

**UTD \$50,000 Personal Property Loss Fund Claim Information Form
(For Members of the U.T.D. Bargaining Unit Only)**

Member of UTD? Yes ☐ No ☐ **Date** _____

Name _____ **Employee #** _____

Email Address _____

Classification: Instructional Personnel ☐ Paraprofessional/Support Personnel ☐ Office Personnel ☐

Home Address _____

_____ **Home Phone** _____

Name of Worksite at Time of Incident _____

Name of Current Worksite _____ **Phone** _____

Date of Incident ____/____/____ **Nature of Incident** _____

Please note: Loss or damage to personal property, exclusive of personal vehicle damage, during the working day, is to be covered.

The maximum reimbursement for each incident is \$500. Items must be stolen or damaged during the claimant's course of employment.

Please email dina@utd.org. We will email you an Official Claim Form as soon as we receive the form.

-- **Claim #** _____
Date Mailed _____
(for office use only)