

CLAIM FOR LOSS OR DAMAGE TO PERSONAL PROPERTY (OP 504)

SECTION I: Applicant Information

LAST NAME FIRST NAME M.I.
 STREET ADDRESS APT. NUMBER CITY STATE ZIP CODE
 AREA HOME TELEPHONE NUMBER FILE NUMBER EMPLOYEE ID
 JOB TITLE: _____ EMAIL ADDRESS: _____

| | | | | | |
|--|-------------------------------------|--|--|---|---|
| SCHOOL CODE <input type="text"/> | AREA <input type="text"/> | SCHOOL TELEPHONE NUMBER <input type="text"/> | ISC/CFN <input type="text"/> | DISTRICT <input type="text"/> | Claim related to LODI incident? Yes <input type="checkbox"/> No <input type="checkbox"/> HR Connect LODI case#: _____ LODI approved by HR Connect? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|-------------------------------------|--|--|---|---|

Date of incident Description of incident

Room number or place of loss or damage _____

Date and time reported to principal _____ Incident reported to police? Yes No

SECTION II: Items Claimed

Attach additional sheets if necessary.

| Article | Cost | Date Purchased | Store and Location |
|--|--|--|--|
| <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> |
| <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> |

Reimbursement for personal property is limited to \$100.00 per person in any school year. Cash is not reimbursable. Only the loss of or damage to personal clothing and personal accessories (e.g. handbags, wallets, eyeglasses, or umbrellas) are reimbursed.

Total Amount Claimed: \$

The facts contained above are true to the best of my knowledge, information, and belief. I understand that the acceptance of payment for the amount allowed by the Department of Education for this claim shall release the Department of Education from all liability for the loss of or damage to personal property arising out of the incident described above. I also agree that in the event that lost property is later recovered and is returned to me, I shall reimburse the Department of Education for any monies paid.

Signature of Claimant
Today's Date

SECTION III: To be completed by Claims Unit ONLY

The facts provided in Sections I and II are substantially correct. Any exceptions are noted below.

Approval Recommended Disapproval Recommended for the Following Reason:

Signature of Principal
Today's Date

SECTION IV: Determination of Medical Claims Unit

Date Approved _____ Amount _____ Date Disapproved _____ Reviewed By _____

Instructions for Claim for Loss or Damage to Personal Property form (OP504)

1. Complete the application on the face of this form per the instructions below.

Section I: To be completed by the applicant

- a. Provide your full name, mailing address, home and school contact information, file number, employee ID, job title, and email address
- b. In the space next to your school contact information, provide the following information:
 - i. Check (Yes/No) if claim is related to a LODI incident
 - ii. The LODI case number issued by HR Connect (if applicable)
 - iii. Indicate whether or not your LODI was approved by HR Connect
- c. Provide the following information in the space provided (attach additional sheets if necessary):
 - i. Date of the incident
 - ii. Description of the incident
 - iii. Room number or place of loss or damage to property
 - iv. Date and time reported to principal
 - v. Indicate whether or not the incident was reported to police

Section II: To be completed by the applicant

- a. Complete the table with the following information (attach additional sheets if necessary)
 - i. Article: Item lost or damage
 - ii. Cost: Amount paid for the item (in dollar) or amount paid to repair damaged item (if applicable)
 - iii. Date Purchased (if known)
 - iv. Store and Location: Place of business where item was purchased (if known)
- b. Indicate the total amount claimed. Note that if an item was repaired, only the cost of repairs will be reimbursed.
- c. Employee must sign and date

Section III: To be completed by the applicant's principal

- a. Check Approval/Disapproval and provide reason(s)
- b. Principal must sign and date

Section IV: To be completed by the Claims office

Applicants should not complete this section. It is for official use only.

2. Include proof of payment with your application. This can be an original or photocopy of the receipt.

IMPORTANT: The maximum reimbursement amount for a personal property claim submitted without proof of payment is \$50 per person in any school year.

3. Submit the completed form, including all required signatures and supporting documentation to HR Connect:

New York City Department of Education
HR Connect Medical, Leaves and Records Administration
65 Court Street, Room 201
Brooklyn, New York 11201