

**COUNTY OF RIVERSIDE, CALIFORNIA**  
**BOARD OF SUPERVISORS POLICY**

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**Policy:**

Pursuant to the authority of Section 53240 of the Government Code, an employee may be paid or reimbursed for the costs of replacing or repairing property or clothing necessarily worn or carried by the employee and lost or damaged in the line of duty without fault, in accordance with the following regulations:

**1. Claims**

An employee seeking payment for the cost of replacing or repairing property or prosthesis, such as eyeglasses, hearing aids, dentures, watches or articles of clothing necessarily worn or carried by the employee and lost or damaged in the line of duty without employee fault, shall deliver the employing agency/department head a claim in a stated amount, signed under penalty of perjury, setting forth a description of the item and the nature and extent of the damage, the cost of its repair, or of its replacement if damaged beyond repair, the employee's estimate of its value immediately preceding the damage, and the circumstances under which the damage occurred, with receipts or other vouchers, if available, attached in support of the claim. The claim shall be delivered promptly, not exceeding 100 days, after the loss occurs.

**2. Excluded Items.**

Claims shall be rejected for:

- a. Damage less than \$20
- b. Items not necessarily worn or carried by the employee, including rings and jewelry
- c. Cleaning or laundering clothing
- d. Damage covered by Workers' Compensation or other insurance or recoverable from some other party
- e. Damage caused or contributed to by the employee's negligence or fault
- f. Normal wear and tear of clothing

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**3. Agency/Department Review**

The agency/department head shall promptly review the claim and endorse either: (a) approval, (b) disapproval with reasons therefore, or (c) approval in a reduced amount with reasons for the reduction. This recommendation shall then be forwarded to the Safety Manager.

**4. Safety Committee Review**

The Safety Manager shall review the claim, recommend the allowance of the claim in whole or in part, or reject it. No claim shall be allowed for an amount in excess of the reasonable cost of repair or, if the damage was beyond repair, in excess of the actual value of the item at the time of the damage to it. The Safety Manager may require further information of the claimant before action on the claim. If the claim is rejected, the rejection and reasons therefore shall be endorsed on the signature of the Safety Manager, and it shall be returned to the employee through the agency/department head. If the claim is recommended for payment, it shall be approved by the signature of the Safety Manager and forwarded back to the agency/department head for payment of amount recommended not to exceed \$1,000. The agency/department concerned will affect payment of the claim out of its respective budget. Any claim approved by the Safety Manager in excess of \$1,000 will be forwarded to the County Executive Officer through the Human Resources Director, for final approval or disapproval. It will contain the Safety Manager's recommendation and approval of the Safety Manager and Human Resource Director.

**Reference:**

Minute Order dated 12/07/64  
Minute Order 3.53 dated 09/18/90  
Minute Order 3.3 dated 04/10/07

**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.

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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 \_\_\_\_\_

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**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