

COUNTY OF GLENN

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

NOTE: This form is to be completed by a 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 Department Head's review, evaluation and approval.

Date of Loss _____ Time _____ Date Reported _____

Place of Loss _____ Condition at time of loss _____

Original Date of Purchase _____

Describe Damage:

Cause of Damage:

Action Requested: Repair Replace Estimated Cost to Repair or Replace _____

Documents Attached: Original Invoice Repair/Replace Invoice Police Report

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

Employee's Signature _____ Date _____

Gross Loss _____ Amount to Pay _____

Request Approved Request Not Approved Additional Info Required

Department Head Signature _____ Date _____