



NEW JERSEY DEPARTMENT  
OF CHILDREN AND FAMILIES

## New Jersey Department of Children and Families Policy Manual

Manual:	CP&P	Child Protection and Permanency	Effective Date:
Volume:	X	Forms	
Chapter:	A	Forms	02-19-2013
Subchapter:	1	Forms	
Issuance:	86.3	<b>DCF Form 86-3, Employee Claim for Loss or Damage to Property, and DCF Form 86-3, Attachment A</b>	

Double click here to view, complete, and print DCF Form [86-3](#).

Double click here to view, complete, and print DCF Form [86-3 Attachment A](#).

### **WHEN TO USE IT**

DCF Form [86-3](#) is a template used by a DCF employee to make a claim for loss or damage to personal property which occurred during the course of performing official duties. DCF Form [86-3 Attachment A](#) is an approval form, completed by the Area Business Office.

### **HOW TO USE IT**

The employee completes all items on DCF Form [86-3](#) and enters his or her name on [Attachment A](#), prints out the forms, and submits them to his or her Supervisor. DCF Form [86-3](#) cannot be processed without complete information. Note in particular Items 14, 14a, and 14b.

Claim certified by:

- The employee signs his or her legal signature.
- The employee's Supervisor signs below to certify the accuracy of the claim.

Incident witnessed by:

- The form is signed by any witness or witnesses of the loss or damage to the employee's property.

The Supervisor then forwards a copy of completed DCF Form [86-3](#), with supporting documents, if any, to the Area Business Manager who reviews the claim, and, if approved, completes and signs DCF Form [86-3 Attachment A, Statement Supporting a Claim for Loss or Damage to Employee Property](#), authorizing payment of the claim.

Submit completed, signed, and approved DCF Form [86-3](#), supporting documents, and DCF Form [86-3 Attachment A](#) to the DCF Office of Accounting for claim processing.

### **TIPS FOR COMPLETING THE FORM**

Complete the forms electronically (they are set up as templates, for ease of completion), or by pen and ink.

Attach any pertinent purchase or repair receipts or estimates to the DCF Form [86-3](#).

### **DISTRIBUTION**

Original	-	DCF Office of Accounting
Copy	-	Business Manager
Copy	-	Employee's Supervisor
Copy	-	Employee