



Employee Personal Property Damage Reimbursement Request

Fiscal Services Division

Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

Form #009-F03
December 2024

Clear Form

Date of Loss: _____ Time of Loss: _____ AM/PM Date of Report: _____

School Facility _____ Room No./Area _____ Phone No. _____

Employee Name: _____ Job Title: _____

Employee ID #: _____ Home or Mobile #: _____

Description of the incident that caused the loss or damage. Was reasonable care exercised to mitigate the risk or loss?

Please submit photos of item(s) damaged with this report. (Click [HERE](#) to attach photos.)

DESCRIPTION OF ITEM(S) DAMAGED	
Use additional sheets if necessary.	
Item Description	Replacement Cost/ Receipt Required
Total Costs	

NOTE: All reimbursement requests will be evaluated and if approved, the maximum reimbursement is \$500.

Report prepared by: _____
(Signature) (Title)

Administrator/Supervisor: _____
(Signature) (Title)

Distribution:

1. Loss.Damage@fcps.org (Recipients are: Executive Assistant I of Fiscal Services and Risk & Safety Manager)
2. Originator