SWEETWATER UNION HIGH SCHOOL DISTRICT
EMPLOYEE'S PERSONAL PROPERTY INVENTORY
ADMINISTRATIVE REGULATION 4156.3a
To be completed annually by employee and updated as necessary

INSTRUCTIONS:

1. When submitting personal property inventory or identification, serial number(s) should be included whenever possible.
2. Approval of agreed upon value of personal property and inventory date upon which the property is brought to the school site or department must be shown under the "in" column. When personal property is removed from premises, the date must be shown under the "out" column.
3. Employee must provide the date of purchase of personal property being brought to the school site or department. Date must be entered under the "date of purchase" column.
4. The value of any personal property must be agreed upon by the person bringing the property and the appropriate administrator prior to its use on premises. Such value shall be entered under the "value" column.
5. Use Form 4122 if additional listing sheets are needed.

Employee Name:_____ Residence Phone:_____

Address: _____City: _____ Zip: _____

Work Location: _____ Job Title: _____

Employee Personal Property Inventory:

Item(s):	Serial No.	Date of Purchase	Value ($$ Amt.)	Date In	Date Out

I hereby certify that the information set forth above is correct to the best of my knowledge and that this personal property inventory is within the policy and conditions outlined in Sweetwater Union High School District Regulation 4156.3a, and/or contracts with employee certificated and classified employee groups and that these items of personal property are in fact located at this school/department.

_____ _____
Principal/Department Head Date

Distribution: Original-Risk Management; 1 Copy to Site, 1 Copy to Employee

SWEETWATER UNION HIGH SCHOOL DISTRICT
EMPLOYEE'S PERSONAL PROPERTY INVENTORY
ADMINISTRATIVE REGULATION 4156.3a

To be completed only if additional space is needed to complete Form 4122.

Employee Name:_____ Page _____ of _____

Employee Personal Property Inventory:

Item(s):	Serial No.	Date of Purchase	Value ($$ Amt.)	Date In	Date Out

I hereby certify that the information set forth above is true and correct to the best of my knowledge and that this personal property inventory is within the policy and conditions outlined in Administrative Regulation 4156.3a, and/or contracts with employee certificated and classified employee groups and that these items of personal property are in fact located at this school/department.

_____ _____
Principal/Department Head Date

Distribution: Original-Risk Management; 1 Copy to Site, 1 Copy to Employee

SWEETWATER UNION HIGH SCHOOL DISTRICT
CLAIM FOR REIMBURSEMENT FOR DAMAGE TO EMPLOYEE'S PERSONAL PROPERTY
Claim must be submitted within 45 days of incident

TO BE COMPLETED BY EMPLOYEE:

Employee Name:_____ Residence Phone: _____

SSN: _____ Work Location: _____ Job Title: _____

Address: _____City: _____ Zip: _____

Date of Incident: _____ Location of Incident: _____

LOSS/DAMAGE TO AUTO: *Maximum payment $600*

Police Report No. _____ Amount of Claim: $ _____

Make of Car: _____ Year: _____ License No. _____

State the nature of the damage: _____

_____

Attach: 1. two repair estimates 2. Copy of insurance policy 4. Copy of the police report

LOSS/DAMAGE TO OTHER PERSONAL PROPERTY: *Maximum payment $350*

Police Report No. _____ Item Damaged:_____

Repair/Replacement $_____ Claim Amount:$ _____

State the nature of thedamage:_____

_____

Attach: 1. Receipt/bill 2. Copy of insurance policy 3. Copy of the police report

I certify the above information to be true and correct to the best of my knowledge, and I assign to the Sweetwater Union High School District the right of subrogation to the extent of any payment made by the district.

Employee's Signature: _____ Date: _____

TO BE COMPLETED BY PRINCIPAL/DEPARTMENT HEAD:

I certify that the information set forth above is true and correct to the best of my knowledge. I had given approval for the use of personal property before the property was brought on site. This is a valid claim against the district under provisions and conditions outlined in Administrative Regulation 4156.3, and/or contracts with employee certificated and classified employee groups and that these items of personal property are in fact located at this school/department.

TO BE COMPLETED BY RISK MANAGEMENT:

Approval for payment: _____ Date: _____

Amount: _____ Budget/Psuedo No. _____

Principal/Department Head: _____ Date:_____

Distribution: Original-Risk Management; 1 Copy to Site, 1 Copy to Employee