

PROCEDURES FOR FILING A PERSONAL EFFECTS CLAIM WITH THE COUNTY OF HUMBOLDT

In accordance with the provisions of Section 53240 of the Government Code of California, employees may be paid the cost of replacing or repairing personal items that are lost or damaged while conducting County business (refer to the County's Memorandums of Understanding or compensation plans).

Attached is a Personal Effects Claim form that may be used for the purpose of claiming reimbursement. If you have any questions, please contact the Risk Management Division at (707) 268-3669.

CLAIMANT

- ◆ Complete Section I on the Personal Effects Claim form, giving precise information regarding the damage/loss date, description of the damaged/lost item and circumstances giving rise to the claim. Estimates or invoices should be attached to the claim form, if available.
- ◆ Sign and date the claim form and forward it to your supervisor for review and recommendation.

SUPERVISOR

- ◆ Review the claim form for completeness and provide the requested information in Section II.
- ◆ Sign and date the claim form and forward it to the Department Head for review and approval.

DEPARTMENT HEAD

- ◆ Review the claim form for completeness and provide the requested information in Section III.
- ◆ If you concur, the department shall process payment from the department's budget, made payable to the claimant for the damaged/lost item. Distribute the claim form as indicated on the form.
- ◆ If you do not concur, indicate on the claim form and return it to the employee.

APPEAL IF DENIED

- ◆ If the employee wishes to appeal, then the employee must indicate on the claim form in Section IV.
- ◆ The completed claim form must then be forwarded to the Risk Management Division for determination.

**COUNTY OF HUMBOLDT
PERSONAL EFFECTS CLAIM**

EMPLOYEE (CLAIMANT)—SECTION I

Employee's name and title: _____

Damage/loss date: _____

Description of damaged/lost item: _____

Circumstances of loss: _____

Date of original purchase and cost paid (attach receipts): _____

Depreciated value: _____

Replacement/repair cost requested (attach receipts, if available): _____

Date reported to Supervisor: _____

Claimant's signature: _____

Date: _____

SUPERVISOR—SECTION II

Is the personal property claimed necessary for the conduct of County business? YES _____ NO _____

Was the property damaged/lost in the line of duty without fault of the employee? YES _____ NO _____

Do you concur with the claimant's statement and recommend reimbursement? YES _____ NO _____

If not, please explain: _____

Supervisor's signature: _____

Date: _____

DEPARTMENT HEAD—SECTION III

Do you concur with the claimant's request and the Supervisor's recommendation? YES _____ NO _____

If you do not concur, indicate reason: _____

Fund, department number and line item to be charged: _____

Department Head's signature: _____

Date: _____

APPEAL IF DENIED—SECTION IV

Claimant concurs? YES _____ NO _____ Wishes to appeal? YES _____ NO _____

County Administrative Officer's signature: _____

Date: _____

APPROVAL _____ DISAPPROVAL _____

Distribution: Original to Risk Management Division Copy to Department Copy to Employee