REDLANDS UNIFIED SCHOOL DISTRICT

REIMBURSEMENT FOR LOST OR DAMAGED PROPERTY REQUEST FORM

In accordance with collective bargaining agreements, employees may be reimbursed for any loss, damage, or destruction of clothing, automobiles, or personal property arising from assault and/or battery, theft, or vandalism while on duty at the work site, on the school premises, or on a school-sponsored activity unless such damage is due to negligence by the employee. Employees will be reimbursed upon filing a written claim detailing the circumstances or extent of the loss. Reimbursement will not be made for less than $25, more than $1,000, or to the level of the employee's insurance deductible, whichever is less. Claims must be filed within 30 days of the incident.

I hereby request that I be reimbursed for personal property lost in the line of duty through no fault of my own.

NAME: _____ POSITION: _____

HOME ADDRESS _____ TELEPHONE: _____

SCHOOL/DEPARTMENT:

Description of Property (if auto give year, make, model, ID number, and license number): _____

Loss was a result of: ☐ Arson ☐ Burglary ☐ Vandalism ☐ Other

Police report must be attached.

Description of Loss/Damage (details including date, place, time and other pertinent details): _____

Value of loss (Original/Replacement receipt/Repair estimate must be attached) $ _____

A copy of the Inventory Form on which the items were listed must be attached. If one is not available, please explain.

Explanation: _____

Witnesses (names and addresses if known): _____

Party causing loss (name and addresses if known): _____

Insurance Information (Copy of policy must be attached):

I have the following:

Auto Insurance	☐ Collision	$_____	deductible
	☐ Comprehensive	$_____	deductible
Property Insurance	☐ Home Owners	$_____	deductible

I certify all statements to be true, and claim the above stated amount as full reimbursement. I further certify that I have exhausted all other means of reimbursement reasonably available to me. If the claim is allowed, I hereby subrogate to the district any right to recover compensation for said damaged/lost property.

Signature Date

Certification of Supervisor: I believe the above statements to be a true and accurate statement of the facts.

Signature Date

For Business Office Use Only:

☐ Approved ☐ Disapproved Reason: _____

Amount $ _____

Signature: Date:

Sent original and supporting documents to the Risk Management office.

Risk Mgmt 09/06