



EMPLOYEE REIMBURSEMENT REQUEST FORM

You have ONLY 60 CALENDAR DAYS from the Date of Loss to return the first page of THIS FORM to the Insurance Section

EMPLOYEE INFORMATION

Last Name		First Name		MI		Employee No
Street		City			State	
Zip	Home Phone	Position			Bargaining Unit	
Work LOCN (School Site)		Work LOCN Code (School Site)				
Work LOCN Name (Other)		Work LOCN Code (Other)		Work Phone		

Office use only. Do not mark in this box.	
LAUSD Approved Payment \$ _____	Authorized Representative, ORMIS

DETAILS OF LOSS

Incident LOCN Name: School Site		Incident LOCN Code: School Site		Date of Incident	
Incident LOCN Name: Other		Incident LOCN Code: Other			
School Type	Local District	Type of Loss	Amount Requested		
Description					

RESPONSIBLE PERSONS

Damage Caused By					
Additional Info					

VERIFICATION OF LOSS

Type of Police Dept	Police Report No	Name of Other Police Dept	Are you filing, or have you filed with your insurance company?
			YES <input type="checkbox"/> NO <input type="checkbox"/>

VEHICLE

Attach copy of registration in effect on incident date

Vehicle Year	Vehicle Make	Vehicle Model	Lic Plate No
Insurance Co		Address	
Phone	Policy No	Comprehensive Deductible Amt	

REGISTERED OR PERSONAL PROPERTY

For items used in school or office, attach copy of pre-approved property registration form

Attach receipt or other proof of purchase

Date Purchased	Original Purchase Price

DECLARATION AND ASSIGNMENT OF INTEREST

The undersigned hereby declares under PENALTY OF PERJURY that the damage was without fault of the employee and, in the case of a vehicle, was caused by a malicious act and is not the result of an accident or collision. No claim for this loss has been made to any insurance company or other party. I AGREE TO NOTIFY AND REIMBURSE THE DISTRICT IMMEDIATELY IF ANY PORTION OF THIS LOSS IS PAID BY ANY PERSON OR THROUGH ANY INSURANCE COMPANY. I do hereby authorize with my signature below, to release any requested information, personal or otherwise, to my employer, the Los Angeles Unified School District. I also hereby assign the District the right of subrogation to the extent of any payment made to me.

Employee's Signature: _____ Date: ____/____/____

CERTIFICATION

The foregoing has been reported to me by the named employee. TO THE BEST OF MY KNOWLEDGE THE LOSS OCCURRED WHILE THE EMPLOYEE WAS IN THE LINE OF DUTY FOR THE DISTRICT.

Signature: _____ Date: ____/____/____

Name: _____

Title: _____ Email : _____

INSTRUCTIONS

IMPORTANT: FORMS MUST BE RECEIVED IN THE EMPLOYEE REIMBURSEMENT SECTION (ERP) WITHIN 60 CALENDAR DAYS FROM DATE OF LOSS. Please answer ALL questions on this form. **DO NOT HOLD YOUR FORM** until you have obtained estimates or signatures, for this may result in your request being received in the ERP Section more than 60 calendar days after the date of loss (The 60 days INCLUDE weekends, holidays, vacation and other periods when schools or offices are closed).

CERTIFICATIONS: At schools: Forms must be certified by the Principal or A.P. Principals need signature of Local Dist. Supt. All other departments: Director or Deputy Director. The original form must also be signed by Employee.

MAXIMUM: The maximum amount payable under this program is \$500, unless the employee is covered by a collective bargaining unit agreement which specifies other limits.

VEHICLE: DO NOT have the damage repaired, as an inspection by the ERP Section may be necessary to verify and approve your request.

The following items must be submitted along with this Employee Reimbursement Request Form:

Photos of the Damage - Photos must be color and one must include the license plate

Proof of Ownership - Copy of DMV Vehicle Registration in effect on Date of incident (Employee and/or Spouse must be listed).

Body or Paint Damage - 2 estimates for repair of damage and/or refinishing of paint from the shops of your choice.

Glass - 2 estimates for replacement (one of the two must be from an independent auto glass shop).

Wheel covers - 2 estimates for replacement (one of the two must be from an independent auto dismantler).

Radio/stereo, battery, and other items stolen or damaged - 2 estimates for replacement. If not original equipment (installed after purchase of vehicle, include proof of replacement cost (receipt, canceled check, charge slip). Personal property stolen from a vehicle is not covered by this program.

Tires - Mileage on tires and 2 estimates for replacement.

PERSONAL PROPERTY NECESSARILY WORN OR CARRIED

Eyeglasses - itemized receipt of purchase of the damaged eyeglasses, and an itemized estimate for the repair or replacement of the eyeglasses (if you filed a claim with one of the District's vision plans, please advise).

Clothing - PROOF OF ORIGINAL PURCHASE (receipt, canceled check, charge slip, sales slip) is needed for EACH item. If not available, complete a Proof of Loss form . Receipt from a cleaner or reweaver is needed for cleaning or repair. If item cannot be cleaned or repaired, send a statement from the cleaner or reweaver.

PERSONAL PROPERTY USED I N SCHOOLS OR OFFICES I N SUPPORT OF THE EDUCATION PROGRAM

Submit the original District-approved Property Registration Form.

Proof of original purchase (receipt, canceled check, charge slip, sales slip) is needed for EACH item. If not available, complete a Proof of Loss form. You may request one by calling or by e-mailing the Employee Reimbursement Section.

IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO SEE THAT THIS "ORIGINAL" EMPLOYEE REIMBURSEMENT REQUEST FORM REACHES THE DISTRICT ERP SECTION WITHIN 60 DAYS FROM THE DATE OF LOSS, INCLUDING MAILING TIME.

Mailing Address:

**Attn: Risk Management and Insurance Services, Beaudry Bldg., 28th Floor Los Angeles Unified School District
P.O. BOX 513307
Los Angeles, CA 90051 Tel: (213) 241-3130
Fax: (213) 241-8993**