PERSONAL PROPERTY DAMAGE REPORT

The School Board of Broward County, Florida

DIRECTIONS: Submit the following information to the Risk Management Department: (1) Completed Personal Property Damage Report (2) Estimate or Repair Bill

All required documentation must be received before your claim is processed for payment.
Make a copy for yourself!

EMPLOYEE INFORMATION

Name:_____ **Personnel #:**_____

Location:_____ **Job Title:**_____

Check appropriate box: ☐ **BTU** ☐ **Maintenance** ☐ **Food Service**
☐ **Paraprofessional** ☐ **Clerical** ☐ **Non-Bargaining**

INCIDENT INFORMATION

Date / Time / Location of Occurance:_____
_____
_____

Witnesses: No Yes *(If yes, please complete with Name, Address and Phone Number)*
_____
_____
_____

I CERTIFY THAT THE DAMAGE OCCURRED ON SCHOOL BOARD PROPERTY AND THE ABOVE INFORMATION IS CORRECT:

Employee Signature:_____**Date:**_____

Principal or Director's Signature:_____ **Date:**_____

FOR RISK MANAGEMENT USE ONLY

Amount approved for payment $_____

Payment basis is pursuant to the Collective Bargaining Agreements

Approval Signature:_____**Date:**_____

Form #4569