



STATE OF NEW JERSEY

In the Matter of Eileen Galvan,
Family Service Specialist 1, Bilingual
in Spanish and English, (PS8309K),
et al., Department of Children and
Families

CSC Docket Nos. 2022-2851, *et al.*

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

Examination Appeals

Second Corrected Decision

ISSUED: August 24, 2022 (SLK)

Eileen Galvan requests to file late applications for the promotional examinations for Family Service Specialist 1, Bilingual in Spanish and English, (PS8309K), Family Service Specialist 1 (PS8306K), Supervising Family Service Specialist 2, Bilingual in Spanish and English (PS8314K), and Supervising Family Service Specialist 2 (PS8313K). These appeals have been consolidated due to common issues presented.

The examinations at issue were announced with requirements that had to be met as of the April 21, 2022, closing date. Agency records indicate that 226 employees applied for (PS8309K), 1,029 employees applied for (PS8306K), 200 employees applied for (PS8314K) and 748 employees applied for (PS8313K). The tests have not yet been scheduled. Therefore, the lists have not yet promulgated.

In the petitioner’s requests, she presents that she had approved time off between April 18, 2022, and April 22, 2022, and she was planning on filing for the above examinations during this time. She indicates that she attempted to log into the Online Application System (OAS) on April 20, 2022. However, the petitioner states that she was unable to do so, and she sent an email to OAS support. Further, the petitioner presents that she emailed and called OAS support on April 21, 2022. However, due to support volume, she was advised that she would need to wait for an email response. The petitioner explains that she did receive an email that indicated that her OAS profile was linked to an old email address. Therefore, she asked if her

profile could be updated with a current email address. However, she did not receive confirmation that her email address on her profile was updated until after the closing date deadline. The petitioner submits emails that verify her statements.

CONCLUSION

N.J.A.C. 4A:4-2.6(a)4 states that applicants for promotional examinations must meet all requirements by the announced closing date, including filing an application on or before the application filing date. *N.J.A.C.* 4A:4-2.1(e) states that applications for open competitive and promotional examinations shall be submitted to the Civil Service Commission no later than 4:00 p.m. on the announced application filing date. *N.J.A.C.* 4A:4-6.3(b) provides that the appellant has the burden of proof in examination appeals.

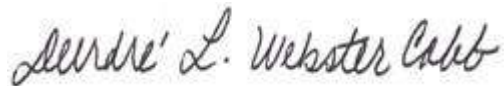
In this matter, the record indicates that the petitioner attempted to submit her applications using the OAS prior to the deadline on the closing date, but was unable to do so because the email address used to create her profile was no longer the email address she was using for her profile. Further, the petitioner submits emails to demonstrate that she contacted OAS support prior to the closing date deadline, but the issue was unable to be resolved until after 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). 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 applications and application fees after the closing deadline.

ORDER

Therefore, it is ordered that these requests be granted, and the petitioner be permitted to submit applications for Family Service Specialist 1, Bilingual in Spanish and English, (PS8309K), Family Service Specialist 1 (PS8306K), Supervising Family Service Specialist 2, Bilingual in Spanish and English (PS8314K), and Supervising Family Service Specialist 2 (PS8313K). It is further ordered that the petitioner submit a promotional examination application for each examination and the \$25 application processing fee, which totals \$100 for the four examinations, to the Division of Agency Services. The applications and processing fees must be postmarked no later than 15 days from the issuance date of this decision. Upon receipt of the applications and processing fees, it is ordered that her applications be processed. If the petitioner's applications and the required payment are not postmarked on or before the 15th day after the issuance date of this decision, she will not be entitled to have her applications 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 15th DAY OF June, 2022



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

Attachments

c: Eileen Galvan (2022-2851, 2022-3011, 2022-3014, 2022-3015)
Linda Dobron
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		
STATUS: [][]	PAR: []	
SEN: 0 [][][][][]	UE: [][][][][]	REV
		NO REV

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 Hours 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 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 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>A. What type of license(s), certification(s), and/or registration(s) do you hold?</p> <p>In which state(s) do you hold the license(s), certification(s), and/or registration(s)? _____</p> <p>B. What was the original issue date of the license(s), certification(s), and/or registration(s)?</p> <p>What is the date of your current license(s), certification(s), and/or registration(s)? _____</p>	<p>C. What type of internship(s) have you completed?</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>D. Certified Public Manager's Program</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>A. What is the name and address of your current employer?</p> <p>What dates have you been employed in this position? From _____ To _____ Month/Year Month/Year</p>	<p>What is your title in this position?</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. What was the name and address of your previous employer?</p> <p>What dates were you employed in this position? From _____ To _____ Month/Year Month/Year</p>	<p>What was your title in this position?</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>
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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.**

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Trenton, New Jersey 08625-0321*

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STATUS: [][]	PAR: []	
SEN: 0 [][][][][]	UE: [][][][][]	REV
		NO REV

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 Hours 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
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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 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 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.

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10. Present Permanent Title & Appointment Date:

Name & Title of Immediate Supervisor:

Telephone Number & Email Address of Immediate Supervisor:

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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	
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* (see block 11 for additional information)

3. Symbol : _____

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Last: _____ First: _____ MI: _____

Street: _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____

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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.**

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		Month/Yr TO Month/Yr		<input type="checkbox"/> Y <input type="checkbox"/> N

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<p>A. What type of license(s), certification(s), and/or registration(s) do you hold?</p> <p>In which state(s) do you hold the license(s), certification(s), and/or registration(s)? _____</p> <p>B. What was the original issue date of the license(s), certification(s), and/or registration(s)?</p> <p>What is the date of your current license(s), certification(s), and/or registration(s)? _____</p>	<p>C. What type of internship(s) have you completed?</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>D. Certified Public Manager's Program</p> <p>Level 1 - 3 Completed ▶ _____ Month/Year</p> <p>Level 4 - 6 Completed ▶ _____ Month/Year</p>
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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		
STATUS: [][]	PAR: []	
SEN: 0 [][][][][]	UE: [][][][][]	REV
		NO REV

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 Hours 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 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 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

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