



**STATE OF NEW JERSEY**

In the Matter of Stacey Sadler,  
Building Management Services  
Specialist 1 (PS7864H), Ancora  
Psychiatric Hospital

**FINAL ADMINISTRATIVE ACTION  
OF THE  
CIVIL SERVICE COMMISSION**

CSC Docket No. 2022-2049

Examination Appeal

**ISSUED: MARCH 25, 2022 (SLK)**

Stacey Sadler requests to file a late application for the promotional examination for Building Management Services Specialist 1 (PS7864H), Ancora Psychiatric Hospital.

The examination at issue was announced with requirements that had to be met as of the February 22, 2022, closing date. A total of 10 employees applied. The method of testing has yet to be determined, and therefore, the examination has not yet been scheduled and the list has not yet promulgated.

On appeal, the petitioner presents that she attempted to file for the subject promotional examination using the Online Application System (OAS). However, when she tried to apply, the OAS indicated that she was locked out of the system. On February 18, 2022, she emailed OAS Support stating, “the system is saying that I am not in the system. when I register it says that I already have an account. I need to know my information.” In response, OAS Support replied on February 18, 2022 indicating “The email address stacey.sadler@dhs.state.nj.us was used to create your user profile; should it be updated to stacey.sadler@doh.nj.gov.” Thereafter, the petitioner states that she tried to apply again, but the OAS indicated that her social security number had already been used. She presents that she called several times and was advised to call Ancora’s information technology (IT) department. However, Ancora’s IT department responded that it is not involved with this agency. Further,

the petitioner asserts that she called this agency for a week before someone answered the phone and was advised to file a request to file a late application.

## CONCLUSION

*N.J.A.C.* 4A:4-2.1(e) provides that applications must be filed no later than the announced filing deadline. *N.J.A.C.* 4A:1-1.2(c) states that the Civil Service Commission (Commission) may relax a rule for good cause in order to effectuate the purposes of Title 11A, New Jersey Statutes.

In this matter, the record indicates that the petitioner attempted to file for the subject examination prior to the February 22, 2022, closing date, but was unable to do so due because she was locked out of the OAS as her account was based on her old Department of Human Services email address, which no longer exists, as the appointing authority is now part of the Department of Health. The Commission notes that the dual purpose of the Civil Service system is to ensure efficient public service for State and local governments and to provide appointment and advancement opportunities to Civil Service employees based on their merit and abilities. These interests are best served when more, rather than fewer, individuals are presented with employment opportunities. *See Communications Workers of America v. New Jersey Department of Personnel*, 154 *N.J.* 121 (1998). Further, it would be inequitable to prohibit the petitioner from applying for such a promotional opportunity for the life of the subject list based on her old work email address being associated with her OAS account. Therefore, the Commission finds that there is good cause to relax *N.J.A.C.* 4A:4-2.1(e) and to allow the petitioner to submit her application and application fee after the closing deadline.<sup>1</sup>

This determination is limited to the instant matter and does not provide precedent in any other matter.

## ORDER

Therefore, it is ordered that this request be granted, and the petitioner be permitted to submit an application for the Building Management Services, Specialist 1 (PS7864H), Ancora Psychiatric Hospital examination. It is further ordered that the petitioner submit a promotional examination application and the \$25.00 application processing fee to the Division of Agency Services. The application and processing fee must be postmarked no later than 15 days from the issuance date of this decision. Upon receipt of the application and processing fee, it is ordered that his application be processed. If the petitioner's application and the required payment are not

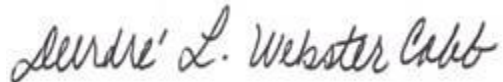
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<sup>1</sup> The Commission notes that it is not making any determination as to whether the petitioner otherwise meets the eligibility requirements found in the announcement. Her credentials will be examined upon receipt of her application.

postmarked on or before the 15<sup>th</sup> day after the issuance date of this decision, she will not be entitled to have his application reviewed.

This is the final administrative determination in this matter. Any further review should be pursued in a judicial forum.

DECISION RENDERED BY THE  
CIVIL SERVICE COMMISSION ON  
THE 23<sup>RD</sup> DAY OF MARCH, 2022



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Deirdré L. Webster Cobb  
Chairperson  
Civil Service Commission

Inquiries  
and  
Correspondence

Allison Chris Myers  
Director  
Division of Appeals and Regulatory Affairs  
Civil Service Commission  
Written Record Appeals Unit  
P.O. Box 312  
Trenton, New Jersey 08625-0312

Attachment

c: Stacey Sadler  
Loreta Sepulveda  
Division of Agency Services  
Records Center

Staple Payment Here

# APPLICATION FOR PROMOTIONAL EXAMINATION

NEW JERSEY CIVIL SERVICE COMMISSION — STATE SERVICE

**\$ 25.00 FEE REQUIRED**  
Make Check/Money Order Payable to NJCSC  
**FOR COMMISSION USE ONLY**

**INSTRUCTIONS:** Please print or type. Answer all pertinent questions and ensure that all information is accurate and complete. Sign your name in Block 12. **NOTE:** No additional information may be accepted after the last date for filing applications has passed. **If you change your address, you must notify the Civil Service Commission immediately in writing.**

Return your completed application to your Personnel Office no later than the last date for filing listed on the announcement.

*Susan Mann, NJCSC, P.O. Box 321  
Trenton, New Jersey 08625-0321*

FOR COMMISSION USE ONLY		
<b>STATUS:</b> [ ][ ]	<b>PAR:</b> [ ]	
<b>SEN:</b> 0 [ ][ ][ ][ ][ ]	<b>UE:</b> [ ][ ][ ][ ][ ]	<b>REV</b>
		<b>NO REV</b>

**2. Social Security Number:** \_\_\_\_\_  
\* (see block 11 for additional information)

**3. Symbol :** \_\_\_\_\_

**4. Name & Address:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_  
After-Office Number: \_\_\_\_\_

**1. Title of Promotion:**

\_\_\_\_\_

Note: Applications must be postmarked by \_\_\_\_\_

### 5. BACKGROUND DATA

**5a. Education (Indicate the highest level Diploma or Degree you have earned)**

High School Diploma or GED     (A) Associate's Degree     (M) Master's Degree  
 (S) Some College but No Degree     (B) Bachelor's Degree     (D) Doctorate

**5b. Completion of this part is VOLUNTARY and is to be used only for complying with EEOC Guidelines and the New Jersey State Affirmative Action Program.**

Gender:  (1) Male     (2) Female    Check the group you are a member of:  
 (1) Black     (2) White     (3) Hispanic     (4) Asian     (5) American Indian or Alaskan Native

**6. Check the county in which you prefer to take the examination. (Check one box only)**

(1) Camden     (2) Mercer     (3) Essex  
 (4) Monmouth     (6) Atlantic     (7) Bergen

**7. Are you claiming veterans preference?**     YES     NO

Check YES if you are claiming veterans preference for this examination. If you have established veterans preference since April 1, 1980, no further action is needed. Otherwise, complete a veterans preference claim form and include the required documents. Claim forms are available on our web site at [www.state.nj.us/csc](http://www.state.nj.us/csc) and at our office at 44 S. Clinton Avenue, Trenton, NJ. Completed forms should be mailed to the Department of Military and Veterans' Affairs (DMAVA). For more information, visit their web site at [www.state.nj.us/military](http://www.state.nj.us/military) or contact them at 1-888-865-8387. Note: In accordance with Public Law 2010 c.26, Veterans pay a reduced application fee of \$15.00 if they have previously established Veterans Preference with the DMAVA (as defined by N.J.S.A. 11A:5-1 et seq.) or your claim is approved by DMAVA at least 8 days prior to the issuance of this eligibility list.

**8. ADA Assistance:** Check the box if you would like to be contacted regarding auxiliary aid or reasonable accommodation in taking this examination in accordance with the Americans with Disabilities Act.

**9. Check the county(s) in which you will accept employment. Please note: Not all promotional lists can be used in all geographic locations. If you have any questions regarding this, contact your Personnel Office.**

(A) Atlantic     (C) Burlington     (B) Bergen     (D) Camden     (E) Cape May     (F) Cumberland     (G) Essex  
 (H) Gloucester     (J) Hudson     (K) Hunterdon     (M) Middlesex     (N) Monmouth     (L) Mercer     (P) Morris  
**ALL**  (Q) Ocean     (R) Passaic     (S) Salem     (T) Somerset     (U) Sussex     (V) Union     (W) Warren

**10. Present Permanent Title & Appointment Date:**

\_\_\_\_\_

**Name & Title of Immediate Supervisor:**

\_\_\_\_\_

**Telephone Number & Email Address of Immediate Supervisor:**

\_\_\_\_\_

\* **11. Your Social Security number will be kept confidential and used as your applicant I.D. number to identify and track all of your records and transactions associated with the application and testing process. Collecting this data is permissible under N.J.S.A. 11A:4-1, but its submission is voluntary. If you do not provide the number, a unique number will be assigned to you. However, once assigned, you will be responsible for remembering it for any inquiries you may have concerning your application or testing process.**

**12. Signature:** I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that if my application is incomplete, it may be rejected. (WARNING: The Civil Service Commission may refuse to examine, or certify after examination, any applicant who makes a false statement of any material fact per N.J.A.C. 4A:4-6.2)

**FOR CSC ONLY**

\_\_\_\_\_

**NOTE:** Your application may be released to the Appointing Authority for the purpose of verifying information with regard to your qualifications.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Title of Promotion:** \_\_\_\_\_ **Symbol:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**13. Educational Section - College And Graduate School** - List any colleges, universities, and graduate schools you have attended. If it is required in the job announcement, be sure to attach a copy of your transcript or a list of courses, course descriptions, and credits completed. Foreign degrees/transcripts must be evaluated by a recognized evaluation service.

What is the name and location of the college(s) you attended?	What yrs. did you attend?	What was your major course of study?	What type of degree did you earn?	Did you graduate?	If NO, when will you graduate?	Number of credits earned
	From _____ To _____			<input type="checkbox"/> Y <input type="checkbox"/> N	_____ Month / Year	
	From _____ To _____			<input type="checkbox"/> Y <input type="checkbox"/> N	_____ Month / Year	

**14. Other Schools or Training Courses** - Include business, vocational, technical, or military schools you have attended, as well as any training courses that are related to the title for which you are applying. If it is not a full-time curriculum, be specific as to the number of hours attended.

What is the name & location of school/facility where course(s)/training was held?	What classes did you take?	What were the dates you attended?	How many hours per week did you attend?	Did you complete the program?
		Month/Yr TO Month/Yr		<input type="checkbox"/> Y <input type="checkbox"/> N
		Month/Yr TO Month/Yr		<input type="checkbox"/> Y <input type="checkbox"/> N

**15. Use this space to describe any internships, licenses, certifications or registrations that you possess which are related to the position for which you are applying.**

<p><b>A. What type of license(s), certification(s), and/or registration(s) do you hold?</b></p> <p>In which state(s) do you hold the license(s), certification(s), and/or registration(s)? _____</p> <p><b>B. What was the original issue date of the license(s), certification(s), and/or registration(s)?</b></p> <p>What is the date of your current license(s), certification(s), and/or registration(s)? _____</p>	<p><b>C. What type of internship(s) have you completed?</b></p> <p>Where was the internship(s) completed? _____</p> <p>What were the dates of the internship(s)? _____</p> <p>How many hours per week did you take part in the internship? _____</p> <p>Was it part of a college curriculum? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p><b>D. Certified Public Manager's Program</b></p> <p>Level 1 - 3 Completed   ▶   _____ Month/Year</p> <p>Level 4 - 6 Completed   ▶   _____ Month/Year</p>
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**16. Employment Record** - If you do not properly complete your application you may be declared ineligible or you may not receive proper credit for scoring purposes. If you held different positions with the same employer, list each position separately. Make sure you give full dates of employment (month/year), indicate whether the job was full or part time, and the number of hours worked per week. Since your application may be your only "test paper," be sure it is complete and accurate. Failure to complete your application properly may cause you to be declared ineligible, lower your score, or possibly cause you to fail. If more space is needed, attach separate sheets.

<p><b>A. What is the name and address of your current employer?</b></p> <p>What dates have you been employed in this position? From _____ To _____ Month/Year                      Month/Year</p>	<p><b>What is your title in this position?</b></p> <p>Is this position: <input type="checkbox"/> FULL TIME? <input type="checkbox"/> PART TIME? (Average No. hrs. per wk.) _____</p> <p>How many staff members do you supervise? Professional Staff _____ Support Staff _____</p>	<p>List the major duties you perform in this position in order of importance.</p>
<p><b>B. What was the name and address of your previous employer?</b></p> <p>What dates were you employed in this position? From _____ To _____ Month/Year                      Month/Year</p>	<p><b>What was your title in this position?</b></p> <p>Was this position: <input type="checkbox"/> FULL TIME? <input type="checkbox"/> PART TIME? (Average No. hrs. per wk.) _____</p> <p>How many staff members did you supervise? Professional Staff _____ Support Staff _____</p>	<p>List the major duties you perform in this position in order of importance.</p>
<p><b>C. What was the name and address of your previous employer?</b></p> <p>What dates were you employed in this position? From _____ To _____ Month/Year                      Month/Year</p>	<p><b>What was your title in this position?</b></p> <p>Was this position: <input type="checkbox"/> FULL TIME? <input type="checkbox"/> PART TIME? (Average No. hrs. per wk.) _____</p> <p>How many staff members did you supervise? Professional Staff _____ Support Staff _____</p>	<p>List the major duties you perform in this position in order of importance.</p>