

SCHENECTADY CITY SCHOOL DISTRICT

EMPLOYEE VECHICLE DAMAGE REPORT

Pursuant to Section 6.2.3 of the SFT Paraprofessionals contract, damages to an employee's motor vehicle shall not be covered, except that certain damage to tires and windows shall be covered, up to a maximum amount of two hundred dollars (\$200). Employees will seek reimbursement from their own insurance carrier before obligating the District under this provision. The only damage to tires and windows covered by this provision shall be damage which occurs when the vehicle is parked on or near School District property during the school day or while the employee is performing job duties at a scheduled function outside of regular school hours. No such damage shall be covered unless the employee officially reports the incident to the police and also reports the loss to the school.

Date of Incident:	Time:		
Location of incident: be specific. Was the vehicle parked on School District property? Yes No Please describe where the vehicle was located and draw a map on the back of this paper.			
Please describe the incident inc	d on School District property? Yes No the vehicle was located and draw a map on the back of this paper. dident including any witnesses. dit reported to the School District? sthis reported? ? Yes No ed? Yes No If yes, please attach copy. oof of payment must be submitted for reimbursement. odel: (or attach a copy of the vehicle registration) Signature and Date Approved Disapproved reimbursement		
When was this incident reporte	ed to the School District?		
Were the police called? Was a police report filed? Original receipt and proof of page 2.	Yes No Yes No If yes, ple ayment must be submitted f	ase attach copy. For reimbursement.	
	(or attach a copy of the vehicle	registration)	
Employee's Name		Signature and Date	
Principal's Name		Signature and Date	
Reimbursement Approv	ed Disapproved		
Reason:		District? If yes, please attach copy. submitted for reimbursement. of the vehicle registration) Signature and Date District and Date	
Document needed for reimburs	sement		
Proof deductible was paid			