Compensation for Damage to Clothing

1. The University will provide reasonable reimbursement for costs associated with the replacement or repair of clothing damaged in the course of employment.

Reimbursement
2. The maximum reimbursement is one hundred and fifty dollars per item of clothing.
3. The amount of the actual payment will take into account the depreciated value or age of the item where it is replaced.

Responsibilities
4. The Dean/Head of School/Director is responsible for meeting the cost of reimbursement for claims made under this procedure.
5. Staff making a claim must
   • complete a claim form (attached)
   • provide original receipts relating to the repair or replacement
   • obtain an endorsement of the claim from their relevant manager or supervisor
   • make the claim via the Travel and Expense Management System (TEMS). The account code can be obtained from the Health Wellbeing and Safety unit, Human Resources Division.
6. The Dean/Head of School/Director must establish before accepting any claim that:
   • where relevant, provided protective clothing or equipment was being used at the time the damage occurred
   • the damage was not sustained as a result of negligence by the staff member
   • all relevant safety procedures were being followed by the staff member at the time of damage.
7. The Dean/Head of School/Director must ensure, so far as practicable, that measures are put into place to prevent this type of damage from occurring again.
8. Staff making a claim must submit the claim to the Dean/Head of School/Director within 10 working days of the damage occurring or no reimbursement will be made.
Request for Compensation for Damage to Clothing

Name of Staff member making Claim (please print) _____________________________________________

Details of Claim: (repair/replacement, item(s) involved, costs)
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Total amount being claimed (maximum of $150) ________________________________

I certify that:
1. The damage or loss occurred in the following way
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

and
2. The damage or loss occurred in the course of my duties

and
3. The damage was not sustained as a result of negligence by myself

and
4. All relevant safety procedures were being followed by myself at the time of the damage or loss.

and
5. (Cross out if not applicable) Appropriate provided protective clothing or equipment was being used by me at the time
the damage or loss occurred.

Signature of Claimant: ________________________________________________________________

Date: ________________

6. Where practical, measures have been put into place to prevent this type of damage from occurring again.

(Endorsement of Claim) Signature of Manager: ____________________________________________

Date: ________________