

STATE OF NEW JERSEY

In the Matter of Deborah LaNier, Human Services Specialist 2 (PC0534V), Union County

FINAL ADMINISTRATIVE ACTION OF THE CIVIL SERVICE COMMISSION

CSC Docket No. 2018-121

Examination Appeal

ISSUED: OCT 2 0 2017 (JET)

Deborah LaNier petitions the Civil Service Commission (Commission) to accept her untimely application for the promotional examination for Human Services Specialist 2 (PC0534V), Union County.

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The subject examination was announced with specific requirements which had to be satisfied by the June 21, 2017 closing date (see attached). A total of 39 candidates were admitted to the subject examination and 39 were determined eligible. The test is scheduled to be administered on October 23, 2017.

On appeal to the Commission, the petitioner asserts, among other things, that she was out sick from work as a result of asthma and bronchitis when the announcement for the subject position was distributed by the appointing authority. She adds that, over a period of six months, she was assigned to different cubicles, and her most recent cubicle was not equipped with a telephone, computer, or any other items necessary to assist her in the performance of her duties. The appellant states that, although most of the interoffice mail that she receives is hand delivered to her, she did not receive notice of the announcement from the Assistant Personnel Officer since her cubicle at the time was not set up to receive interoffice mail and it was not hand delivered. The appellant adds that she found notice of the announcement on a vacant desk after the closing date had passed. As such, the petitioner contends that she was never notified that the subject examination was announced and, therefore, was unaware that the opportunity existed prior to the closing date.

In an e-mail dated September 12, 2017 in support of the appellant's appeal, the appointing authority explains that the appellant's desk was assigned to accommodate other employees at the time she was out sick from work. The appointing authority adds that appellant did not receive notice as it was placed in a box that was moved from her desk, and she did not find out about the examination until she was verbally notified of it after she returned to work. As such, the appointing authority confirms that the appellant was not notified of the examination prior to closing date.

CONCLUSION

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

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 the merit and fitness. These interests are best served when more, rather than individuals are presented with employment opportunities. Communication Workers of America v. New Jersey Department of Personnel, 154 N.J. 121 (1998). Additionally, the petitioner was on sick leave at the time the appointing authority distributed the announcements for the subject examination, and she did not receive verbal notice of it until after the closing date. appointing authority confirms that the appellant was not notified of the subject examination, nor was she aware of the promotional opportunity while out sick from work. Under these circumstances, the Commission finds that for equitable reasons the appellant should be allowed to apply for the subject examination. Therefore, the Commission finds that there is good cause to relax N.J.A.C. 4A:4-2.1(e) and to allow the appellant to submit her application and application fee after the closing deadline for prospective employment opportunities only.

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

ORDER

Therefore, it is ordered that this appeal be granted and the appellant shall submit the attached application and the application fee within 30 days of the date of this decision to the Division of Agency Services so that her application can be processed. Upon receipt of the application and processing fee, if she is deemed eligible for the examination, the Division of Agency Services shall schedule the

appellant for the examination as soon as possible. Further, if the appellant receives a passing score on the examination, her name shall be added to the subject list for prospective employment opportunities.

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 18th DAY OF OCTOBER, 2017

> Robert M. Czech, Chairperson Civil Service Commission

Inquiries

and

Correspondence

Christopher Myers

Director

Division of Appeals

& Regulatory Affairs

Civil Service Commission Written Record Appeals Unit

PO Box 312

Trenton, New Jersey 08625-0312

Attachment

c: Deborah LaNier Alexis Luna Michael M. Yuska Kelly Glenn NEW JERSEY CIVIL SERVICE COMMISSION COUNTY AND MUNICIPAL GOVERNMENT SERVICES



\$25.00PROCESSING FEE REQUIRED Make Check/Money Order Payable to NJCSC

PROMOTIONAL ANNOUNCEMENT

SYMBOL: PC0534V

TITLE: HUMAN SERVICES SPECIALIST 2

ISSUE DATE: June 01, 2017 TITLE CODE: 07995/ RIFVR7

JURISDICTION: UNION COUNTY DEPARTMENT: HUMAN SERVICES

WEIGHT CODE: *

SALARY: \$45,798.00 - \$70,326.00

CLOSING DATE: June 21, 2017

JURISDICTION CODE: N20000030

RETURN COMPLETED APPLICATIONS TO:

Visit www.state.nj.us/csc

And select "Job Announcements"

to view this announcement and to file an application

Open to employees in the competitive division who are currently serving in a title to which the announcement is open and have an aggregate of one year of continuous permanent service as of the closing date in the following title(s):

Human Services Specialist 1 07994 Human Services Specialist 1 Bilingual in Spanish and English 09000

IMPORTANT INFORMATION

1. NJAC 4A:4-2.6 states that all requirements listed must be met as of the closing date, including assignment to jurisdiction/department, and satisfying the permanent status requirement.

2. ONLY ON-LINE APPLICATIONS WILL BE ACCEPTED. YOU MUST COMPLETE YOUR APPLICATION IN DETAIL. Your score may be based on a comparison of your credentials with the job requirements. Failure to complete your application properly may lower your score or cause you to fail.

3. This examination is open to full-time and part-time permanent employees. If an employment list results from this announcement, it may be certified to fill both full-time and part-time positions. If 35- and 40-hour positions are used within the department, the resulting list may be used to fill either work week position.

4. NJAC 4A:4-1.5 states that any employee who is serving on a provisional basis and who fails to file for and take an examination which has been announced for his/her title SHALL BE SEPARATED FROM THE PROVISIONAL TITLE.

5. 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 Department of Military and Veterans Affairs (DMAVA) (as defined by N.J.S.A. 11A:5-1 et seq.). Those claiming Veterans Preference but have not yet received approval from DMAVA must pay the full application fee and may request a refund if the claim is approved at least 8 days prior to the issuance of this eligibility list. PLEASE NOTE THIS REDUCED FEE DOES NOT APPLY TO PUBLIC SAFETY TITLES. (i.e. Police, Fire, Corrections and Sheriff).

6. SPECIAL NOTE TO ALL APPLICANTS Please make sure you are assigned to the department indicated above. If you do not know your department, please contact your Human Resource Office. If you file an application for this announcement and you are not assigned to the department indicated above, YOU WILL BE FOUND INELIGIBLE FOR THIS EXAM AND YOUR APPLICATION FEE WILL NOT BE REFUNDED.

7. If you are having difficulty submitting your application online, technical support and customer care are available during regular business hours, 8:00 a.m. to 4:00 p.m. EST, Monday - Friday, excluding holidays and emergency closings. Please Email: OAS.support@csc.state.nj.us or call (609) 292-4144. Please note that application support requests received outside of regular business hours on the closing date will not change the application filing deadline, so PLEASE FILE EARLY.

8. Application fees submitted via personal check or money order must be postmarked within five (5) business days of submitting your application. If your fee is postmarked after five (5) business days, or is returned as invalid, you will be declared ineligible and denied admittance to the examination process.

DPF-256A * Revised 07/06

Staple Payment Here

APPLICATION FOR PROMOTIONAL EXAMINATION

NEW JERSEY CIVIL SERVICE COMMISSION —County and Municipal Government

\$ 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 11. 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 no later than the last date for filing listed on the announcement to: NJ CSC, 44 S. Clinton Ave. PO Box 322, Trenton, N.J. 08625-0322

F	OR COMMISSION USE (ONLY	2. Social Security I	Number:	3. Symbol:					
STATUS:			* (see block 10 for addition	al information)	PC0534V					
			4. Name & Address:							
SEN:	SEN: UE:		Last: First: M.I.							
		NO REV	Street:							
1. Title of Promotio HUMAN SERV	n: /ICES SPECIALIS	ST 2	City:	State: Zip Code:						
			E-mail address:							
Note: Applications m	nust be postmarked by $ {f J}_{1}$	une 21, 2017	Daytime County: Telephone: (Area Code) - Number							
		AND RESIDENCE OF THE PARTY OF T	KGROUND DATA							
5a. Education (Indic	cate the highest level Dip									
☐ 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 t	o be used only for complyi	ng with EEOC Guidelines	s and the New Jersey State Affirm	native Action Program.					
Gender: (1) N	Male (2) Female		you are a member of: (2) White (3)		American Indian (5) or Alaskan Native					
	in which you prefer to t	ake the examination.	7. Are you claimir	7. Are you claiming veterans preference? YES NO						
be contact	(2) Mercer	d or reasonable	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.							
	mericans with Disabilitie									
9. Present Permane	ent Title & Appointment	Date:	* 10. 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							
Name & Title of I	mmediate Supervisor:		process. Collecting this data is permissible under NJSA 11A:4-1							
					If you do not provide the number,					
Telephone Number	er & Email Address of I	mmediate Supervisor:	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.							
in good faith. I understand examination, any applican	If that the statements made by that if my application is incomnt who makes a false statementary be released to the Appointing	plete, it may be rejected. (WA t of any material fact per NJA	ARNING: The Civil Service AC 4A:4-6.2)	the best of my knowledge and beli Commission may refuse to examin	ief, and are made ne, or certify after					
rour application m	lay be released to the Appointi	ng Authority for the purpose (or verifying information with	r regard to your qualifications.						
Signature				Date						

DPF-1B \$25 (Page 1 of 2 REVISED 07-01-10) IMPORTANT - please complete page 2 of this application and keep a copy for your records.

Title of Promotion: HUMAN SE	RVICES	SPECIALIST 2 Symbo	PC0	534V	SS#:					
12. Educational Section - College And Graduate S announcement, be sure to attach a copy of must be evaluated by a recognized evaluate	your transe	any colleges, universities, and graducript or a list of courses, course desc	uate sch	ools you h						
What is the name and location of the college(s) you attended? What you a		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:					\square N	Month / Year			
From: To:				П		N Month / Year				
13. Other Schools or Training Courses - Include								ses that are		
related to the title for which you are applying What is the name & location of school/faccourse(s)/training was held?				What were the you attended?		How ma	any hours per week attend?	Did you complete the program?		
course(s)/training was nerd:	N.		you alteriated:					□Y □N		
			Month/Yr. TO M		Month/Yr.					
				onth/Yr. TO						
14. Use this space to describe any internships, li			ss which							
A. What type of license(s), certification(s	s), and/or re	egistration(s) do you hold?	C. What type of internship(s) have you completed?							
				Where	was the in	ternsh	ip(s) completed?			
In which state(s) do you hold the licer	What were the dates of the internship(s)?									
in which state(s) do you hold the neer	150(5), 00111	modition(3); driaror registration(3):	How many hours per week did							
				you take	e part in th	ne inter	nship?			
B. What was the original issue date of the	n(s)? Was it part of a college curriculum? Y N D. Certified Public Manager's Program									
= r				Level 1	- 3 Compl	eted	>			
What is the date of your current licens	se(s), certifi	ication(s), and/or registration(s)?	Month/Year							
				Level 4	- 6 Compl	eted	Month.	Near		
15. Employment Record - If you do not proheld different positions with the same employer part time, and the number of hours worked per application properly may cause you to be declared.	r, list each poweek. Since	osition separately. Make sure you give to your application may be your only "test	full dates st paper,"	of employed be sure it is	ment (mont s complete	h/year). and acc	, indicate whether to curate. Failure to c	the job was full or		
A What is the name and address of your current employer?	our	What is your title in this position?		List the major duties you perform in this position in order of importance.						
	ls t	his position:								
		FULL TIME? PART TIME?								
I I I I I I I I I I I I I I I I I I I		(Average No. hrs. per wk.)								
What dates have you been employed in this po From To	Sition:	v many staff members do you supervise? fessional Staff								
Month/Year Month/Year										
B What was the name and address of y previous employer?	your	What was your title in this position?		List the major duties you perform in this position in order of importance.						
	Wa	s this position:								
		☐ FULL TIME? ☐ PART TIME?								
What dates were you employed in this position	many staff members did you supervise?									
From To		fessional Staff								
Month/Year Month/Year		port Staff	List the	a major du	ities you n	erform	in this position i	n		
What was the name and address of your previous employer?		What was your title in this position?		List the major duties you perform in this position in order of importance.						
		Was this position: FULL TIME?								
		PART TIME?								
What data was a second		(Average No. hrs. per wk.)								
What dates were you employed in this position? From To		many staff members did you supervise? fessional Staff								
Month/Year Month/Year										
in the second se	Sup	port Staff								

DID YOU INCLUDE ANY ATTACHMENTS TO THIS APPLICATION?

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