

PERSONAL PROPERTY DAMAGE REIMBURSEMENT CLAIM FORM

The Property Damage Reimbursement Fund has been established in accordance with the Collective Bargaining Agreements of the Cincinnati Federation of Teachers (CFT) Section 700(3)(s), the Association for Cincinnati Public School Office Personnel (ACPSOP) Article XXIV(18), and AFSCME Article XXIII(C).

The Board shall provide reimbursement for damage to an employee's personal property, excluding cash, resulting from an assault, which occurred in the course of employment. AFSCME employees will be reimbursed up to \$300 for personal property damage loss due to an assault. CFT and ACPSOP employees may also receive reimbursement for vandalism or theft at the school site, or at another location while on school business. The Board shall establish an annual fund of \$10,000 for CFT and \$1,000 for ACPSOP. When the fund is exhausted, the Board shall have no further obligation to pay such claims. Employees are eligible for reimbursement under this provision only to the extent that the employee does not have personal insurance (auto, home, cell phone, or other) protecting against such damage. The Board and CFT/ACPSOP will agree on guidelines concerning the payment of expenses from this fund. The plan shall have a \$100 deductible after private insurance coverage (auto, home, cell phone or other) has been exhausted. Employee pays first \$100 of loss, except in cases of loss due to an assault by a student.

Name _____ Social Security # _____

School/Office _____ Date _____

Address _____ Zip _____

Home Phone _____ School/Office Phone _____

ATTACH:

1. All related correspondence from your insurance company including a copy of the insurance company draft.
2. Proof of payment of deductible amount.
3. Original receipts for replacement of damaged items.

WITHOUT THE ABOVE INFORMATION YOUR CLAIM WILL NOT BE CONSIDERED.

Date of Loss _____ Location of Loss _____

Were the Police called? _____ District _____

Board Security notified? _____ Who Notified? _____

Brief Description of Incident: _____

Name of Insurance Company _____

Agent _____ Phone _____

Address _____ Zip _____

List of Item(s) and Value of Each:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Loss \$ _____

Amount Insurance Paid Minus \$ _____

Amount of Deductible You Paid Minus \$ _____

Fund Deductible Minus \$ _____ \$100.00

Amount of Reimbursement \$ _____

Signature of Employee _____

_____ Date

SUBMIT THIS FORM AND ALL OTHER NECESSARY INFORMATION TO:

Cincinnati Public Schools
Office of General Council
P.O. Box 5381
Cincinnati, Ohio 45201-5381

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FOR OFFICE USE ONLY

Amount Approved \$ _____ Alias Code _____

Approval Signature

Comments: _____
