# **Executive Directive**



Title: Work-Related Loss or Damage to Employee Personal Property	Directive Number: ADM.050.0053 Revised
Related Md. Statute/Regulations: Correctional Services Article §2-109(c), Annotated Code of Maryland	Supersedes: ADM.050.0053 dated October 14, 2016
Related ACA Standards: N/A	Authorized By:  Chief Financial Officer
Related MCCS Standards: .04I	Effective Date: May 23, 2017 Number of Pages: 4

Stephen T. Moyer Secretary William G. Stewart Deputy Secretary for Administration

# .01 Purpose.

This Directive continues policy and procedure for the Department of Public Safety and Correctional Services (Department) governing reimbursement for work-related loss or damage to an employee's personal property.

## .02 Scope.

This directive applies to all Department employees.

#### .03 Policy.

The Department shall reimburse an employee for loss or damage sustained to a personal article when that loss or damage is directly attributable to the performance of official duties in accordance with this directive.

#### .04 Definitions.

- A. In this directive, the following terms have the meanings indicated.
- B. Terms Defined.
  - (1) "Damaged" means an item can be repaired at a cost that does not exceed the replacement value set by the Department for the item.
  - (2) Loss.
    - (a) "Loss" means the item cannot be located after a reasonable attempt is made to locate the item.

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- (b) "Loss" includes an item that cannot be repaired or the repair cost exceeds the replacement value limit set for the item.
- (3) "Unit" means a group of employees identified in the Department's table of organization to perform specific administrative or operational responsibility that is established by statute or under the authority of the Secretary.
- (4) "Unit Head" means the highest authority of a unit.
- (5) "Workday" means <u>all days of the week</u>, excluding <u>weekly leave/relief days</u>, days on which State offices are closed, liberal leave days, sick days, and scheduled leave.

# .05 Responsibility/Procedure.

- A. The Department, under conditions set forth in this directive, shall reimburse an employee for work-related loss or damage to the following personal property:
  - (1) Eyeglasses;
  - (2) Dentures;
  - (3) Wrist watches;
  - (4) Personal clothing; and
  - (5) Others items based on a case-by-case basis and subject to the recommendation of the employee's unit head and approval of the respective Deputy Secretary.
- B. The Chief Financial Officer, Financial Services, or a designee, shall:
  - (1) Establish reimbursement limits for items identified under §§.05A(1)-(4) of this directive and review the limits annually to ensure that the limits are in line with actual market value;
  - (2) For other items considered on a case-by-case basis, determine the appropriate restitution based on actual market value at the time of the loss or damage; and
  - (3) Make the limits available to Department unit heads upon request.
- C. An employee seeking reimbursement for lost or damaged personal property shall <u>complete Part 1 of an Employee Request for Reimbursement: Damaged/Lost Property (Request) and submit the Request to the employee's immediate supervisor within three workdays of the loss or damage, along with:</u>
  - (1) Copies of documentation related to the incident resulting in the loss or damage;
  - (2) Evidence supporting that the loss or damage was work-related such as pictures; and
  - (3) If the item is:
    - (a) Damaged, the damaged item; or

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- (b) Lost, a description of the item sufficient to make a reasonable assessment as to the value.
- D. A supervisor receiving a request under §.05C of this directive shall review the request to ensure completeness and, when so determined, complete the supervisor's section (Part 2) of the Request and forward the Request to the unit head.
- E. A unit head, or a designee, receiving a Request under §.05D of this directive shall:
  - (1) Take steps to determine if:
    - (a) The Request was submitted within the proper time frame;
    - (b) The alleged loss or damage occurred in the performance of official duties;
    - (c) Employee negligence was the cause of the loss or damage; and
    - (d) The alleged loss or damage was the result of an intentional act by another employee or inmate.
  - (2) Recommend, including justification:
    - (a) Reimbursement and the amount to be reimbursed:
    - (b) Repair and the amount allotted for the repair; or
    - (c) The request be denied.
  - (3) Record the results of §§.05E(1) and (2) on the Request (Part 3) and forward the completed Request through the unit head's chain of command to the respective Deputy Secretary.
- F. A Deputy Secretary, or a designee, receiving a Request under §.05E(3) of this directive shall within 10 workdays of receipt of the Request:
  - (1) Review the documentation and determine if the Request is:
    - (a) Meritorious, meaning that:
      - (i) The employee is authorized to have the item repaired at the expense of the Department; or
      - (ii) The Department shall reimburse the employee for replacement of the item.
    - (b) Not meritorious, meaning that:
      - (i) The claim is denied; and
      - (ii) The item, if applicable, is to be returned to the employee.
  - (2) Record the decision made under §.05F(1) of this directive on the Request (Part 4) and forward:

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- (1) A copy of the Request to the employee initiating the request;
- (2) A copy of and supporting documents to the employee's unit head; and
- (3) If repairs or reimbursement is authorized, a copy of the Request to the Chief Financial Officer, Financial Services.
- G. The Chief Financial Officer, Financial Services, or a designee, shall process an approved <u>Request</u> for reimbursement under this directive and submit the claim to the Comptroller for payment to the employee.

# .06 Attachment(s)/Link(s).

A. Employee Request for Reimbursement: Damaged/Lost Property, (DPSCS.050.0053aR(9/15)

# .07 History.

This directive replaces ADM.050.0053 dated October 4, 2016 and supersedes provisions of any other prior existing Department or unit communication with which it may be conflict.

# .08 Correctional Facility Distribution Code.

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S Managing Official Finance Unit

# **Employee Request for Reimbursement: Damaged/Lost Property**

PART 1 (To be completed by the employee)	
Memo to: (Name of Immediate Supervisor) From: Date:	
Re: Request for reimbursement of lost or damaged personal please be advised of the following facts:	sonal property
1. My personal property was damagedlost in the	performance of my duty.
2. This incident occurred on// and a procedu mm dd yy	ral report containing pertinent facts is attached.
3. The personal property consisted of :prescription e	yeglasses; wrist watch; dentures
personal clothing (described below); other (de	scribed below).
4. Attached is documentation to support my claim for \$	as the cost forrepairreplacement.
5. The item, if damaged, has been submitted along with	this request.
(Employee Signature/title)	
PART 2 (To be completed by supervisor)	
Memo to: (Name of Unit Head) From: Name of Supervisor) Date:	
Re: Request for reimbursement of lost or damaged per	rsonal property from (employee's name)
I have reviewed this request, found the request to be corequest and all supportive documents/evidence to you for	mplete and sufficiently documented, and forwarding the or review.
Comments:	
(Supervisor's Signature/Title)	(Date)

ADM.050.0053aR(12/15)

# Employee Request for Reimbursement: Damaged/Lost Property --Documented Response--

PART 3 (To be completed by the Unit Head) Memo to: (Name of Deputy or Assistant Secretary) From: (Name of Unit Head) Date: Re: Request for reimbursement of personal property from (employee's name)
I have completed a review of the request and determined:
(1) Claim: was filed within the established deadline; was late;was late but accepted.
(2) Alleged loss/damagediddid not occur during the course of duty.
(3) Employee negligencewaswas not involved.
(4) Damage/loss was was not caused by the intentional action of another.
(5) I recommend reimbursement for the amount of \$ for repairreplacement.
(6) I recommend that the claim be denied.
All submitted documentation is attached for your review. The rational for my determination is as follows:
(Unit Head Signature/title) (Date)
PART 4 (To be completed by Deputy or Assistant Secretary)  Memo to: (Name of Unit Head)  From: Date: Re: Request for reimbursement of personal property from (employee's name)
After a review of all available information I have determined that the claimis not meritorious,is
meritorious and I recommend reimbursement for the amount of \$ forrepairreplacement.
Comments:
(Deputy/Assistant Secretary Signature/title)(Date)