

BUREAU OF LAND MANAGEMENT-ALASKA
EMPLOYEE PERSONAL PROPERTY CLAIM
ADMINISTRATIVE DETERMINATION

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CLAIM NUMBER:

DATE:

Name of Claimant:

Address of Claimant:

Date of Loss:

Total Amount Claimed:

Supervisory Statement: (Include statement of circumstances of employee loss and cost code for reimbursement, if approved.)
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Supervisor's Signature:	Date:
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Division Chief or Field Office Manager Signature:	Date:
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Reviewing Authority Determination: After review and with due consideration of all information submitted with this claim, the following findings have been reached:

Claim is therefore: ____ Denied ____ Accepted
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Award Amount:

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Authorizing Official (AFS Mgr./DSD Admin.)	Authorizing Official (signature)
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If claimant is dissatisfied with this determination, he/she may request reconsideration by filing the appropriate documentation through the Office of the Regional Solicitor, Alaska Region, 4230 University Drive, Suite 300, Anchorage, Alaska 99508-4626.

A request for reconsideration must be filed with the Office of the Solicitor within six months of the date of the Administrative Determination.