

THE CITY OF SAN DIEGO
**REQUEST FOR REIMBURSEMENT FOR
LOSS TO PERSONAL PROPERTY**

EMPLOYEE	NAME		JOB CLASSIFICATION		TELEPHONE NUMBER (WORK AND MAIL STATION)		
	DEPT./DIV.		LOCATION OF INCIDENT		DATE AND TIME OF INCIDENT		
	ITEM DAMAGED AND EXTENT OF DAMAGE					AGE OF ITEM	
	DESCRIPTION OF INCIDENT						
	NAME, ADDRESS, TELEPHONE NUMBER OF WITNESS						
	COST WHEN PURCHASED \$		ESTIMATED VALUE AT TIME OF LOSS \$		PRESENT REPLACEMENT OR REPAIR COST ESTIMATE \$		
	RECOMMENDATIONS TO PREVENT RECURRENCE						
	WAS ANOTHER PERSON RESPONSIBLE FOR THIS LOSS? IF SO, GIVE NAME, ADDRESS, PHONE NO., DRIVERS LICENSE NO., ETC.						
	DO YOU HAVE FIRE, HOMEOWNERS, TENANTS, THEFT, OR PERSONAL ITEMS FLOATER INSURANCE? IF SO, GIVE FOLLOWING INFORMATION:		POLICY TYPE		POLICY NUMBER		INSURANCE CARRIER
	THE ABOVE DESCRIPTION OF LOSS IS MY STATEMENT OF FACTS AND IS ACCURATE TO THE BEST OF MY KNOWLEDGE. ADMINISTRATIVE REGULATIONS PROVIDING FOR ACCEPTANCE OF THIS CLAIM SHALL BE VOID IF THE EMPLOYEE HAS CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THE SUBJECT OF THIS LOSS.					_____ EMPLOYEE'S SIGNATURE	
		_____ DATE					
DEPT. /DEPT. HEAD	RECOMMENDATION REASONS FOR APPROVAL/DISAPPROVAL/BASIS FOR REIMBURSEMENT						
	APPROVAL-REPAIR						
	APPROVAL-REPLACE						
DISAPPROVAL							
AMOUNT OF REIMBURSEMENT		\$		_____ DEPT. HEAD SIGNATURE			
		_____ DATE					
HR DEPT.	EVALUATION OF CLAIM FOR CONSISTENCY WITH A.R. 35.70						
					_____ HUMAN RESOURCES DEPARTMENT		
				_____ DATE			
HR DEPT.	APPEAL REVIEW						
	APPROVAL						
	DISAPPROVAL						
				_____ HUMAN RESOURCES DIRECTOR OR DESIGNEE			
				_____ DATE			

