

**CLAIM FORM FOR REPLACEMENT OF PERSONAL ITEMS**  
**Risk Management Department**  
**Lincoln Public Schools**

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 receipts to the Risk Management Office, Box 14, LPSDO. If you have questions, please call 436-1760.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employee ID #: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ LPS Email: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Employee Report of Injury Form Completed? ☐ Yes ☐ No

Describe in Detail How Incident Occurred:

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Describe Article(s) to be Replaced:

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Replacement Cost: \$ \_\_\_\_\_

**Attach receipt of replaced item. Claims without a receipt will not be considered.**

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervisor Signature*

\_\_\_\_\_  
*Date*

**RISK MANAGEMENT USE ONLY**

Approved for Payment: ☐ Yes ☐ No

\_\_\_\_\_  
*Administrator Signature*

\_\_\_\_\_  
*Date*