

**ALLEN COUNTY  
EDUCATIONAL SERVICE CENTER  
PERSONAL PROPERTY DAMAGE  
CLAIM FORM**

Employees eligible for reimbursement of personal property due to loss incurred while performing their job duties must report the incident to their **immediate supervisor within one business day**. **The claimant then needs to complete this form and file with the Superintendent/Designee within ten-business days of the occurrence.** In addition, they must complete all other applicable accident/incident reports. Items covered under this agreement include: glasses, watch/band up to ten dollars, and clothing up to twenty dollars per article. **Once the employee receives reimbursement, the item becomes property of the Allen County Educational Service Center and is to be turned into their immediate supervisor.**

1. **NAME OF CLAIMANT:** \_\_\_\_\_

2. **DATE OF LOSS:** \_\_\_\_\_

3. **ITEM DAMAGED:** \_\_\_\_\_

4. **ORIGINAL COST OF DAMAGED ITEM:** \_\_\_\_\_  
(If glasses, please check with your Doctor and attach a receipt for item damaged.)

5. **REQUESTED DOLLAR REIMBURSEMENT:** \_\_\_\_\_

6. **CLAIMANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

7. **SUPERVISOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

8. **BUILDING ADMINISTRATOR/  
DESIGNEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

=====

**APPROVAL:** \_\_\_\_\_ **DENIAL:** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_

**SUPERINTENDENT/  
DESIGNEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CLAIMANT SIGNATURE INDICATING  
RECEIPT OF REIMBURSEMENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SUPERVISOR SIGNATURE  
INDICATING RECEIPT OF ITEM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ALLEN COUNTY  
EDUCATIONAL SERVICE CENTER  
PERSONAL PROPERTY DAMAGE  
CLAIM FORM**

The Personal Property Claim Form is to be completed by eligible employees for reimbursement of personal property due to loss incurred while performing their job duties for the Allen County Educational Service Center. The items covered under this agreement include glasses, watch/band up to ten dollars, and clothing up to twenty dollars.

1. Name of claimant whose property was damaged.
2. The date of the loss.
3. Describe the item damaged.
4. Indicate the amount of the damaged item(s) when purchased. If the claim is for glasses, attach a receipt for the original purchase price of the glasses. You may need to call your doctor for this information.
5. The claimant's signature and date the form is completed.
6. The supervisor's signature and date the form is completed.
7. The building administrator/designee must sign and date the form.
8. The superintendent/designee will approve or deny the request and indicate the allowed amount.
9. If the employee accepts the reimbursement, the employee is to turn the item over to their supervisor within forty-eight hours.

**The claimant must submit the completed form to the superintendent/designee within ten-business days of the occurrence in order to be reimbursed. Once the employee receives reimbursement, the item becomes property of the Allen County Educational Service Center and is to be turned into their immediate supervisor.**

The claimant must also complete all relevant incident/accident reports within the designated timeframes.

Revised: March 30, 2021