



EMPLOYEE'S CLAIM FOR PERSONAL PROPERTY

Type or write legibly in ink. Submit in triplicate to your supervisor within 14 days (if you are a bargaining employee), or 90 days (if you are a non-bargaining employee) from the date that loss or damage occurred.

Part One – This Page Completed by Employee

| | | |
|--|---|-----------------------|
| Name of Claimant | SSN | Job Title of Claimant |
| Claimant's Home Address | Claimant's Work Address/Work Phone Number | |
| Date Loss/Damage Occurred | Total Amount of Claim \$ | |
| Article(s) for Which Claim is Made | | |
| <p><i>(Include paid receipt or other evidence showing purchase date and original price of lost or damaged article. If repairable, include an estimate for repair. If not repairable include a statement from a tailor, dry cleaner, etc., to substantiate. If claim is for eyeglasses, state exactly what part(s) are broken. Include an itemized receipt for the REPLACEMENT of damaged part(s). Replacement must be of the same quality as the damaged part(s).</i></p> | | |
| Description of Loss or Damage | | |
| <p><i>(Give place, extent of damage, and circumstances of accident involving loss or damage. State salvage value.)</i></p> | | |
| Insurance Coverage/Recovery Attempt | | |
| Homeowners Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Collision <input type="checkbox"/> Yes <input type="checkbox"/> No Comprehensive <input type="checkbox"/> Yes <input type="checkbox"/> No Other (Specify): | Name & Address of Insurance Company | |
| Has Claim been Filed with Insurance Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", action taken: | Amount of Deductible \$ | |
| | If damage/loss result from the negligence of another party, has an attempt been made to recover from that party? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes" explain on separate sheet.)</i> | |
| <p>I certify that the damage, loss, or destruction was not caused in whole or in part by any negligence or wrongful act of the claimant, or his agent or employee. All articles listed on this sheet (or additional sheets made part of this form) have been privately purchased and are not government property. No previous claim has been made to the government for the property for which this claim is made (except as explained on the attached sheet). This claim does not duplicate any made under the Workman's Compensation Program.</p> <p>If any of the property for which claim is made is later recovered, claimant agrees to give written notice immediately to the US Postal Service.</p> | | |
| <p>I make the foregoing claim with full knowledge of the penalties involved for willfully making a false claim. (US Code, Title 18, Section 287, provides for a maximum fine of \$10,000 or imprisonment for 5 years, or both.)</p> <p>I hereby assign to the United States to the extent of any payment of this claim accepted by me all my right, title, and interest in and to any claim that I may have against any insurer or other party, arising out of the damage, loss, or destruction to the property described on this form and will, upon request, furnish such evidence as may be required to enable the United States to enforce such claim.</p> | | |
| <p>PRIVACY ACT: The collection of this information is authorized by 39 USC 1001 & 2008. It will be used to reimburse you for a loss of personal property. As a routine use, this information may be disclosed to an appropriate law enforcement agency for investigative or prosecutorial purposes, to a congressional office at your request, to OMB for review of private and relief legislation, to a labor organization as required by the NLRA, to the Office of EEOC when investigating an EEO complaint and where pertinent, in a legal proceeding to which the Postal Service is a party. Completion of this form is voluntary, however, if this information is not provided, it will result in your not receiving reimbursement for a personal loss.</p> | | |
| Date of Claim | Claimant's Signature | |

Part 2 – Completed by Union Steward (Bargaining Employees)

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|------------------------|-----------|---------------|
| Recommendation | | |
| Date of Recommendation | Signature | Name of Union |

Part 3 – Completed by Employee's Supervisor

(Forward non-bargaining unit claims immediately to: General Manager, Field Division (for Field Units); Regional Director, Human Resources (for Regional Office Units); and General Manager, Headquarters Personnel Division (for Headquarters and Related Units). Forward bargaining unit claims immediately to : Regional Labor Relations Office.

| | | |
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| 1. Was Claim Submission Timely? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "no", explain.)</i> | | |
| Is Part 1 Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is Part 2 Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 2. Was possession of lost/damaged property reasonable, proper, and necessary to the performance of the employee's employment? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "no", explain.)</i> | | |
| 3. Was there any negligence on the part of the employee which contributed to the loss/damage? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "no", explain.)</i> | | |
| 4. Supervisor's Review <i>(State facts related to claim developed through your investigations, e.g., caused by faulty equipment. Provide basis for recommendation of payment or denial.</i> | | |
| 5. Based on the above, do you recommend payment? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Date of Report | Finance No. of Postal Installation | Signature and Title of Supervisor |