



**STATE OF NEW JERSEY**

In the Matter of Frank Kumankuma-Sarpong, Family Service Supervisor (PC4847C), Essex County

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

CSC Docket No. 2022-1475

Examination Appeal

**ISSUED: JANUARY 21, 2022 (SLK)**

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Frank Kumankuma-Sarpong requests to file a late application for the promotional examination for Family Service Supervisor (PC4847C), Essex County.

The examination at issue was announced open to employees in the Citizens Services department who had one year of continuous permanent services as a Family Service Worker<sup>1</sup> or Family Service Worker, Bilingual in Spanish and English as of the November 22, 2021 closing date. A total of 176 employees applied and 171 were found eligible. The examination has not yet been scheduled.

By way of background, the petitioner attempted to initiate an application on the morning of November 22, 2021, and encountered a problem with his username and password. Thereafter, at 12:22 p.m., he requested a password reset and received a response at 3:28 p.m. Subsequently, the appellant completed sections of his application using the Online Application System (OAS) by 3:58 p.m., but although the appellant tried five different credit cards, his payment was unable to be completed. Accordingly, he was unable to complete his application by the 4:00 p.m. deadline on the closing date.<sup>2</sup>

In his request, the petitioner argues, but for the continuous rejection of his payment in the OAS, his application, which was started before the closing date

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<sup>1</sup> Personnel records indicates that the appellant was appointed as a Family Service Worker in May 2006.

<sup>2</sup> This background comes from the Division of Agency Services' response to the appellant's request to file a late application, which it denied, and a review of the OAS Status Report.

deadline, would have gone through. Therefore, he believes that his request should be granted.

### CONCLUSION

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

In this matter, the petitioner explains that he attempted to file his application for the subject examination before the 4:00 p.m. deadline on November 22, 2021, but due to issues with the OAS accepting his payment, he was not able to complete the application by the deadline. 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 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). Moreover, the Commission finds that it would be patently unfair to penalize the petitioner under these circumstances where the result would be the potential foreclosure from promotional opportunities in the subject title for at least the life of the (PC4847C) list. Therefore, the Commission finds that there is good cause to relax *N.J.A.C.* 4A:4-2.1(e) and to allow the petitioner to submit his application and application fee after the closing deadline.

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

### ORDER

Therefore, it is ordered that this request be granted, and the petitioner be permitted to submit an application for the Family Service Supervisor (PC4847C), Essex County examination. It is further ordered that the petitioner submit a promotional examination 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 his application be processed. If the petitioner's application and the required payment are not postmarked on or before the 15<sup>th</sup> day after the issuance date of this decision, he will not be entitled to have his application reviewed.

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 19<sup>TH</sup> DAY OF JANUARY, 2022

*Deirdre' L. Webster Cobb*

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Deirdré L. Webster Cobb  
Chairperson  
Civil Service Commission

Inquiries  
and  
Correspondence

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

Attachment

c: Frank Kumankuma-Sarpong  
Jacqueline Jones  
Division of Agency Services  
Records Center

Staple Payment Here

# 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.

*Susan Mann, NJCSC, P.O. Box 321  
Trenton, New Jersey 08625-0321*

FOR COMMISSION USE ONLY		
<b>STATUS:</b> [ ] [ ]	<b>PAR:</b> [ ]	
<b>SEN:</b> 0 [ ] [ ] [ ] [ ] [ ] [ ]	<b>UE:</b> [ ] [ ] [ ] [ ] [ ] [ ]	<b>REV</b> <b>NO REV</b>

**2. Social Security Number:** \_\_\_\_\_  
\* (see block 11 for additional information)

**3. Symbol :** \_\_\_\_\_

**4. Name & Address:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_  
After Hours 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)**

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 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)**

(1) Camden     (2) Mercer     (3) Essex  
 (4) Monmouth     (6) Atlantic     (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.**

(A) Atlantic     (C) Burlington     (B) Bergen     (D) Camden     (E) Cape May     (F) Cumberland     (G) Essex  
 (H) Gloucester     (J) Hudson     (K) Hunterdon     (M) Middlesex     (N) Monmouth     (L) Mercer     (P) Morris  
**ALL**  (Q) Ocean     (R) Passaic     (S) Salem     (T) Somerset     (U) Sussex     (V) Union     (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 N.J.S.A. 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 N.J.A.C. 4A:4-6.2)

**FOR CSC ONLY**

\_\_\_\_\_

**NOTE:** Your application may be released to the Appointing Authority for the purpose of verifying information with regard to your qualifications.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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>