

## Employee Personal Property Loss/Damage Claim Form Instructions

1. The loss or damage must be reported to Tacoma Police within 48 hours of the incident and a copy of the Police Report must be provided to the principal/supervisor within 48 hours of the incident or the claim will be denied.
2. The claim must be submitted on the District form and must be provided to the Risk Manager within the number of days specified by the employee's Collective Bargaining Agreement or the claim will be denied. Certificated staff must submit the claim within 30 days of the incident, ParaEducators must submit their claim within 15 days.
3. The employee is required to submit the following documents with the Claim Form:
  - a. **For vehicle damage:** Include a copy of repair estimate or bill, insurance policy Declarations page showing the deductible amount, and a copy of the Police Report.
  - b. **For items stolen or damaged:** Include a copy of the original purchase receipt showing the price of the item, a copy of the repair bill or estimate, a copy of the employees' homeowners insurance policy Declaration page showing the deductible amount. (If the original purchase receipt is not available, a written price quote from the store or a receipt for replacing the items and a statement of the age of the original items will be adequate.)
4. The District may, at the District's discretion, require an employee to show additional evidence of theft or damage.
5. Reimbursement is limited to a maximum of \$1,000 per occurrence or as stated in the applicable Collective Bargaining Agreement. An employee's personal insurance policy is primary coverage and the District will reimburse the employee for their deductible **ONLY**, not to exceed \$1,000. If the employee does not have insurance the District will reimburse the actual repair expense amount up to \$1,000.
6. For further information please refer to the employee's Collective Bargaining Agreement and District Policy 6540 and 6540R.

Tacoma School District No. 10  
**Employee Personal Property Loss/Damage Claim Form**



Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Work Location / Bargaining Group \_\_\_\_\_

Date of Loss \_\_\_\_\_ Time of Loss \_\_\_\_\_ Location of Loss \_\_\_\_\_

**Property Description**

Date of Purchase \_\_\_\_\_ Purchase Cost (Include copy of receipt or repair estimate) \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

*Please include a copy of insurance policy showing deductible amount.*

**Describe how damage/loss occurred...**

Reported to:  Police Report \_\_\_\_\_ Principal/Administrator \_\_\_\_\_ Date Reported \_\_\_\_\_

Police No. \_\_\_\_\_

*I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.*

\_\_\_\_\_  
*Employee Signature Title Date*

**PRINCIPAL/ADMINISTRATOR RECOMMENDATION**

APPROVE     DISAPPROVE    REASON \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Principal / Administrator Signature Title Date*

<b>AMOUNT TO BE PAID</b>
\$ _____

\_\_\_\_\_  
*Claims Manager Signature Date*

I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due and unpaid obligation against Tacoma School District No. 10 and that I am authorized to authenticate and certify to said claim.

Company	Accounting Unit	Account	Amount
10	97000.68.____012	5737	\$ _____

Accounting Control	Payment Date

**SUBMIT ORIGINAL TO DISTRICT CLAIMS MANAGER (CAB - 4th Floor);  
 RETAIN ONE COPY FOR YOUR FILES**

\_\_\_\_\_  
*Director of Financial Services*

**RESET FORM**