



REIMBURSEMENT FOR PERSONAL PROPERTY

By my signature I, _____, am requesting reimbursement in accordance with Article XI, Section 6 of the current Memorandum of Agreement, which is reproduced on the back of this form.

Employee's Name: _____ Today's Date: _____

School: _____ Position: _____

Employee Number: _____ Date of Loss: _____

Address: _____ Telephone: _____ Email: _____

State in concise terms the detail of your loss. Include only facts necessary to process the claim.

Do you have other insurance, such as homeowners or automobile, which would cover your Claim?
Yes No

Name of Insurance Company

\$ _____
Your Deductible

Employee's Signature

\$ _____
Amount Reimbursement

Employee's Printed Name

Principal Signature

Risk Management Signature

Principal Printed Name

Risk Management Printed Name

ATTACH proof of replacement or repair cost and return to: risk_management@hcde.org within ten (10) calendar days of date of loss.



**HAMILTON
COUNTY
SCHOOLS**

Risk
Management

MEMORANDUM OF AGREEMENT

ARTICLE XI – SECTION 6

The Board agrees to reimburse employees for the replacement of personal property stolen, damaged or destroyed while the employee was discharging his duties within the scope of his assignment. The Board shall provide this reimbursement only if the employee immediately informs his supervisor in writing of the loss and presents a notarized statement to the Chief Financial Officer within ten (10) calendar days of the loss stating the circumstances of the loss and the estimated replacement or repair cost. No employee shall receive more than \$300.00 per fiscal year under this Section. The reimbursement provided by the Board shall be more than any valid and collectible insurance in effect at the time of the loss.