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|  |  **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 |

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| 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  |