

# Cutler-Orosi Joint Unified School District

## Employee Request for Personal Property Reimbursement

Reimbursement for loss or damage to the personal property of an employee is governed by negotiated contract (COUTA 19.4.1 and CSEA 29.1). Personal property should be registered with the site principal or supervisor prior to bringing it to or using it on District property. Failure to do so could limit your reimbursement. The District will not reimburse for normal wear and tear and/or age of the property. Claims are paid at the end of the fiscal year (June).

Name \_\_\_\_\_ Date \_\_\_\_\_

Work Site \_\_\_\_\_ Position \_\_\_\_\_

Personnel Property Involved \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Serial Number \_\_\_\_\_

Last known location of property \_\_\_\_\_

Date of loss \_\_\_\_\_ Approximate time of loss \_\_\_\_\_

Describe Loss (what happened) \_\_\_\_\_

Estimated cost of repair or replacement \$ \_\_\_\_\_ Please attach copy of estimates.

Note: If this claim is for damage to the employee's vehicle, the District will not reimburse the employee more than the deductible.

Name of your insurance carrier (Homeowners/Automobile) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Policy Number \_\_\_\_\_ Name & number of contact (if any) \_\_\_\_\_

Prior Written Approval of Administrator? Yes  No

I understand and agree that by filing this claim, I subrogate to the Cutler-Orosi Joint Unified School District, any right which I may have to recover compensation for any loss, damage or destruction of the herein described property.

Employee Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_

Principal/Supervisor (printed) \_\_\_\_\_ Signature \_\_\_\_\_

### Business Office Use ONLY

Total amount of claim \_\_\_\_\_ Amount Disbursed \_\_\_\_\_