

**Policy & Procedure Manual**

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**REIMBURSEMENT FOR PERSONAL ITEMS – HR-III-38**

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**POLICY:**

An employee who has had a personal item\* damaged during the performance of his duties may make a claim for reimbursement.

Reimbursement granted for items shall not exceed the purchase price of the item, and in any case, shall not exceed amounts as follows:

- clothing: up to a maximum of \$150.00, depending on the item
- jewelry: \$50.00 maximum
- prescription eye-glasses: \$300.00 maximum

**\*Note:**

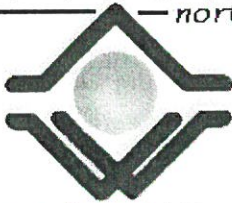
1. The employer will not be responsible for the replacement of expensive or dangling jewelry/clothing worn and damaged during an employee's performance of duties.
2. Failure to comply with established policies and procedures, and safety standards, will automatically result in the denial of the employee's claim.

**PURPOSE:**

To allow employees a means of reimbursement for personal items damaged during the performance of his duties and which incident was beyond his/her control.

**PROCEDURE:**

1. The employee claiming reimbursement for a personal item damaged while performing his/her duties must report the incident immediately to his immediate Supervisor, and complete an Incident Report form (sample attached.)
2. The Supervisor will investigate the incident (including requesting the damaged item from the employee, together with any original purchase receipts available) and make recommendations.
3. The Supervisor will submit the damaged item and the purchase receipt (where possible) along with the Incident Report through his/her Director, as applicable, for review/recommendation and forwarding to the Executive Director.



Personal Support Services

**POLICY: HR-III-38**  
**DEPARTMENT:** Human Resources  
**CATEGORY:** Working Conditions  
**EFFECTIVE DATE:** August 2009  
**SUPERSEDES VERSION DATED:** March 2006  
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**PROCEDURE (continued):**

4. Following review of the incident, the Executive Director will then approve/deny the request for reimbursement and return to the Supervisor for the appropriate action to be taken.
5. If the claim is approved, the employee will receive instruction to purchase the replacement item up to a maximum dollar figure and submit the receipt for reimbursement.

**RECOMMENDED BY:** Director, Human Resources

**APPENDICES:** 1

**OPERATIONAL ACCOUNTABILITY:** Administration, Finance, Human Resources, Client Services Administration, Client Services, Community Resource Team

**ORIGINAL POLICY DATE:** April 1993

**AUTHORIZED BY:** Executive Director

**SIGNATURE:**

OPTIONS northwest  
INCIDENT REPORT

WORK LOCATION: \_\_\_\_\_

TYPE OF INCIDENT (check all that apply)

<input type="checkbox"/> DEATH of RECIPIENT	<input type="checkbox"/> INJURY	<input type="checkbox"/> HOSPITALIZATION
<input type="checkbox"/> MISSING RECIPIENT	<input type="checkbox"/> PRN ADMINISTRATION	<input type="checkbox"/> BEHAVIOUR
<input type="checkbox"/> SUSPECTED ABUSE	<input type="checkbox"/> MED ERROR	<input type="checkbox"/> USE OF RESTRAINT – PHYSICAL
<input type="checkbox"/> OTHER		<input type="checkbox"/> USE OF RESTRAINT – MECHANICAL

DATE & TIME OF INCIDENT: \_\_\_\_\_

NOTIFICATION PROVIDED TO:

_____	DATE & TIME	_____
_____	DATE & TIME	_____
_____	DATE & TIME	_____
_____	DATE & TIME	_____

RECIPIENTS INVOLVED:

OTHERS INVOLVED: (include witnesses) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF INCIDENT: ADDITIONAL REPORT ATTACHED: YES  NO   
FOR BEHAVIOURAL INCIDENT IS BEHAVIOUR SUPPORT PLAN IN PLACE? YES  NO  NA

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACTION TAKEN AND RESULTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DETAILS OF INCIDENT DOCUMENTED IN CASEBOOK

YES  N/A

REPORTER PRINT AND SIGN \_\_\_\_\_

DATE & TIME \_\_\_\_\_

**CONTRIBUTING FACTORS:**

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**RECOMMENDATIONS FOR PREVENTION:**

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**SUPERVISOR'S FOLLOW-UP: ADDITIONAL REPORT ATTACHED: YES  NO**

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**SERIOUS OCCURRENCE REPORT COMPLETED YES  NO**

**TOTAL ATTACHMENTS: \_\_\_\_\_**

\_\_\_\_\_  
**SUPERVISOR'S SIGNATURE** \_\_\_\_\_  
**DATE**

**DIRECTOR'S REVIEW**

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\_\_\_\_\_  
**DIRECTOR** \_\_\_\_\_  
**DATE**

**EXECUTIVE DIRECTOR'S REVIEW**

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**EXECUTIVE DIRECTOR** \_\_\_\_\_  
**DATE**

**UPDATES:**

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