

**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