

CLAIM FORM FOR REPLACEMENT OF PERSONAL ITEMS
Risk Management Department
Lincoln Public Schools

This form is to be completed to file a claim with the school district for replacement of personal items, i.e. glasses, clothing, etc. If an injury was sustained in addition to the loss of an item, the employee MUST also complete the Employee Report of Injury Form.

Submit this form along with receipts to the Risk Management Office, Box 14, LPSDO. If you have questions, please call 436-1759. The claim will be presented at the next monthly meeting of the compensation committee.

First Name: _____ Middle: _____ Last: _____

Occupation: _____ SSN: _____ Work Phone: _____

Date of Incident: _____ Time of Incident: _____ a.m. p.m.

Employee Report of Injury Form Completed? Yes No

Describe in Detail How Incident Occurred:

Describe Article(s) to be Replaced:

Replacement Cost: \$ _____

Attach receipt of replaced item. Claims without a receipt will not be considered.

Employee Signature

Date

Supervisor Signature

Date

RISK MANAGEMENT USE ONLY

Approved for Payment: Yes No

Administrator Signature

Date