



Lincoln Public Schools

RM0026
Rev. 8/19

Risk Management Department • SJDLC, Box 14 • 5905 O Street • Lincoln, NE 68510 • 402-436-1760 • Fax 402-458-3276

CLAIM FORM FOR REPLACEMENT OF PERSONAL ITEMS

This form is to be completed to file a claim with the school district for replacement of personal items, i.e. glasses, clothing, etc. If an injury was sustained in addition to the loss of an item, the employee **MUST** also complete the Employee Report of Injury Form. Submit this form along with receipt(s) to the Risk Management, SJDLC, Box 14. If you have questions, please call 402-436-1760.

EMPLOYEE INFORMATION

Employee ID #: _____ First Name: _____ M.I.: _____ Last Name: _____

Building Where Employed: _____ Department: _____

Position: _____ LPS Email: _____ Phone: _____

INCIDENT INFORMATION

Location: _____ Date: _____ Time: _____ ☐ AM ☐ PM

Employee Report of Injury Form Completed? ☐ YES ☐ NO

Describe in detail *How Incident Occurred?*

Describe article(s) to be replaced:

Replacement Cost: \$ _____

• Attach receipt of replacement item. Claims without a receipt will not be considered.

Employee Signature (Non-Electronic)

Date

Authorizing Person's Signature (Non-Electronic)

Date