

# Personal Property Repair and Replacement Policy

## PERSONAL PROPERTY COVERED BY POLICY

Personal Property required in performance of work duties which is damaged performing assigned work duties, through no fault of the employee, may be repaired or replaced by Polk County. This includes such items as eyeglasses, hearing aids, watches, and personal clothing. In order to be compensated, such damage must occur during working hours and in the performance of assigned work duties. Damage to personal property which occurs as a result of a violation of safety rule, work rule, or the negligence of the employee, will not be reimbursed. In no event, however, shall reimbursement exceed **\$250.00 per item (\$300.00 for Sheriff Deputies)**.

## PERSONAL PROPERTY NOT COVERED BY POLICY

Damage to any personal property which is not absolutely necessary for the performance of work assignments shall not be reimbursed. This includes such items as rings, watches, jewelry, and other items not absolutely essential for the performance of assigned work duties.

Polk County shall not be responsible for damage or loss to personal property due to vandalism, theft, negligence, or other causes. Employees are encouraged to provide their own insurance to cover such damage or loss.

Contact: Risk Management  
515-286-3633  
Revised: 3/27/90

**REQUEST FOR REPAIR OR REPLACEMENT OF PERSONAL  
PROPERTY**

1. TO BE COMPLETED BY EMPLOYEE

Name of Employee	Job Classification
Department	Description of Property Damaged
Date / Time / Location	Cost of Repairing/Replacing Property (Attach Estimate/Report)
Did the damage occur during working hours? __ Yes __ No	Were any safety rules or work rules violated? __ Yes __ No
Description of incident which resulted in damage	

Date

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Signature of Employee

Date \_\_\_\_\_

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2. TO BE COMPLETED BY DEPARTMENT HEAD (OR DESIGNEE)

Recommended Action  Approval  Disapproval

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Department Head  
(certifying that damage occurred & in the  
manner described)

\_\_\_\_\_  
Date

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3. TO BE COMPLETED BY RISK MANAGEMENT

Recommended Action  Approval  Disapproval                      Amount         \$

\_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Risk Manager

\_\_\_\_\_  
Date