



RISK MANAGEMENT

RISK FINANCE AND INSURANCE SERVICES

213-241-3130
333 s. Beaudry Ave.
Los Angeles, CA 90017

Employee Reimbursement Request Form

EMPLOYEE INFORMATION

Last Name _____ First Name _____ MI _____ Employee No. _____
Home Address _____
City _____ Zip Code _____ Phone Number _____
Email _____ Position _____
Work LOC _____ Work LOC Code _____

DETAILS OF LOSS

Incident Location _____ Location Code _____ Date of Incident _____
School Type _____ Region _____
Type of Loss: ☐ Vehicle ☐ Personal Property ☐ Registered Property
Description of Loss _____
Registered Property: For items used in school or office, attach copy of pre-approved property registration form.
Date purchased _____ Copy of the form attached ☐ Yes ☐ No
Original Purchase Price _____

POLICE REPORT

Law Enforcement agency: _____ Police Report # _____
Are you filing or have you filed with you insurance company? ☐ Yes ☐ No

VEHICLE

Vehicle Year _____ Vehicle Make _____ License plate NO. _____
Insurance Co _____ Address _____
Phone _____ Policy No. _____ Deductible Amt _____

DECLARATION AND ASSIGNMENT OF INTERST

The undersigned hereby declares under PENALTY OF PERJURY that the damage was without fault of the employee and, in the case of a vehicle, was caused by a malicious act and is not the result of an accident or collision. No claim for this loss has been made to any insurance company or other party. I AGREE To NOTIFY AND REIMBURSE THE DISTRICT IMMEDIATELY IF ANY PORTION OF THIS LOSS IS PAID BY ANY PERSON OR THROUGH ANY INSURANCE COMPANY. I do hereby authorize with my signature below, to release any requested information, personal or otherwise, to my employer, the Los Angeles Unified School District. I also hereby assign the District the right of subrogation to the extent of any payment made to me.

Employee's Signature: _____ Date: _____

CERTIFICATION

The Foregoing has been reported to me by the named employee. TO THE BEST OF MY KNOWLEDGE THE LOSS OCCURRED WHILE THE EMPLOYEE WAS IN THE LINE OF DUTY FOR THE DISTRICT.

Name: _____ Date: _____
Signature: _____
Title: _____ Email: _____

INSTRUCTIONS

IMPORTANT: Submit this form to the Employee Reimbursement Section (ERP) within 60 calendar days of the date of loss. This includes weekends, holidays, vacation, and school/office closures. Late submissions will not be accepted.

Instructions:

- Complete all questions.
- Do not delay submission while waiting for estimates or signatures.
- ERP may require an inspection—do not repair vehicle damage beforehand.

Certifications:

- **Schools:** Principal or A.P. must certify; Principals need Local District Superintendent's signature.
- **Other departments:** Director or Deputy Director must certify.
- **Employee:** must also sign the original form.

Maximum Reimbursement:

- Up to \$500 unless otherwise specified by a union agreement.

Required Attachments:

Vehicle-Related Losses

- **Photos:** Color, one showing license plate.
- **Proof of Ownership:** DMV registration (employee/spouse must be listed).
- **Body/Paint Damage:** Two repair estimates.
- **Glass:** Two estimates (one from an independent Auto Glass shop).
- **Wheel Covers:** Two estimates (one from independent auto dismantler).
- **Radio, Battery, etc.:** Two replacement estimates. For non-factory equipment, include proof of original cost. Note: Personal property stolen from a vehicle is not covered.
- **Tires:** Mileage + two replacement estimates.
- **Police Report number:** A police report is required. School Police (213) 625-6631

Personal Property Worn/Carried

- **Eyeglasses:** Receipt + estimate for repair/replacement. If you filed a claim with a District vision plan, indicate that.
- **Clothing:** Proof of original purchase. If unavailable, complete a Proof of Loss form. For cleaning/repair, include a receipt or statement if item is irreparable.

Items Used for Educational Support in Schools/Offices

- Submit District-approved Property Registration Form, for each item.
- Include proof of original purchase or a completed Proof of Loss form (available upon request from ERP).

Submission:

Submit Email: claims@lausd.net

School Mail or U.S. Mail

Attn: Risk Management and Insurance Services, Beaudry Bldg., 28th Floor Los Angeles Unified School District P.O. BOX 513307
Los Angeles, CA 90051 Tel: (213) 241-3130

Note: Employees are responsible for ensuring the signed form and all required documents are received by ERP within 60 days of the loss, including mailing time.

Relevant Forms:

Proof of loss Form
Property Registration Form