|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Employee Personal Property**  **Damage/Loss Claim** | | | | | |
| NAME | | | | | DATE OF DAMAGE/LOSS TIME OF DAMAGE/LOSS  AM  PM | |
| CLASS TITLE | | | PLACE OF EMPLOYMENT | | | TELEPHONE NUMBER (WITH AREA CODE) |
| WORK ADDRESS CITY STATE ZIP CODE  **WA** | | | | | | |
| **Property Damage/Loss** | | **Item 1** | | | | **Item 2** |
| 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. | | | | | | |
| **Substantiating Information** | | | | | | |
| Describe where, how, and why the damage/loss occurred: | | | | | | |
| **Witnesses** | | | | | | |
| 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:  Yes  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 | |