

**OFFICE OF ADMINISTRATIVE LAW/CIVIL SERVICE COMMISSION  
LAW ENFORCEMENT OFFICER & FIREFIGHTER REMOVAL APPEAL FORM**

Use this form to submit an appeal of removal of a law enforcement officer or firefighter to the Office of Administrative Law and Civil Service Commission

**1.**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code) Telephone: ( ) - \_\_\_\_\_

Email: \_\_\_\_\_

**2.**

Will you be represented by a lawyer or union representative at the hearing?  YES  NO  
If yes, complete the following:

Representative Name: \_\_\_\_\_

Union or Law Firm: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code) Telephone: ( ) - \_\_\_\_\_

Email: \_\_\_\_\_

**3.**

Give a copy of this form and attachments to your Personnel Officer/Employer Representative

Employing Agency Name: \_\_\_\_\_

Personnel Officer's/Employer Representative's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code) Telephone: ( ) - \_\_\_\_\_

Email: \_\_\_\_\_

**4.**

Appointing Authority Representative for Appeal, if known

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone: ( ) - \_\_\_\_\_ Fax #: ( ) - \_\_\_\_\_

Email: \_\_\_\_\_

**5.**

Attach the following:

Preliminary Notice of Disciplinary Action

Final Notice of Disciplinary Action

**6.**

Date of incident subject to removal: \_\_\_\_\_

Date employee served with Final Notice of Disciplinary Action: \_\_\_\_\_

**Note:** Your appeal will not be processed unless this appeal form **with attachments** is completed, signed and submitted to the Office of Administrative Law **and** the Civil Service Commission. A copy of this appeal **must** also be served upon the appointing authority (your employer). You must submit this appeal to both the Office of Administrative Law and the Civil Service Commission within twenty (20) days after you receive the Final Notice of Disciplinary Action. If your appeal is not submitted within twenty (20) days, it will be dismissed. You must seek alternate employment; failure to do so may reduce the back pay award.

**SIGNATURE**

\_\_\_\_\_  
**EMPLOYEE/EMPLOYEE REPRESENTATIVE**

\_\_\_\_\_  
**DATE**

**Mail to:** Office of Administrative Law  
33 Washington Street  
Newark, New Jersey 07102

**AND**

Civil Service Commission  
Attention Hearings Unit-Unit H  
P.O. Box 312  
Trenton, NJ 08625-0312

**Hand  
Deliver:** Civil Service Commission  
3 Station Plaza  
44 South Clinton Avenue  
Trenton, NJ

**AND** Office of Administrative Law  
7<sup>th</sup> Floor  
33 Washington Street  
Newark, New Jersey

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