Submitting a County Claim: County Agencies

Remember, if there is a more appropriate supervisor to be designated on the form, other than the direct supervisor of the employee, when you select "No" for supervisor, be sure to add that supervisor's information.

Start Here:

The claim form can be found at the link below:

https://www.hillsboroughcounty.org/en/government/departments/risk

Once your form is submitted, you will be asked if you would like to submit another form. An email confirmation will be sent with the claim number.

Scroll down and click on "County Agencies: Submit a Claim/Incident report here"

You will be directed to the County Claim Form

Remember, this form may not be filled out by the employee who was involved in the incident/accident

You must first select if multiple employees were involved and the type of incident to activate the rest of the form

Sign the form and hit submit. If there is an issue on the form, you must scroll up to correct any areas highlighted in red or click on the list of links in the top left of the form to go to that section

At the bottom of the form, upload supporting documents. You can press each button multiple times as needed

Fill out the form as completely as possible.

Select "No" for the question "Department Under BOCC?" Select "No" for "Is the Claimant Employee ID in Oracle?" and select "No" for "Is the Supervisor Employee ID in Oracle?" You can then type the information