Montgomery County Public Schools
UNLEASHING POTENTIAL

MCPS Form 525-6
August 2025

Personal Property Claim Form

Risk Management, Department of Controller
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

INSTRUCTIONS

Please complete and return to Maria D. Torralba, Risk Management Specialist at RiskManagement@mcpsmd.org or Pony to Risk Management, Department of Controller, 45 W. Gude Drive, Suite 3200, Rockville, MD. Please attach receipts for the original and replacement item(s). If you have not replaced the item, please attach estimate of replacement and/or repair receipt.

PART A: EMPLOYEE INFORMATION

Name _____ Employee ID#_____

Job Title _____ Telephone_____-_____-_____

Work Location _____

Union Affiliation ❑ MCAAP/MCBOA ❑ MCEA ❑ SEIU

PART B: INCIDENT DESCRIPTION

Today's Date ____/____/_____ Date of Incident ____/____/_____

Location *(school or office name)* _____

How did the incident occur?

Were there any witnesses? ❑ Yes ❑ No If yes, provide contact information

PART C: DESCRIPTION OF DAMAGES

Description of damaged item

When and where was the item purchased?

What was the original cost of the item? $_____ Can the item be fixed? ❑ Yes ❑ No

Is the item available for inspection? ❑ Yes ❑ No If no, why not?

PART D: SUPERVISOR'S COMMENTS (REQUIRED)

Supervisor Name _____ ❑ I support this claim. *(To be filled by supervisor)*

Supervisor's Signature _____ Date ____/____/_____