



## Instructions for Claim for Loss or Damage to Personal Property form (OP504)

1. Complete the application on the face of this form per the instructions below.

### Section I: To be completed by the applicant

- a. Provide your full name, mailing address, home and school contact information, email address, file number, employee ID, and job title
- b. In the space next to your school contact information, indicate the following:
  - i. Check (Yes/No) if claim is related to a LODI incident
  - ii. The LODI case number issued by HR Connect (if applicable)
  - iii. Indicate whether or not your LODI was approved by HR Connect
- c. Provide the following information in the space provided (attach additional sheets if necessary):
  - i. Date of the incident
  - ii. Description of the incident
  - iii. Room number or place of loss or damage to property
  - iv. Date and time reported to principal
  - v. Indicate whether or not the incident was reported to police

### Section II: To be completed by the applicant

- a. Complete the table with the following information (attach additional sheets if necessary)
  - i. **Article:** Item lost or damaged
  - ii. **Cost:** Amount paid for the item (in dollars) or amount paid to repair damaged item (if applicable)
  - iii. **Date Purchased** (if known)
  - iv. **Store and Location:** Place of business where item was purchased (if known)
- b. Indicate the total amount claimed. Note that if an item was repaired, only the cost of repairs will be reimbursed.
- c. Employee must sign and date

### Section III: To be completed by the applicant's principal

- a. Check Approval/Disapproval and provide reason(s)
- b. Principal must sign and date

### Section IV: To be completed by the Claims office

Applicants should not complete this section. It is for official use only.

2. Include proof of payment with your application. This can be an original or photocopy of the receipt.

**IMPORTANT:** The maximum reimbursement amount for a personal property claim submitted without proof of payment is \$50 per person in any school year.

3. Submit the completed form, including all required signatures and supporting documentation to HR Connect:

New York City Department of Education  
HR Connect Medical Administration Claims Unit  
65 Court Street  
Room 201  
Brooklyn, New York 11201