# Employee Personal Property Damage/Loss Claim

<table>
<thead>
<tr>
<th>Property Damage/Loss</th>
<th>Item 1</th>
<th>Item 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of item(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of purchase(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Original cost(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condition of item(s) before damage/loss (excellent, good, fair, poor)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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
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**

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**EMPLOYEE PERSONAL PROPERTY DAMAGE/LOSS CLAIM**

DSHS 03-076 (REV. 01/2011)