

TITLE

**Reimbursement**

Reimbursement requested: \$ \_\_\_\_\_ Reimbursement approved: \$ \_\_\_\_\_

Reimbursement disapproved

SUPERINTENDENT/LOCAL ADMINISTRATOR/OFFICE HEAD'S SIGNATURE

DATE