

Topic: PAYMENT FOR EMPLOYEE
EQUIPMENT DAMAGED
OR STOLEN

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Date Issued: March 10, 1993

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Section: LIABILITY/PROPERTY
INSURANCE PROGRAM

Number: XXIII.3.

PURPOSE:

To establish a procedure that will replace or reimburse an employee for repair or replacement of employee owned equipment (other than vehicles damaged or stolen in the course of work) subject to certain conditions.

LEGAL BASIS:

Board of Supervisors procedure adopted October 27, 1988, Title V, Section 400, County Procedures Manual.

POLICY:

It is the policy of the County of Santa Cruz to reimburse employees for personal equipment damaged or stolen provided that the personal equipment is necessary for the performance of job related duties.

PROCEDURE:

1. Claims must be submitted by the employee to their department head within 30 days from the date of loss. No reimbursement will be granted for late claims.
2. Replacement or reimbursement will be limited to: (a) health related appliances; (2) tools used in the course of work; and (3) clothing, for an employee who receives no type of clothing allowance.
3. Replacement or reimbursement shall not be made for decorative items or items of convenience to the employee and not needed for the employee's work.
4. Damage to or loss of automobiles or other vehicles for which an employee may receive mileage reimbursement shall not be replaced or reimbursed as the private mileage rate is intended to cover such losses.
5. No reimbursement will be granted for losses covered by some other source, insurance policy, or agency.

6. Claims must be accompanied by a dated sales receipt which shows the purchase price and the date of purchase, or some other means of verifying the value of the damaged property. Copies of cancelled checks, charge card receipts, etc., may be considered.
7. Replacement or reimbursement for items shall be limited to the depreciated value when depreciation can be ascertained.
8. Only claims with a value of \$10.00 or more will be considered.
9. The maximum amount of reimbursement or replacement for a loss will be \$250 per incident; however, the maximum amount for watches will be \$50.00 and for clothing will be \$75.00.
10. Claims will only be considered if the employee was engaged in assigned official duties of the County when the personal property loss was sustained.
11. Claims will only be considered if the loss was sustained through no negligent fault of the employee.
12. Claims based on cash losses or losses due to stolen credit cards will not be considered.
13. Damage to clothing or health related appliances which is related to an on-the-job injury, will be replaced under worker's compensation.
14. The Personnel Director's findings on any claim shall be final and binding.

Who	Action
<u>Employee</u>	1. Completes County Personal Property Reimbursement Claim Form.
	2. Submits completed Claim Form, with all required attachments, to department head.
<u>Department Head</u>	3. Reviews Claim Form for adherence to policy, and recommends approval or denial of claim. If approval is recommended, the department head prepares a Blue Claim Form (Aud-7) with

signature, for the appropriate departmental budget unit and account number.

4. Forwards Claim Form and Blue Claim to the Risk Management Division of the Personnel Department.
5. Reviews claim for conformance to policy.
6. Documents whether or not each requirement of the policy has been met.
7. When possible, determines depreciated value of item(s) and documents that value.
8. Approves or denies claim.
9. Forwards copy of Claim Form and work sheet to employee and department.
10. If approved, forwards on copy of Claim Form and Blue Claim (Aud-7) to Auditor's Office to provide reimbursement to employee.

Risk Management

COUNTY OF SANTA CRUZ
COUNTY EMPLOYEE PERSONAL PROPERTY
REIMBURSEMENT CLAIM FORM

Name: _____ Department: _____

Work Phone: _____ Work Location: _____

Name of Employee's Immediate Supervisor: _____

Date and Time of
Loss: _____

Location of
Loss: _____

Describe your loss of personal property and what you were doing when the loss occurred (provide date of purchase and purchase price of each item; attach appropriate documentation):

Attach copies of documentation, such as police report, sales slip and insurance claims.

I certify that the information provided is correct, and that the loss claimed is not covered by any other source, insurance policy or agency.

SIGNATURE OF EMPLOYEE

DATE

TO BE COMPLETED BY DEPARTMENT HEAD OR REPRESENTATIVE

Date Claim
Received _____

Recommend: Approval of Claim: _____
Denial of Claim: _____

DEPARTMENT HEAD SIGNATURE

DATE

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