Unified Washington Military Department and National Guard Policy No. 22-02

Title: State Active Duty Personal Property Reimbursements

References: SAAM 85.32

Cross-Reference Number: N/A

Information Contact: Regan Hesse, CFO
Building # 1 (253) 512-7498

Effective Date: July 1, 2022

Mandatory Review Date: July 1, 2026

Revised: New

Approved By: Bret D. Daugherty, Major General
The Adjutant General
Washington Military Department Director

Purpose

To document how and when personal property damaged or lost during state active duty can be reimbursed.

Scope

This policy applies to members of the Washington National Guard and Washington State Guard while serving in State Active Duty (SAD) status. It does not apply to traditional state employees of the Washington Military Department (WMD), federal employees of the WMD, or members of the National Guard in a federal status.

This policy does not apply to medical costs incurred as a result of illness or injury during SAD; please refer to WMD Policy HR-253-02 (State Active Duty Injury/Illness – Death Reporting and Claims Process).

Definitions

1. Service Member: A member of the Washington Air National Guard, Washington Army National Guard, or Washington State Guard. For the purpose of this policy, the term “Service Member” only applies to such individuals while on SAD status.

2. Durable medical equipment: Equipment and supplies ordered by a health care provider for everyday or extended use, including prescription eyewear and hearing aids.

Policy

A. Personal property, including durable medical equipment, that is lost or damaged may be reimbursed by the state under the following conditions:
1. The service member was in SAD status when the loss or damage occurred.
2. The service member was directed to bring the personal property to support the SAD mission (this condition is assumed to be met in the case of durable medical equipment); and
3. The item is lost or damaged due to mission conditions or other factors beyond the service member’s control.

Requests may be denied if not submitted within 30 days of demobilization.

B. The WMD is not liable for loss of, or damage to, personal property that occurred due to negligence, user error, or normal wear and tear. The WMD is also not liable for loss of, or damage to, personal property that was brought at the service member’s discretion and was not directly related to the mission, to include personal electronic devices. Service members in SAD status are discouraged from bringing personal property on SAD missions.

C. Requests for personal property reimbursement must be approved by the WMD Chief Financial Officer (CFO) or designee.

Procedures

1. Service member submits the following to their unit commander:
   a. Personal Property Reimbursement Request Form
   b. Documentation that the service member was requested to bring the personal property on the mission
   c. Cost documentation in the form of one of the following:
      i. Receipt for the original purchase
      ii. Three quotes from different vendors for an identical or equivalent item
      iii. In the case of durable medical equipment, a single invoice or statement from the service member’s healthcare provider

2. Unit commander validates that the personal property is eligible for reimbursement or replacement in accordance with Paragraph A of this policy, signs Personal Property Reimbursement Request Form, and submits packet to Joint Operations Center (JOC).

3. JOC submits packet to State Finance JOC Liaison.

4. State Finance JOC Liaison completes A19-2A Voucher Distribution form; adds to packet; submits to CFO.

5. CFO approves or denies request. If the request is denied, the denial is sent back to the JOC for routing back to the service member. If the request is approved, CFO signs A19-2A and submits packet to State Finance – Accounts Payable Unit for payment.

6. State Finance – Accounts Payable Unit processes payment request and issues reimbursement to service member.
In accordance with the State Administrative and Accounting Manual (SAAM) Chapter 85.32 and WMD Unified Policy 22-02, lost or damaged personal property may only be reimbursed under the following conditions:

1. The service member was in SAD status when the loss or damage occurred;
2. The service member was directed to bring the personal property to support the SAD mission (this condition is assumed to be met in the case of durable medical equipment); and
3. The property was lost or damaged due to mission conditions or other factors beyond the service member’s control.

<table>
<thead>
<tr>
<th>Service Member Name:</th>
<th>Unit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Rank:</td>
</tr>
<tr>
<td>Email:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SAD Mission:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge Code:</td>
</tr>
<tr>
<td>Date incident occurred:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>List of items lost or damaged (or attach separate spreadsheet)</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Reimbursement Request:
Describe the circumstances that caused the loss or damage to the personal property:

Service Member’s Certification:
I certify this loss or damage meets the three conditions listed above, the damage was not caused by my own negligence, and that all statements are true and correct.

________________________________________________________________________________________
Signature/date

JOC Representative’ Certification:
I certify that to the best of my knowledge the circumstances of this loss or damage are true and correct.

________________________________________________________________________________________
Signature/date

WMD Chief Financial Officer Approval:

________________________________________________________________________________________
Signature/date