

CLAIM FORM - EASMC/EASMC-ESP

EMPLOYEE PERSONAL PROPERTY LOSS REIMBURSEMENT APPLICATION FORM

Name _____ Employee ID # _____

Position _____ Location _____

Circumstances, Event, Occasion of Property Loss or Damage:

Building or Location: _____

Date of Occurrence: _____ Approximate Time of Occurrence: _____

Activity Engaged in at Time of Occurrence:

Description of property loss of damage. Explain what happened. Where?

Reimbursement sought to repair or replace employee personal property not otherwise covered by the employee's homeowner's insurance, up to the value of \$600, demonstrated to have been damaged while on school premises, due to no fault of the employee. Employee has the option to request reimbursement for the replacement or repair of items or to request that the replacement of instructional materials be processed directly by St. Mary's County Public Schools in the amount not to exceed \$600. **(To process any claim, you must attach a copy of any and all receipts, estimates and also proof of personal insurance policy's deductibles, if applicable).**

By my signature below, I certify that the personal property lost or damaged as described above occurred in conjunction with, and because of, duties and responsibilities as an employee of the St. Mary's County Board of Education.

Claimee Date Supervisor Date

Submit claim form to Fiscal Services Department, Leonardtown Central Office

TO BE APPROVED AND COMPLETED BY THE ASSISTANT SUPERINTENDENT OF FISCAL SERVICES AND HUMAN RESOURCES:

Signature Date Account number

Claim must be received within 30 days of incident