

**VISALIA UNIFIED SCHOOL DISTRICT
PERSONAL PROPERTY REIMBURSEMENT CLAIM**

Personal property is defined as eyeglasses (prescription), hearing aids, dentures, watches, or articles of clothing. Vehicle damage may also be claimed, as per bargaining unit agreement.

Part A (to be completed by the employee)

1. Name _____ Site _____

Home address _____ Telephone _____

2. Description of property (if auto, give year, make, model, ID number, license, number and State)

3. Description of Loss (details of actual loss, date, place, and time). Employee must have been on duty.

Police report No. _____ Visalia P.D. _____ CHP _____ Sheriff _____

4. Witnesses (names, address and telephone numbers) _____

5. Party causing loss (if known) _____

6. Complete the following insurance information.

I have auto collision insurance?	Yes	No	Deductible \$ _____
I have auto comprehensive insurance?	Yes	No	Deductible \$ _____
I have homeowner's/renter's insurance?	Yes	No	Deductible \$ _____

Insurance Company _____

Amount of loss \$ _____ (Attach estimates/receipts)

7. If personal property, approximate date of purchase _____

I certify all statements to be true to the best of my knowledge.

Signature of Employee _____ Date _____

Part B (To be completed by Immediate Supervisor)

The above claim resulted from approved duty for the Visalia Unified School District and to the best of my knowledge is a legitimate claim for damages.

Signature of Supervisor _____ Date _____

Part C (To be completed by Human Resources)

Claim Approved _____ Amount \$ _____ (Not to exceed \$ amount designated in current bargaining unit agreement)

Claim Denied _____

Comments _____

Signature of HR Director/Designee _____ Date _____

After completion of Parts A and B send all copies to Human Resources Development Office. Receipts for replacement of items are required prior to reimbursement.