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**ISSUED:** May 2, 2022 (SLK)

|   |                  | STATE OF NEW JERSEY   |  |  |  |
|---|------------------|---|--|--|--|
| In the Matter of Maryann Miller,<br>Senior Cottage Training Technician<br>(PS7333K), Woodbine Developmental<br>Center | ::               | FINAL ADMINISTRATIVE ACTION<br>OF THE<br>CIVIL SERVICE COMMISSION |  |  |  |
| CSC Docket No. 2022-2070  | •<br>•<br>•<br>• | Examination Appeal  |  |  |  |

Maryann Miller requests to file a late application for the promotional examination for Senior Cottage Training Technician (PS7333K), Woodbine Developmental Center.

The examination at issue was announced open to employees who were currently serving as a Cottage Training Technician and who had an aggregate of one year of continuous permanent service in that title as of the December 21, 2022, closing date. A total of 69 employees applied and 69 were admitted. The method for testing the subject announcement has not been determined.

On appeal, the petitioner<sup>1</sup> explains that she began the process of submitting her application using the Online Application Systems (OAS) prior to the 4:00 p.m. deadline on the December 21, 2021, closing date. However, she indicates that she initially had issues with her username and password. After receiving a response from OAS support, she started working on completing her application. However, her payment information was not completed until one minute after the deadline and, therefore, the OAS did not accept her application as being complete prior to the deadline.

## CONCLUSION

<sup>&</sup>lt;sup>1</sup> Personnel records indicate that the petitioner was appointed as a Cottage Training Technician on February 29, 2020.

*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 petitioner explains that although she started the online application process for the subject examination prior to the 4:00 p.m. deadline on the December 21, 2021, closing date, she initially had issues with her username and password. Further, once those issues were resolved, she began completing the application process, but her payment information was not completed until one minute after the deadline and, therefore, her application was not accepted as being completed prior to the deadline. 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 technical difficulties. 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.

## ORDER

Therefore, it is ordered that this request be granted, and the petitioner be permitted to submit an application for the Senior Cottage Training Technician (PS7333K), Woodbine Developmental Center. 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 her application be processed. If the petitioner's application and the required payment are not postmarked on or before the 15<sup>th</sup> day after the issuance date of this decision, she will not be entitled to have her 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 27<sup>TH</sup> DAY OF APRIL 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: Maryann Miller Angela Santandrea Division of Agency Services Records Center

| Staple Payment Here – – – – APPLICATION FOR PROMOTIONAL EXAMINATION   |  |   | \$ 25.00 FEE REQUIRED<br>Make Check/Money Order Payable to NJCSC   |  |                       |  |  |  |  |
|---|--|---|--|--|-----------------------|--|--|--|--|
| NEW JERSEY CIVIL SERVICE COMMISSION — County and Municipal Government   |  |   | FOR COMM   | FOR COMMISSION USE ONLY  |                       |  |  |  |  |
| mation is accurate and<br>may be accepted after t<br>you must notify the C<br>Return your complete  | complete. Sign your nat<br>the last date for filing ap<br><b>ivil Service Commissio</b>          | ne in Block 11. <b>NOTE</b><br>blications has passed. If<br><b>n immediately in writ</b><br>han the last date for fil | ing listed on the announce-  |  |                       |  |  |  |  |
| FO  | R COMMISSION USE C   | NLY   | 2. Social Security Number  | •<br>:   | 3. Symbol:            |  |  |  |  |
| STATUS:   | UE:  | REV   | * (see block 10 for additional information<br>4. Name & Address:<br>Last:  |  |                       |  |  |  |  |
|   |  | NO REV  | Street:  |  |                       |  |  |  |  |
| 1. Title of Promotion   |  |   | City:<br>E-mail address:<br>County:  | State:<br>Day<br>Tele,   | time<br>phone:        |  |  |  |  |
| Note: Applications mu   | ust be postmarked by   | 5 DACI  |  |  | (Area Code) - Number  |  |  |  |  |
| 52 Education (India   | ato the highest lovel Dial   |   | KGROUND 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         (D) Doctorate             (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.             Check the group you are a member of:         (1) Male         (2) Female         (1) Black         (2) White         (2) White         (3) Hispanic         (4) Asian         (5) or Alaskan Nativo |  |   |  |  |                       |  |  |  |  |
|   |  |   | (2) White (3) Hispar   |  | (5) or Alaskan Native |  |  |  |  |
| (Check one box only) (1) Camden (4) Monmouth <b>8. ADA Assistance:</b> be contacted accommod  | (2) Mercer   | (3) Essex<br>(7) Bergen   | 7. Are you claiming veterans preference? YES NO<br>Check YES if you are claiming veterans preference for this examination. If you have<br>established veterans preference since April 1, 1980, no further action is needed.<br>Otherwise, complete a veterans preference claim form and include the required<br>documents. Claim forms are available on our web site at www.state.nj.us/csc and at<br>our office at 44 S. Clinton Avenue, Trenton, NJ. Completed forms should be mailed to<br>the Department of Military and Veterans' Affairs (DMAVA). For more information,<br>visit their web site at www.state.nj.us/military or contact them at 1-888-865-8387.<br>Note: In accordance with Public Law 2010 c.26, Veterans pay a reduced <b>application</b><br>fee of \$15.00 if they have previously established Veterans Preference with the<br>DMAVA (as defined by N.J.S.A. 11A:5-1 et seq.), or your claim is approved by<br>DMAVA at least 8 days prior to the issuance of this eligibility list. |  |                       |  |  |  |  |
| 0. Procent Pormano  | nt Title 8 Appointment   | Data:   |  | a 11a 1  |                       |  |  |  |  |
| 9. Present Permanent Title & Appointment Date:<br>Name & Title of Immediate Supervisor:<br>Telephone Number & Email Address of Immediate Supervisor:  |  |   | <ul> <li>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 NJSA 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.</li> </ul>   |  |                       |  |  |  |  |
| in good faith. I understand<br>examination, any applicant<br>NOTE: Your application ma<br>Signature   | that if my application is incom<br>who makes a false statement<br>ay be released to the Appointi | plete, it may be rejected. (W/<br>of any material fact per NJA<br>ng Authority for the purpose o                      | of verifying information with regard t   | sion may refuse to examine,<br>to your qualifications.<br>Date | or certify after      |  |  |  |  |
| DPF-1B \$25 (Page 1 of 2  | 2 REVISED 07-01-10) IMF  | ORTANT - please comple  | te page 2 of this application and  | d keep a copy for your rec                                     | ords.                 |  |  |  |  |

| Title of Promotion:  |   | Symbol   | : SS#:   |                                      |                           |   |                                |                               |  |  |  |
|--|---|--|--|--------------------------------------|---------------------------|---|--------------------------------|-------------------------------|--|--|--|
| 12. Educational Section - College And Graduate S<br>announcement, be sure to attach a copy of<br>must be evaluated by a recognized evaluation  | your transe   | cript or a list of courses, course desc  |  |                                      |                           |   |                                |                               |  |  |  |
|  | What yrs. did<br>/ou attend?  |  |  | at type of degree<br>you earn?       | Did you<br>graduate?      |   | If NO, when will you graduate? | Number of<br>credits earned   |  |  |  |
|  | From:<br>To:  |  |  |                                      |                           |   | Month / Year                   |                               |  |  |  |
|  | From:<br>To:  |  |  |                                      |                           |   | Month / Year                   |                               |  |  |  |
| 13. Other Schools or Training Courses - Include <b>related</b> to the title for which you are applyin  |   |  |  |                                      |                           |   |                                | ses that are                  |  |  |  |
| What is the name & location of school/facility w course(s)/training was held?  |   | What classes did you take?   |  | What were the<br>you attended?       | dates How many            |   | any hours per week             | Did you complete the program? |  |  |  |
|  |   |  |  | Month/Yr. TO I                       | Month/Yr.                 |   |                                | $\Box$ Y $\Box$ N             |  |  |  |
|  |   |  |  | Month/Yr. TO                         | Month/Yr. TO Month/Yr.    |   |                                | □ Y □ N                       |  |  |  |
| 14. Use this space to describe any internships, lie  | censes, cert  | ifications or registrations that you posses  | ss wh  |                                      |                           | ion for v                                 | which you are apply            | ving.                         |  |  |  |
| A. What type of license(s), certification(s  | ), and/or re  | egistration(s) do you hold?  |  | C. What t                            | ype of inte               | rnship                                    | (s) have you com               | pleted?                       |  |  |  |
|  |   |  |  | Where                                | was the in                | ternshi                                   | ip(s) completed?               |                               |  |  |  |
| In which state(s) do you hold the licent   | In which state(s) do you hold the license(s), certification(s), and/or registration(s)?       |  |  |                                      |                           | What were the dates of the internship(s)? |                                |                               |  |  |  |
|  |   |  |  |                                      | any hours<br>e part in th |   |                                |                               |  |  |  |
| B. What was the original issue date of th  | e license(  | s), certification(s), and/or registration  | (s)?   |                                      |                           |   | curriculum?                    | Y 🗌 N                         |  |  |  |
|  |   |  |  | Level 1                              | - 3 Compl                 | eted                                      | Month                          | Voor                          |  |  |  |
| What is the date of your current licens  | e(s), certif  | ication(s), and/or registration(s)?  |  | Level 4                              | - 6 Compl                 | eted                                      | ▶                              |                               |  |  |  |
|  | 1 1   |  |  |                                      |                           |   | Month                          |                               |  |  |  |
| <b>15. Employment Record -</b> If you do not propheld different positions with the same employer, part time, and the number of hours worked per vapplication properly may cause you to be declared | , list each po<br>week. Since   | osition separately. Make sure you give f<br>your application may be your only "tes | full da<br>t pap   | ates of employi<br>er," be sure it i | ment (mont<br>s complete  | h/year),<br>and acc                       | , indicate whether to c        | he job was full or            |  |  |  |
| A What is the name and address of yo current employer?   | A What is the name and address of your current employer? What is your title in this position? |  |  | t the major du<br>ler of importar    |                           | erform                                    | in this position               | n                             |  |  |  |
|  | ls t  | his position:<br>FULL TIME?  |  |                                      |                           |   |                                |                               |  |  |  |
|  |   | PART TIME?   |  |                                      |                           |   |                                |                               |  |  |  |
| What dates have you been employed in this pos  | sition? Hov   | (Average No. hrs. per wk.)<br>v many staff members do you supervise?               |  |                                      |                           |   |                                |                               |  |  |  |
| From To  |   | fessional Staff  |  |                                      |                           |   |                                |                               |  |  |  |
| Month/Year Month/Year  |   | pport Staff  |  |                                      |                           | ,   |                                |                               |  |  |  |
| B What was the name and address of y previous employer?  |   | What was your title in this position?  | List the major duties you perform in this position in order of importance. |                                      |                           |   |                                | n                             |  |  |  |
|  | Wa  | s this position:<br>FULL TIME?   |  |                                      |                           |   |                                |                               |  |  |  |
|  |   | PART TIME?   |  |                                      |                           |   |                                |                               |  |  |  |
| What dates were you employed in this position?   | - How   | (Average No. hrs. per wk.)<br>/ many staff members did you supervise?              |  |                                      |                           |   |                                |                               |  |  |  |
| From To  | •   | fessional Staff  |  |                                      |                           |   |                                |                               |  |  |  |
| Month/Year Month/Year  | Sup   | port Staff   |  |                                      |                           |   |                                |                               |  |  |  |
| C What was the name and address of y previous employer?  | /our  |  |  | t the major du<br>ler of importar    | , ,                       | erform                                    | in this position               | n                             |  |  |  |
|  | Wa  | s this position:<br>FULL TIME?   |  |                                      |                           |   |                                | <u>.</u>                      |  |  |  |
|  |   | PART TIME?   |  |                                      |                           |   |                                |                               |  |  |  |
| What datas were you ampleted in this as-this of  |   | (Average No. hrs. per wk.)<br>/ many staff members did you supervise?              |  |                                      |                           |   |                                |                               |  |  |  |
| What dates were you employed in this position?<br>From To  |   | fessional Staff  |  |                                      |                           |   |                                |                               |  |  |  |
| Month/Year Month/Year  | Sup   | port Staff   |  |                                      |                           |   |                                |                               |  |  |  |
| DPF-1b \$25 (page 2 of 2 Revised 10-12-11)   |   | DID YOU INCLUD   | E AN   | Y ATTACHMEN                          | TS TO THIS                | APPLI                                     | CATION?                        | YES NO                        |  |  |  |