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. Employee Name: ____________________________
   Address: __________________________________
   (City) __________________ (State) ____________ (Zip Code) ____________
   Telephone: (____) - _______ Email: ____________________________

2. The following information MUST be provided:
   Date of incident subject to removal: ____________________________
   Date employee served with Final Notice of Disciplinary Action: ____________

3. You MUST provide BOTH of the following:
   Preliminary Notice of Disciplinary Action and Final Notice of Disciplinary Action

4. 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: (____) - _______ Fax# (____) - ______________________
   Email: ________________________________________________

5. If you will be represented by a lawyer or union representative at the hearing, please complete:
   Representative Name: ____________________________________
   Union or Law Firm: ______________________________________
   Address: _____________________________________________
   (City) __________________ (State) ____________ (Zip Code) ____________
   Telephone: (____) - _______ Fax# (____) - ______________________
   Email: ________________________________________________
Appointing Authority Attorney for Appeal, if known:

Name: __________________________________________

Address: _________________________________________

(City) ____________________________________________
(State) __________________________________________
(Zip Code) ________________________________________

Telephone: (___) ______ Fax# (___) __________

Email: __________________________________________

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.

Pursuant to N.J.S.A. 11A:4-1.1 there is a $20 fee for disciplinary appeals. The filing fee of $20 must be submitted to the Civil Service Commission along with the appeal form. Payment must be made by check or money order only, payable to NJCSC. Persons receiving public assistance pursuant to N.J.S.A. 44:8-107 et seq., N.J.S.A. 44:7-85 et seq., or N.J.S.A. 44:10-55 et seq., and veterans as defined by N.J.S.A. 11A:5-1 et seq., are exempt from this appeal fee.

SIGNATURE

EMPLOYEE/EMPLOYEE REPRESENTATIVE

Mail to: Civil Service Commission
Attention: Hearings Unit-Unit H
PO Box 312
Trenton, NJ 08625-0312

Hand Deliver: Civil Service Commission
3 Station Plaza
44 South Clinton Avenue
Trenton, NJ 08625

AND

Office of Administrative Law
Attention: Clerk’s Office
Direct Filing
33 Washington Street
Newark, New Jersey 07102

AND

Office of Administrative Law
Attention: Clerk’s Office
Direct Filing
7th Floor
33 Washington Street
Newark, New Jersey 07102