

INDEPENDENT SCHOOL DISTRICT 196  
Rosemount-Apple Valley-Eagan Public Schools  
*Educating our students to reach their full potential*

Series Number **405.10P** Adopted **February 2018** Revised \_\_\_\_\_

Title **Employee Property Claim** \_\_\_\_\_

Employee name: \_\_\_\_\_ Employee ID number: \_\_\_\_\_

Description of Property Damaged or Destroyed (attach photo if possible): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated repair or replacement cost (receipt required prior to reimbursement): \_\_\_\_\_  
\_\_\_\_\_

Date of incident: \_\_\_\_\_

Description of incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses, if any? \_\_\_\_\_

I verify that the above information is true and correct and the claimed property is not covered by workers compensation or any other insurance. I have reviewed District 196 Regulation 405.10AR, Employee Property Claim and make this claim pursuant to the regulation.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_

Principal/Administrator signature \_\_\_\_\_ Date \_\_\_\_\_

Human Resources Department Claim Review: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
Comments: _____ _____ _____	
Human Resources signature _____	Date _____
IF APPROVED, DATE FORWARDED TO FINANCE DEPARTMENT _____	