

M.S.P.T.A REIMBURSEMENT REQUEST FOR DUTY-RELATED LOSS OR DAMAGE TO PERSONAL PROPERTY

Members of the M.S.P.T.A. shall complete Part 1 of this form to notify their commanders within 72 hours of the duty-related loss of their personal property of \$500 or less. Please attach additional pages if necessary for further explanation, and also attach a receipt if the article has been replaced.

PART 1. MEMBER: PLEASE COMPLETE AND FORWARD TO COMMANDER.		
Name of Member	Employee Identification Number	Work Unit/TKU
Date of Loss/Damage	Incident Report Number	Date of This Request
Description of Article		
Date Originally Purchased* (see below)	Value When Purchased* (see below)	Current Value* (see below)
Has article been replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No	If receipt is not attached, explain.	
Was this claim filed within 72 hours after loss/damage? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain		
Was this loss/damage covered by personal insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Company		
Did you process the claim with your insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No Why		
Amount of Your Deductible	Amount Paid by Insurance Company	
Reason for Lost/Damaged Article Being at Work (except wearing apparel or personal effects)		
How Loss/Damage Occurred		
Other Factors to be Considered		
*The claim must be based on the <u>present value of the property and not the replacement cost</u> . The present value is calculated based on the following depreciation schedule:		
-	2 years for clothing, tapes, discs, records, shoes, paperback books and other small purchase items, in a graduated depreciation scale of 20% the first year and 40% of the balance the second year, with the residual value of 10% after the second year.	
-	5 years for electronic equipment, typewriters, tools, cameras, televisions, stereos, and other durable products, with a 20% straight line depreciation rate per year until a residual balance of 10% remains.	
Signature of Member	Date	

PART 2. POST/SECTION COMMANDER: PLEASE COMPLETE AND FORWARD TO DISTRICT/DIVISION COMMANDER.		
Were the member's actions necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	Were the member's actions appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	
Did member violate the department's orders, rules, regulations and/or policies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	Did you personally view damaged article? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Commander's Recommendation <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		
Comments		
Signature	Work Unit	Date
PART 3: DISTRICT/DIVISION COMMANDER: PLEASE COMPLETE AND FORWARD TO SAFETY COMMITTEE.		
District/Division Commander's Recommendation <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		
Comments		
Signature	Work Unit	Date
PART 4. SAFETY COMMITTEE ACTION		
Safety Committee No.	Date of Meeting	
Safety Committee Recommendation <input type="checkbox"/> APPROVE Amount: <input type="checkbox"/> DISAPPROVE Reason: <input type="checkbox"/> TABLED		
Signature of the Safety Committee's Secretary		Date
PART 5: DIRECTOR'S ACTION		
<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		DATE