

	:	<b>STATE OF NEW JERSEY</b>
In the Matter of M.B.	:	
Program Support Specialist 2,	:	<b>FINAL ADMINISTRATIVE ACTION</b>
Assistance Programs (PS4445K),	:	<b>OF THE</b>
Department of Children and Families	:	<b>CIVIL SERVICE COMMISSION</b>
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	:	
CSC Docket No. 2020-254	:	Examination Appeal
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**ISSUED: JUNE 5, 2020 RAM)**

M.B. requests to be permitted to submit a late application for the Program Support Specialist 2, Assistance Programs (PS4445K), Department of Children and Families (DCF), examination.

By way of background, the announcement for the subject examination was issued on July 1, 2018 and was open to employees in the competitive division who were currently serving as a Program Support Specialist 3, Assistance Programs, and possessed an aggregate of one year of continuous permanent service as of the July 23, 2018 closing date or to employees in the competitive division who had an aggregate of one year of continuous permanent service in any competitive title and met the open competitive requirements. It is noted that an examination for the subject title was administered on December 19, 2019 and a list was promulgated on January 23, 2020, consisting of 10 candidates eligible for future advancement. Additionally, a certification was issued on February 27, 2020 against six provisionals and is pending final approval.

On appeal to the Civil Service Commission (Commission), the appellant, a Program Support Specialist 2,<sup>1</sup> states that at the time of the announcement she was in the ninth month of her pregnancy and was scheduled to begin a leave of absence on July 24, 2018. The appellant further indicates that, during the final weeks of her pregnancy and prior to the start of her leave, she developed complications surrounding the health of her child and required emergency care. In addition, after giving birth she was diagnosed with Post-Partum Mood Disturbance. In support of

<sup>1</sup> Agency records indicate that the appellant has been serving provisionally pending promotional procedures as a Program Support Specialist 2 since February 3, 2018.

her appeal, the appellant provides copies of medical documents from Ocean Obstetric & Gynecologic Associates, Monmouth Medical Center and a Physician Progress Report on the diagnoses and treatment of her medical conditions.

Lastly, the appellant asserts that she forgot to apply for the subject examination due to her circumstances at that time. However, she later tried to apply for the examination, not realizing that the closing date had passed, and that she had mistakenly applied for a different Program Support Specialist 2, Assistance Programs (PS4586K), DCF examination which had a closing date of August 21, 2018. It is noted that she was found ineligible for that examination because she was not employed in the announced unit scope. Therefore, she requests to be allowed to submit a late application for the subject examination.

### CONCLUSION

*N.J.A.C.* 4A:4-2.1(e) provides that unless otherwise provided for by the Chairperson of the Commission or designee, applications for promotional examinations shall be submitted to the Commission no later than 4:00 p.m. on the announced application filing date. *N.J.A.C.* 4A:1-1.2(c) provides that a rule may be relaxed for good cause in a particular circumstance in order to effectuate the purposes of Title 11A, New Jersey Statutes.

In the instant matter, the appellant did not submit an application by the closing date for the subject examination and mistakenly applied for the wrong examination. The Commission generally denies requests to accept late examination applications, as *N.J.A.C.* 4A:4-2.1(e) requires applicants to file their applications by the closing date. In that regard, in *In the Matters of Supervising Family Service Specialist 2 (PS1035K), Supervising Family Service Specialist 2 (Bilingual in Spanish and English) (PS1036K), Supervising Family Service Specialist 1 (PS1032K), Supervising Family Service Specialist 1 (PS1015K), and Family Service Specialist 1 (PS2267K), Department of Children and Families*, (CSC, decided October 19, 2016), the Commission determined that it would not permit applicants who file for an incorrect examination symbol to file a late application for the correct symbol given that there are numerous warnings provided to ensure the proper symbol is used when initially applying for the test. However, under the circumstances presented by M.B. and the fact that she is still serving provisionally in the title, the Commission finds that there is good cause to relax *N.J.A.C.* 4A:4-2.1(e) and allow the appellant to submit a late application for the subject examination.

The Commission emphasizes 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).

Finally, the Commission notes that the appellant's remedy is based on the particular circumstances of this matter, and for future examination announcements, she must timely file an application. As this remedy is limited to the unique circumstances of this matter, it does not provide a precedent in any other matter.

**ORDER**

Therefore, it is ordered that this petition be granted, and M.B. be permitted to submit an application for the Program Support Specialist 2, Assistance Programs (PS4445K), DCF examination. It is further ordered that M.B. submit a promotional application and the \$25.00 application processing fee to the Division of Agency Services within 15 days of the issuance date of this decision. Upon receipt of the application and processing fee, it is ordered that her application be processed for prospective appointment consideration. Finally, if M.B.'s application and the required payment are not postmarked within 15 days of the issuance date of this decision, she will not be entitled to have an application for the subject examination processed.

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 DAY 3<sup>RD</sup> OF JUNE, 2020

*Deirdre L. Webster Cobb*

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Deirdre L. Webster Cobb  
Chairperson  
Civil Service Commission

Inquiries  
and  
Correspondence

Christopher Myers  
Director  
Division of Appeals and Regulatory Affairs  
Civil Service Commission  
Written Record Appeals Unit  
P.O. Box 312  
Trenton, New Jersey 08625-0312

c: M.B. (with blank application attached)  
Linda Dobron  
Kelly Glenn  
Records Center

# 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.**

FOR COMMISSION USE ONLY		
<b>STATUS:</b> <input type="text"/>	<b>PAR:</b> <input type="text"/>	
<b>SEN:</b> <input type="text"/>	<b>UE:</b> <input type="text"/>	<b>REV</b>  <b>NO REV</b>

<b>2. Social Security Number:</b>  * (see block 11 for additional information)	<b>3. Symbol :</b>
<b>4. Name &amp; Address:</b>  Last: _____ First: _____ M.I. _____  Street: _____  City: _____ State: _____ Zip Code: _____  E-mail address: _____  Daytime _____ County: _____ Telephone: _____ <span style="float: right;">(Area Code) - Number</span>	

**1. Title of Promotion:**

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Note: Applications must be postmarked by

### 5. BACKGROUND DATA

**5a. Education** (Indicate the highest level Diploma or Degree you have earned):

<input type="checkbox"/> High School Diploma or GED	<input type="checkbox"/> (A) Associate's Degree	<input type="checkbox"/> (M) Master's Degree
<input type="checkbox"/> (S) Some College but No Degree	<input type="checkbox"/> (B) Bachelor's Degree	<input type="checkbox"/> (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)

<input type="checkbox"/> (1) Camden	<input type="checkbox"/> (2) Mercer	<input type="checkbox"/> (3) Essex
<input type="checkbox"/> (4) Monmouth	<input type="checkbox"/> (6) Atlantic	<input type="checkbox"/> (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](http://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](http://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.

<input type="checkbox"/> (A) Atlantic	<input type="checkbox"/> (C) Burlington	<input type="checkbox"/> (B) Bergen	<input type="checkbox"/> (D) Camden	<input type="checkbox"/> (E) Cape May	<input type="checkbox"/> (F) Cumberland	<input type="checkbox"/> (G) Essex
<input type="checkbox"/> (H) Gloucester	<input type="checkbox"/> (J) Hudson	<input type="checkbox"/> (K) Hunterdon	<input type="checkbox"/> (M) Middlesex	<input type="checkbox"/> (N) Monmouth	<input type="checkbox"/> (L) Mercer	<input type="checkbox"/> (P) Morris
<input type="checkbox"/> (Q) Ocean	<input type="checkbox"/> (R) Passaic	<input type="checkbox"/> (S) Salem	<input type="checkbox"/> (T) Somerset	<input type="checkbox"/> (U) Sussex	<input type="checkbox"/> (V) Union	<input type="checkbox"/> (W) Warren

**10. Present Permanent Title & Appointment Date:**

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**Name & Title of Immediate Supervisor:**

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**Telephone Number & Email Address of Immediate Supervisor:**

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**\* 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 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.**

**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 NJAC 4A:4-6.2)

**FOR CSC ONLY**

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