



**MONTANA STATE HOSPITAL
POLICY AND PROCEDURE**

**REIMBURSEMENT FOR DAMAGED
EMPLOYEE OWNED PROPERTY**

Effective Date: December 11, 2015

Policy #: HR-13

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I. PURPOSE: To delineate employee and employer responsibilities regarding damage to or loss of personal property brought to the Hospital for use by an employee.

II. POLICY: Employees are ordinarily responsible for personal items they bring to work. The Hospital may reimburse employees for items such as eyeglasses, hearing aids, etc. damaged during the process of providing personal care or physical intervention to a patient. Decisions to make reimbursement will be made on a case-by-case basis dependent on circumstances in each instance. This will be based on the necessity of the item to performance of the employee's job and the Hospital's responsibility in the matter. Jewelry other than wristwatches will not be reimbursed. The Hospital will not necessarily be responsible for vandalism/damage to vehicles or other employee owned property by patients of Montana State Hospital, unless an act or omission on the part of the Hospital led to the occurrence.

Reimbursement will ordinarily be based on the market or actual cash value of the damaged item rather than the replacement cost of the item.

III. DEFINITIONS:

A. Personal Items include but are not limited to: keys, money, pocketbooks, purses, billfolds, textbooks, vehicles, electronic devices, jewelry, wristwatches, eyeglasses, hearing aids, etc.

IV. RESPONSIBILITIES:

A. Hospital Administrator - To authorize reimbursement for personal items under certain circumstances when determined appropriate.

B. Safety Officer – to review information provided by employees and make a recommendation for reimbursement to the Hospital Administrator.

V. PROCEDURE:

A. Employees requesting reimbursement for damage to a personally owned item will provide a complete description of the incident and the item for which reimbursement is requested by completing an Incident Report and a Reimbursement Request Form to

REIMBURSEMENT REQUEST FORM

EMPLOYEE NAME: _____

EMPLOYEE NUMBER: _____

DATE OF INCIDENT: _____

Description of Damaged Property: _____

Condition of Damaged Item: _____

Age of Damaged Item: _____

Requested amount to replace or repair damaged property: \$ _____

NOTE: Must attach estimate from Retailer or Provider

Safety Officer Inquiry Findings: _____

Safety Officer Recommended Reimbursement Amount: \$ _____

Approved Amount: \$ _____
_____ Hospital Administrator Signature