

**THORNTON TOWNSHIP HIGH SCHOOL DISTRICT 205, COOK COUNTY. ILLINOIS  
PERSONAL LOSS CLAIM**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Home Phone \_\_\_\_\_

Employee Assignment:  Thornridge  Thornton  Thornwood  PEACE Center  Outlook Academy  District

For the purpose of this claim, the "Loss" is defined as actual loss after any insurance or other reimbursement has been made.

Once the employee has reviewed the "personal loss" explanation provided in the employees' contracts and has determined the loss is covered by District 205, the following procedures **MUST** be followed:

**FOR CASH OR PERSONAL PROPERTY**

■ Submit this form to the building Principal to claim reimbursement. Retain gold copy for your records.

**FOR DAMAGE CLAIM UNDER \$100**

[1] obtain two estimates; [2] have damage repaired; [3] submit the two estimates, paid repair bill, and this loss form to the building Principal; [4] retain gold copy of this form for your records.

**FOR DAMAGE CLAIM OVER \$100**

[1] obtain two estimates; [2] submit this form and the estimates to the building Principal for approval; [3] retain gold copy of this form for your records; [4] Assistant Superintendent for personnel will authorize repairs and notify employee to have the damage repaired; and [5] for reimbursement, submit paid receipt directly to the Assistant Superintendent for Personnel.

**■ ALL PERSONAL LOSS CLAIMS MUST BE ACCOMPANIED BY A STATEMENT SHOWING THE DEDUCTIBLE AMOUNT OF YOUR INSURANCE POLICY**

**DESCRIPTION OF LOSS**

Place of Loss \_\_\_\_\_ Date of Loss \_\_\_\_\_

Description of lost or damaged item: \_\_\_\_\_  
\_\_\_\_\_

Specific Model Number(s) or Manufacturer's Description \_\_\_\_\_

Date of Purchase \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Describe how loss occurred \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE INFORMATION**

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Deductible Amount (See above statement)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Name Which Appears on Insurance Policy

**SUBMISSION AND APPROVAL SIGNATURES**

\_\_\_\_\_  
Employee Date Submitted to Principal's Office

\_\_\_\_\_  
Principal Date Approved

\_\_\_\_\_  
Assistant Superintendent Date Approved

Date Received in Business Office: \_\_\_\_\_