



Policy 1803

Subject

REIMBURSEMENT FOR PERSONAL PROPERTY

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By Order of the Police Commissioner

POLICY

1. **Employer Obligations.** The Baltimore Police Department (BPD) acknowledges a limited obligation to accept requests from sworn members for the cleaning, repair, or replacement of certain items of their personal property when loss/damage is incurred as a direct consequence of the performance of law enforcement duties.
2. **Practical Considerations.** The nature of law enforcement work limits acceptance of such requests to those personal items which are identifiable as being inherent to the member's performance of duty.

DEFINITIONS

Reimbursable Item — A personally owned item (e.g., wrist watch, sunglasses, cellular telephone, etc.; see Appendix A for a complete list) that was lost or substantially damaged as a result of line of duty law enforcement activity.

GENERAL

Member

1. When a Reimbursable Item is lost or substantially damaged as a result of line of duty law enforcement activity, members may apply for reimbursement by completing a Personal Property Reimbursement Form 77 (See Appendix B).
2. Submit the completed Personal Property Reimbursement Form, via official channels, to the Director, Fiscal Services.
3. Provide the actual damaged property, or evidence of purchase/ownership of lost property to the designated reviewing authority upon request.

Supervisor

1. Review the claim to ensure the loss/damage did in fact occur, and that it was the direct result of line of duty performance.
2. Approve/Disapprove the Personal Property Reimbursement Form, adding comments as appropriate.

3. Forward approved Personal Property Reimbursement Forms to your Commanding Officer.
4. Return disapproved Personal Property Reimbursement Forms to the submitting member.

Commanding Officer

1. Review and approve/disapprove the Personal Property Reimbursement Form, adding comments as appropriate.
2. Forward approved Personal Property Reimbursement Forms to Fiscal Services.
3. Return disapproved Personal Property Reimbursement Forms to the submitting member.

Director, Fiscal Services

1. Review and approve/disapprove the Personal Property Reimbursement Form based upon the facts presented and the recommendation of the Commanding Officer.
2. When claims are approved, make appropriate disbursements to the requesting member.
3. Return disapproved claims to the submitting Commanding Officer.

APPENDICES

- A. Reimbursable Items
- B. Personal Property Reimbursement, Form 77

RESCISSION

Remove and destroy/recycle General Order R-3, *Reimbursement for Personal Property Lost or Damaged in the Performance of Duty*, dated 9 April 1993.

COMMUNICATION OF POLICY

This policy is effective on the date listed herein. Each employee is responsible for complying with the contents of this policy.

APPENDIX A

Reimbursable Items

REIMBURSABLE ITEMS

1. Reimbursement may be sought for the following list of personal property and non-uniform clothing. Reimbursement may be for the cleaning, repair, or replacement of the below items at the sole discretion of Fiscal Services.

2. Requests for reimbursement shall reflect actual purchase prices and/or repair costs. The maximum allowable reimbursement costs for each item is maintained by Fiscal Services in keeping with BPD policy and negotiated contracts.


3. If a member's contact lens(es) are lost or damaged as a direct consequence of the performance of law enforcement duties, the member will receive a voucher for a replacement lens, at a provider arranged for by the BPD, which can replace the lost or damaged lens. This replacement will be available only once per member during each year (s) of the current Memorandum between the Baltimore City Police Department and the Fraternal Order of Police Lodge #3.

ITEMS:

1.	Sunglasses	\$33.50
2.	Hearing Aids	\$150.00
3.	Watch	\$50.00
4.	Watchband/Watch Chain	\$15.00
5.	Tie	\$9.00
6.	Blouse/Shirt	\$18.00
7.	Skirt/Slacks/Trousers	\$50.00
8.	Jacket	\$95.00
9.	Sweater	\$30.00
10.	Suit (Trousers & Jacket)	\$140.00
11.	Shoes	\$40.00
12.	Raincoat	\$55.00
13.	Topcoat	\$100.00
14.	Pager	\$50.00
15.	Cell Phone	\$100.00

APPENDIX B

Personal Property Reimbursement Form 77



BALTIMORE POLICE DEPARTMENT

PERSONAL PROPERTY REIMBURSEMENT FORM

DATE

FORM 77

Member Requesting Reimbursement:

Last Name:	First Name:	Seq.#:	Cell#:
District/Unit:		Division:	
Property Lost/Damaged: _____			
Describe how property was lost/damaged (include complaint number if linked to an arrest or call for service): _____			
(Attach supplement if additional space is needed.) Claimant's Signature: _____			

Check item lost/damaged from the below list:

<u>REIMBURSABLE ITEMS</u>			
<input type="checkbox"/>	Sunglasses	\$33.50	
<input type="checkbox"/>	Hearing Aid	\$150.00	<input type="checkbox"/> Sweater
<input type="checkbox"/>	Watch	\$50.00	<input type="checkbox"/> Suit (Trousers & Jacket)
<input type="checkbox"/>	Watchband/Watch Chain	\$15.00	<input type="checkbox"/> Shoes
<input type="checkbox"/>	Tie	\$9.00	<input type="checkbox"/> Raincoat
<input type="checkbox"/>	Blouse/Shirt	\$18.00	<input type="checkbox"/> Topcoat
<input type="checkbox"/>	Skirt/Slacks/Trousers	\$50.00	<input type="checkbox"/> Pager
<input type="checkbox"/>	Jacket	\$95.00	<input type="checkbox"/> Cell Phone
			\$140.00
			\$40.00
			\$55.00
			\$100.00
			\$50.00
			\$100.00

Note: For contact lenses that are lost or damaged as a direct consequence of the performance of law enforcement duties, the member will receive a voucher for a replacement lens(es) at a provider arranged for by the BPD which can replace the lost or damaged lens. This replacement will be available only once per member during each year(s) of the current Memorandum between the Baltimore City Police Department and the Fraternal Order of Police Lodge #3.

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APPENDIX B

Personal Property Claim Form 77, Continued

First Line Supervisor
<input type="checkbox"/> I have reviewed the above claim and I approve reimbursement for the lost/damaged property. <input type="checkbox"/> I have reviewed the above claim and I disapprove reimbursement for the lost/damaged property.
Supervisor's Printed Name: _____ Rank: _____ Seq.#: _____ Supervisor's Signature: _____ Comments: _____
Commanding Officer
<input type="checkbox"/> I have reviewed the above claim and concur. <input type="checkbox"/> I have reviewed the above claim and I do not concur.
Commander's Printed Name: _____ Rank: _____ Seq.#: _____ Commander's Signature: _____ Comments: _____
Fiscal Services
Fiscal Services: <input type="checkbox"/> Approved, Amount Approved: _____ <input type="checkbox"/> Disapproved
The above claim was reviewed and restitution has been made in the form of _____ _____
The above claim was reviewed and restitution has been denied because _____ _____
Comments: _____
_____ Director – Fiscal Services
_____ Date