

**Anaheim Union High School District
Claim for Employee's Personal Property Loss/Damaged**

Upon completion, attach pictures showing the loss/damage, itemized receipt for repair/replacement of your loss, and insurance declaration page showing deductibles (for vehicle loss/damage only) and submit to your site Principal/Department Director.*

Employee Name:		Phone Number:	
Home Address:			
Job Title:		Job Site:	
Date of Loss:	Time of Loss:	Date of Claim:	
Please describe in detail how, what, when, where the loss occurred and/or damage to the personal property: _____ _____ _____ _____			
Where was the personal property located:			
What were you doing when the loss/damage occurred:			
Name of person you believe may have been <i>responsible</i> for the loss:			Student <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Other <input type="checkbox"/>
Name of person/witness you believe may have <i>knowledge</i> of the loss:			Student <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Other <input type="checkbox"/>
Police Department where report was filed:			
Date of Report:		Police Report Number:	

COMPLETE THIS SECTION FOR VEHICLE LOSS AND/OR DAMAGE

Vehicle Year:	Vehicle Make:	Vehicle Model:
Claimant's Auto Insurance Company:		Policy Number:
Have you submitted this claim to your insurance company: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, date:
If yes, what is the amount of cost you have incurred:		
If no, reason for not submitting claim to your insurance company:		

* You may receive a request for additional information and/or estimate(s).

I declare under penalty of perjury that the above is true and correct to the best of my knowledge. I make this statement with the intent of inducing the Anaheim Union High School district to allow this claim.

Employee Signature: _____ Date: _____

I have reviewed this claim: Principal/Department Director Signature: _____

Risk Management Use Only:

Date Received:	Pictures attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Receipts attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Approved by:	Approved Amount: