

**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 fax this information to the UTD Office at 305-576-7761. We will email you an Official Claim Form as soon as we receive the form.

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