

Personal Loss Claim Form

Human Resource Secretariat



As per the conditions of the [Personal Loss Policy](#), employees may be reimbursed the replacement cost of personal items when approved by the Deputy Minister and appropriate receipts are available to show that the personal item has been replaced.

EMPLOYEE SECTION:

Employee Name:

Position:

Department:

Division:

Mailing Address (work or home):

Personal Loss Item(s):

Replacement Cost (\$):

Date Loss Occurred:

Receipts Attached:

Yes

No

If no, please provide an explanation:

Explanation Of Loss:

Date:

Employee Signature: _____

Contact Number:

SUPERVISOR / DIRECTOR SECTION:

Supervisor / Director Name:

Contact Number:

Date Incident Was Reported:

Was Damaged Item Viewed:

Yes No

Claim Recommended For Approval:

Yes No

Supervisor / Director Recommendation / Comment:

Date:

Supervisor / Director Signature:

HR DIRECTOR SECTION:

HR Director Name:

Contact Number:

HR Director Recommendation / Comment:

Date:

HR Director Signature:

<u>Optional:</u>	
Account Distribution:	<input type="text"/>
Dept. Controller Initials:	<input type="text"/>

DEPUTY MINISTER SECTION:

Deputy Minister Name:

Contact Number:

Choose one:

- Approved
- Rejected
- Recommended for HRS consideration (over \$1,000)

Amount Approved (\$):

Comments:

Date:

Deputy Minister Signature:

Notes:

- Deputy Ministers (and their designates) can approve (up to \$1,000) or reject personal loss claims. Claims of more than \$1,000 may be referred to the Human Resource Secretariat for consideration.
- Bargaining unit members should consult their applicable Collective Agreement.