



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 WA	ZIP CODE
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			
Provide a scenario of where, how, and why damage/loss occurred:			
Witnesses: _____			
What were you doing at the time the damage/loss occurred?			
If damage/loss occurred as a result of an incident/confrontation with another person: _____			
NAME OF PERSON CONTRIBUTING TO THE LOSS/DAMAGE			

If damage/loss was to an 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 Statement (Claimant)

I, the undersigned, certify and declare under laws of the State of Washington that the foregoing is true and correct under penalty of perjury.

EMPLOYEE'S SIGNATURE

DATE

PLACE

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