

STATE OF NEW JERSEY

In the Matter of Leslie Williams-
Gallman, Purchasing Assistant
(PS0875H), Department of Health

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

CSC Docket No. 2020-2682

Examination Appeal

ISSUED: JANUARY 25, 2021 (JET)

Leslie Williams-Gallman requests to file an application after the announced closing date for the promotional examination for Purchasing Assistant (PS0875H), Department of Health.

By way of background, the subject promotional examination was announced with specific requirements that had to be met as of the February 21, 2020 closing date. One employee applied for and was admitted to the subject examination. The examination has not yet been scheduled. It is noted that the appellant attempted to file an application for the subject examination by the February 21, 2020 closing date, but due to technical difficulties, she was unable to submit the application.

On appeal, the appellant asserts that she started the subject application but, due to a technical difficulty she experienced, she was unable to submit the application. The appellant maintains she is still interested in submitting the subject application. In support, the appellant provides a letter from Jason Spych, a Technical Assistant, Management Information Systems, Department of Health, who confirms that, at the time the appellant attempted to complete the online application, the system would not allow her to advance to part 5 in order to complete the application. Spych states that the appellant requested his assistance to help her complete the application, but he was unable to correct the issue. Spych explains that there must have been a problem with the online application system, as he had no concerns that the appellant's computer was not operating properly at the time the incident occurred.

CONCLUSION

N.J.A.C. 4A:4-2.1(e) provides that applications must be filed no later than the

announced filing deadline. Pursuant to *N.J.A.C.* 4A:1-1.2(c), the Civil Service Commission (Commission) may relax these rules for good cause in a particular situation in order to effectuate the purposes of Title 11A, New Jersey Statutes.

In this matter, the appellant asserts that she attempted to submit the subject application by the February 21, 2020 closing date, however, the online application system did not permit her to submit the application. The appellant requests to submit her application for the examination for Purchasing Assistant (PS0875H), Department of Health on a late basis as she initially intended to apply for that examination. The PS0875H announcement instructed applicants to submit applications to this agency by the February 21, 2020 closing date. The Commission generally denies such requests as this agency requires applicants to file examination applications by the closing date. Nonetheless, the record reflects that only one applicant was admitted. Further, the appellant intended to submit the PS0875H application by the February 21, 2020 closing date, and apparently due to a technical difficulty, the online application system did not accept the application. Under these limited circumstances, good cause exists to relax the provisions of *N.J.A.C.* 4A:4-2.1(e) and accept the appellant's application and application fee after the closing date for prospective employment opportunities only. This remedy is limited to the facts of this situation and may not be used as precedent for any other proceeding.

One additional matter warrants comment. The appellant is cautioned to ensure that, in the future, all parts of the application are completed by the closing date listed in the announcement for all future promotional opportunities.

ORDER

Therefore, it is ordered that this appeal be granted, and Leslie Williams-Gallman be permitted to submit an application for the Purchasing Assistant (PS0875H), Department of Health examination. It is further ordered that Ms. Williams-Gallman submit a promotional application and the \$25.00 application processing fee to the Division of Agency Services. The application and processing fee must be postmarked no later than 15 days from the issuance date of this decision. Upon receipt of the application and processing fee, it is ordered that her application be processed. Finally, if Ms. Williams-Gallman's application 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 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 20^H DAY OF JANUARY 2021

Deirdre' L. Webster Cobb

Deirdré L. Webster Cobb
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: Leslie Williams-Gallman
Kristin Hunt
Division of Agency Services
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		
STATUS: <input type="text"/>	PAR: <input type="text"/>	
SEN: <input type="text"/>	UE: <input type="text"/>	REV NO REV

2. Social Security Number: * (see block 11 for additional information)	3. Symbol :
4. Name & Address: Last: _____ First: _____ M.I. _____ Street: _____ City: _____ State: _____ Zip Code: _____ E-mail address: _____ County: _____ Daytime Telephone: _____ (Area Code) - 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):

<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 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.

<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:

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 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

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>
<p>C 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>