



County Administrative Manual

[Return to Section Contents](#)

Section: 2500 – Human Resource Services
(Human Resources Division)

Page 2 of 2

Sub Section: 2570 Damaged Employee Property Reimbursement
Policy and Procedure

Issued: January 1, 1983

Revised: February 10, 2015

Reviewed: September 2014

POLICY

2579.1 Damaged Employee Property Reimbursement Policy

- a. The County may provide for the payment of the cost of replacing or repairing property or prostheses of an employee, such as eyeglasses, hearing aids, dentures, watches, or articles of clothing necessarily worn or carried by the employee when any such items are lost or damaged in the line of duty without fault of the employee, with the exception of personal electronic devices. However, the department head has the discretion to recommend replacement or repair of electronic devices as appropriate. If the items are damaged beyond repair, the actual value of such item may be paid. The value of such items shall be determined as of the time of the loss thereof or damage thereto. The Board of Supervisors delegates to the County Administrator the authority to grant or deny claims that do not exceed \$500.

RESPONSIBILITIES & PROCEDURES

2579.3 Claims Procedure

- a. Submit the following to the County Administrator's Office:
 1. A signed statement by the employee setting forth the circumstances of the loss or damage incurred.
 2. The department head's concurrence in the employee's statement and approval of the claim.
 3. Receipt for the repair or replacement of the employee's property.
 4. Auditor's Claim form (A/C-36, 11-78)(pdf) signed by the department head.
- b. Upon receiving the above information, the County Administrator's Office will approve or disapprove the claim. If the claim is approved, it will be sent to the Auditor's Office for processing. The claim will be charged against the department's approved budget.

COUNTY OF SAN JOAQUIN CLAIM

DATE: _____

PAY TO: _____

ADDRESS: _____

DESCRIPTION	AMOUNT

EXPENDITURES AUTHORIZED BY: _____
Authorized Signature Date

COUNTY ADMINISTRATOR'S OFFICE (IF REQUIRED):

REVIEWED: _____
Authorized Signature Date

APPROVED: _____
Authorized Signature Date

FUND	DEPARTMENT	ACCOUNT	AMOUNT		VEN. NO.

Claim examined and approved
pursuant to Gov. Code Sec. 29741.
Office of Auditor-Controller

By: _____
Deputy