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
- Department
- Date / Time / Location

Did the damage occur during working hours?  
__Yes __ No

Description of incident which resulted in damage

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Signature of Employee

Date   _________________

Job Classification

Description of Property Damaged

Cost of Repairing/Replacing Property  
(Attach Estimate/Report)

Were any safety rules or work rules violated?  
__Yes __ No

Date

Signature of Employee

Date   _________________
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

3. TO BE COMPLETED BY RISK MANAGEMENT

   Recommended Action __ Approval  _ _ Disapproval                Amount  $ ________________

   Comments

   ________________________________

   ________________________________

   ________________________________

   Signature of Risk Manager                               Date