

EXPLANATION OF EMPLOYEE REIMBURSEMENT REQUEST FORM

EMPLOYEE INFORMATION: Last name, first name, middle initial, employee number, home street address, city, state, zip code, home phone, position (your position with the district), bargaining unit (your union representation), work location, work location code, work phone, Work location name & Code (other) only if you work at two sites.

DETAILS OF LOSS: Incident LOCN name & LOCN Code: School Site (name of school site the incident/damage occurred). Date of Incident (date of damage/Loss), Incident LOCN name: Other (name of non-school location incident/damage occurred), School Type (Elem, MS, HS, EEC. etc), Local District (East, West, North, South, etc), Type of Loss (Vehicle, Personal Property, Registered Property), Description (describe damage/loss).

RESPONSIBLE PERSONS: Damage caused by (name of person who caused the damage, if unknown, write unknown). Additional information: If ISTAR report on file, write ISTAR number.

VERIFICATION OF LOSS: Type of police department (School Police, LAPD, LA Sheriff's, etc.), Police Report no (Report number given to you by police agency), Name of Other Police Dept (complete only if another department is involved). Are you filing or have you filed with your insurance company? Yes or No (If you are filing with your insurance mark yes, if you plan not to file with your insurance mark no; this is your decision).

VEHICLE: Vehicle Year, Vehicle Make, Vehicle Model, License Plate number, Insurance Company-Name, Address, Phone number, Policy number, comprehensive deductible amount (if liability only, write liability only). Complete all insurance information whether or not you are filing with your insurance company.

REGISTERED OR PERSONAL PROPERTY: This section to be completed only for losses related to personal property registered to be used in the scope of employment or personal property necessarily worn or carried. Date purchased (date item was purchased), Original Purchase price (price paid on date of purchase).

DECLARATION AND ASSIGNMENT OF INTEREST: Employee must sign and date form.

CERTIFICATION: This should be signed by the following: School Staff: Forms must be signed/certified by the Principal or Assistant Principal. Principals: Forms need signature/certification of Local Dist. Supt. All other departments: signature/certification of Director or Deputy Director