INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number **405.10P** Adopted **February 2018** Revised _____

Title **Employee Property Claim**

Employee name: _____ Employee ID number: _____

Description of Property Damaged or Destroyed (attach photo if possible): _____

_____

_____

Estimated repair or replacement cost (receipt required prior to reimbursement):_____

_____

Date of incident: _____

Description of incident: _____

_____

_____

_____

_____

Witnesses, if any? _____

I verify that the above information is true and correct and the claimed property is not covered by workers compensation or any other insurance. I have reviewed District 196 Regulation 405.10AR, Employee Property Claim and make this claim pursuant to the regulation.

Employee signature _____ Date _____

Supervisor's signature _____ Date _____

Principal/Administrator signature _____ Date _____

Human Resources Department Claim Review: □Approved □Disapproved

Comments: _____

_____

_____

Human Resources signature _____ Date _____

IF APPROVED, DATE FORWARDED TO FINANCE DEPARTMENT _____