COUNTY OF ALAMEDA
EMPLOYEE'S CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY

NOTE: *This form is to be completed by County employee who would like to request reimbursement for the repair or replacement to his/her lost or damaged personal property while in the course and scope of County employment. All claims are subject to Risk Management Unit's review, evaluation and approval. Maximum reimbursable amounts, without Board approval: $500.00 for vehicle-related claim and $150.00 for other property-related claim.*

INSTRUCTIONS: *Please print or type all requested information. Send completed form and required supporting documents to Risk Management Unit, 125 – 12th Street, 3rd Floor Oakland, CA 94607, QIC 28505.*

AGENCY/DEPARTMENT: _____ **UNIT:** _____

NAME OF EMPLOYEE: _____ **EMPLOYEE ID #:** _____

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1. **Date of Loss**: _____ **Time**: _____ **Date Reported to Risk Management Unit:** _____

   Place of Loss: _____

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2. **Describe the Damage to Property/Vehicle** _____

   _____

   Make/Model/Year of Vehicle: _____

   Registered Owner of Vehicle: _____ **Vehicle License Plate #:** _____

   Address of Registered Owner: _____

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3. **Cause of Loss/Damage: (Use additional sheet, if necessary)** _____

   _____

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4. **Action Requested**: ☐ **Repair** ☐ **Replace**   **Estimated Cost to Repair or Replace**: $_____

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5. **Documents Attached**: ☐ **Repair/Replacement Invoice** ☐ **Photographs** ☐ **Police Report** ☐ **Other**

DIAGRAM OF ACCIDENT (Mark your Vehicle as #1 and the Other Vehicle as #2):

CERTIFICATION: I hereby certify that the statements contained herein are true; that the damage or loss occurred while the employee was in the course and scope of his/her County employment; that it was not caused or in any way contributed to by the employee; and that the damaged or lost property was necessarily worn or carried by the employee while in the course and scope of County employment.

Employee's Signature_____ **Date**: _____ **Phone #:** _____

Department Authorized Staff: Print Name: _____**Signature:** _____

Date: _____ **Phone #:** _____

Shaded Areas are to be Completed by Risk Management Unit:

Gross Loss: $_____   **Amount to Fund: $**_____

Request Approved: _____   **Request Not Approved:** _____   **Additional Approval Required:** _____

Fund # _____ - **Organization #** _____ - **Account #** _____ - **Program #** _____

Risk Management Authorized Signature: _____ **Date**: _____