

# Employee Claim Form for Damaged Property

This **employee claim form** sample is designed to streamline the process of reporting and documenting damaged property in the workplace. It ensures accurate recording of incident details, facilitating efficient claims and resolution. Using this form helps protect both employee rights and company assets.

**Employee Name:**

**Department:**

**Position/Title:**

**Employee ID:**

**Date of Incident:**

**Time of Incident:**

**Type of Damaged Property:**

**Property ID/Serial Number (if applicable):**

**Description of Damage:**

**Describe How the Incident Occurred:**

**Witnesses (if any):**

**Immediate Actions Taken:**

**Estimated Claim Amount (if known):**

**Employee Signature:**

**Date:**

**Manager/Supervisor Section (for office use only):**

**Comments/Findings:**

**Manager/Supervisor Signature:**

**Date:**

**Submit Claim**