

**REIMBURSEMENT FOR DAMAGED CLOTHING OR PROPERTY**

INSTRUCTIONS: Please print or type and complete each space as required. Per Board of Supervisors Policy C-5, this form must be reviewed and approved by the Supervisor and Department Head before being submitted to the County Safety Manager.

\*\*\*\*\*

NAME \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

Damaged Article \_\_\_\_\_ Date of Loss \_\_\_\_\_  
(Clothing, Uniform, Eye Glasses, Dentures, Hearing Aid, Watch, Tools, Etc.)

Age of Damaged Article \_\_\_\_\_ Purchase Cost \_\_\_\_\_ Present Value \_\_\_\_\_

Cost of Repair or Replacement \_\_\_\_\_

Source of Repair or Replacement Estimate \_\_\_\_\_

If damage was caused by another person, indicate name and address \_\_\_\_\_

Brief description of incident (What happened and how. Use additional paper if needed) \_\_\_\_\_

Date of Report \_\_\_\_\_ Signature of Employee \_\_\_\_\_

\*\*\*\*\*

Reviewed and Approved Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Supervisor

Reviewed and Approved Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Dept. Head

The article has been inspected and damage is partial/complete. Reimbursement should be partial/full. Was this damage the result of a negligent act?

Yes \_\_\_\_\_ No \_\_\_\_\_

Suggested reimbursement amount \_\_\_\_\_

\*\*\*\*\*

**ACTION OF SAFETY MANAGER**

Reviewed and Approved Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Safety Manager

\*Amount Authorized \_\_\_\_\_ Date \_\_\_\_\_

\*Amounts over \$1,000 must be approved by the Human Resources Director and the County Executive Office (CEO).

Action of Human Resources Director

Action of County Executive Office

Reviewed and Approved Yes \_\_\_\_\_ No \_\_\_\_\_

Reviewed and Approved Yes \_\_\_\_\_ No \_\_\_\_\_

Amount Approved \_\_\_\_\_

Amount Approved \_\_\_\_\_

\_\_\_\_\_  
HR Director

\_\_\_\_\_  
CEO Approving Officer