

STATE OF NEW JERSEY

FINAL ADMINISTRATIVE ACTION

In the Matter of Brian Anthony, Storekeeper 1 (PS7184U), Department of the Treasury

OF THE CIVIL SERVICE COMMISSION

CSC Docket No. 2022-3057

Examination Appeal

ISSUED: September 21, 2022 (SLK)

Brian Anthony appeals the determination of the Division of Agency Services (Agency Services) that he did not meet the experience requirements for the promotional examination for Storekeeper 1 (PS7184U), Department of the Treasury.

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The subject examination's closing date was November 22, 2021. The experience requirements were one year of work involving receiving, storing, safeguarding, and recording parts, materials and supplies of varied types in an organized store room. A total of four employees applied and all were determined ineligible. Therefore, the examination was cancelled due to a lack of qualified candidates.

On the appellant's application, he did not indicate any experience. Personnel records indicate that the appellant was provisionally serving in the subject title from March 2021 to the closing date, and a Helper from January 2019 to March 2021. Agency Services determined that he lacked one year of experience.

On appeal, the appellant describes in detail how he has performed the required duties during both his provisional service in the subject title and as a Helper.

CONCLUSION

N.J.A.C. 4A:4-2.6(a) provides that applicants shall meet all requirements specified in the promotional announcement by the closing date. N.J.A.C. 4A:4-2.1(f)

provides that an applicant may amend a previously submitted application only prior to the announced closing date. *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.

Initially, Agency Services correctly determined that the appellant was not eligible as he did not present any experience on his application. However, the appellant describes on appeal how he has performed the required duties since January 2019 while either provisionally serving in the subject title or as a Helper. The Commission's review of this experience finds that it is, indeed, applicable to the subject announcement. Although N.J.A.C. 4A:4-2.1(f) proscribes the amendment of an application after the closing date set in the announcement, the circumstances present in this matter provide good cause to permit the appellant to amend his application. Specifically, the list was cancelled due to a lack of qualified candidates and the appellant continues to provisionally serve in the subject title. Further, 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). Therefore, the Commission finds good cause under N.J.A.C. 4A:1-1.2(c) to relax the provisions of N.J.A.C. 4A:4-2.1(f) to accept his amended experience, for eligibility purposes only, and admit him to the subject examination.

The Commission cautions the appellant that, in the future, he should ensure that any applications are fully and completely filled out as his failure to do so will be cause for rejection from the selection process. This determination is limited to the instant matter and does not provide precedent in any other matter.

ORDER

Therefore, it is ordered that the appeal be granted, the cancellation of the examination be rescinded, and the appellant's application be processed for prospective employment opportunities only.

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 21^{ST} DAY OF SEPTEMBER, 2022

Dolores Gorczyca

Dolores Gorczyca Presiding Member Civil Service Commission

Inquiries and Correspondence

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

c: Brian Anthony Antoinette Sargent Division of Agency Services Records Center

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POSITION CLASSIFICATION QUESTIONNAIRE SAIO					NWISSION OSE		
NEW JERSEY CIVIL SERVICE COMMISSION DIVISION OF STATE & LOCAL OPERATIONS LOGN					LOG NO.		
IMPORTANT: Full instructions for completing this form are located on the last page. It is most important that employees and supervisors read them carefully. The form must be signed by the employee, his or her supervisor, the Program Manager or Division Director and the Appointing Authority Representative.							
_	ETE REQUESTS WILL BE RETURN		P. Immiorry Troping	, vessesses v v v		JEST NO.	
1. NAME OF	EMPLOYEE (IF ANY)	2. ANNUAL SA	LARY (Current)	3. POSITION NO.		4. CODE (Rang	ne and Title)
			, ,				
5. OFFICIAL	TITLE OF POSITION		6. WORKING TITL	E (If different)			
	N OF POSITION location, Unit, Section, Division, Institution, o	or Department)					
7A. EMPLO	YEE WORK OR HOME MAILING ADDRESS						
the work car	DUTIES) PERFORMED - Describe in detail the understand exactly what is done. NOTE: If the position and certified for accuracy by the	his is a vacant po	sition or a new pos	sition request, the fo			
Percent of	8	Work (Duties) Performed				Order of
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ITEM 8 CONTINUED

Percent of Time	Work (Dutles) Performed	Order of Difficulty
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9. REGULAR SCHEDULE OF WORK HOURS					
DAY	FROM	TO	DAY	FROM	TO
Monday Friday					
Tuesday			Saturday		
Wednesday			Sunday		
Thursday Length of Lunch Period					
Total Hours Worked Per Week					

9b. EXPLAIN ROTATION	I OF SHIFTS, IF ANY
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QUESTIONNAIRE CONTINUED 10. TYPE OF SUPERVISION RECEIVED (Check One — See definitions on page 4) CLOSE LIMITED **GENERAL** OTHER (Explain) 11. Does this position supervise other employees? E. List the names and titles of the employees supervised directly. (If the employees supervised comprise one or more complete units, include the names of the units) YES (If yes, complete Items A thru E) NO. Occasionally? Regularly? B. Responsible for the preparation of performance evaluations? C. Assign work? D. Review completed work of employees supervised? 12. CERTIFICATION I CERTIFY that I have read the instructions and the entries made above are my own and, to the best of my knowledge, are accurate and complete. OF **EMPLOYEE SIGNATURE** DATE 13. STATEMENTS OF IMMEDIATE SUPERVISOR A. Comments on Statements of Employee Check here if continued on additional sheets. B. What do you consider the most important duties of this position? Check here if continued on additional sheets. C. List those knowledges and abilities necessary for standard performance of the job to be done by an incumbent of this position Check here if continued on additional sheets. DISAGREE with the employee's description of job duties, percentage of time, and order of difficulty. **COMMENTS:** Check here if continued on additional sheets. OFFICIAL TITLE **SIGNATURE** DATE (Working title if different)

14. STATEMENTS OF PROGRAM MAN	NAGER OR D	IVISION DIRECTOR	?	
I AGREE with the statements of the immediate supervisor.		10		
DISAGREE with the statements of the immediate supervisor.				
COMMENTS:				
8				
	72			
			1	
		Check here if continued of	on additional sheets.	
OFFICIAL TITLE (Working title if different)	SIGNATURE		DATE	
15A. STATE APPOINTING AUTHORITY	REPRESEN	TATIVE SIGNATUR	E	
In State service, the agency representative's signature certification		n accordance with 4A:3-3.9(c)		
OFFICIAL TITLE (Working title if different)	SIGNATURE		DATE	
15B. LOCAL APPOINTING AUTHORITY	Y REPRESEI	NTATIVE SIGNATUR	RE	
In Local service, the agency representative's signature certifies the information in accordance with 4A:3-3.9(d).				
AGREE with the statements of the immediate supervisor and program	m manager or divisi	on director.		
I DISAGREE with the statements of the immediate supervisor and program manager or division director.				
COMMENTS:			:	
		92		
	!	Check here if continued of	n additional sheets.	

INSTRUCTIONS FOR COMPLETING POSITION CLASSIFICATION QUESTIONNAIRE (DPF-44)

NOTE: If this is a vacant position or a new position request, this form must be completed by the supervisor of the position and certified for accuracy by the Appointing Authority Representative.

Please read these instructions carefully before filling out the Position Classification Questionnaire.

This form is used to obtain information about a position. It will be used to determine the classification or to determine a rate of pay. Therefore, be as clear and accurate as possible and fill out the form completely. Be specific and illustrate statements with examples. If more space is needed to answer any of the items, attach an additional sheet and identify each item by its number.

This form is to be completed by you in your own words. Your supervisor and department head will review your Position Classification Questionnaire to determine the completeness and accuracy of the statements and to clarify or give additional information concerning your duties and responsibilities. Under no circumstances, however, should the supervisor or the department head change the answers as given and certified to by you. In the space provided, they may make whatever statements they think are necessary before signing the report. State your name in Item 1 and complete Items 6 through 12. Items 2 through 5 will be completed by your personnel office. Remember to sign your name in Item 12. Give the completed questionnaire to your supervisor.

ITEM 8 - The answer to this item requires an exact account of what you do. Describe your "whole job" or year-round duties, not just those which might be performed during rush or peak periods of activity or when you are substituting for other persons. Start with your most important duties and describe your least important duties last. Use a separate paragraph for each major duty. In the column at left indicate as best you can the percentage of time you devote to each duty. The position's supervisor will complete the information requested in the right hand column.

EXAMPLES OF GOOD AND POOR DUTIES STATEMENTS				
Poor Statements	Good Statements			
Assist in handling correspondence.	Receive, open, time stamp, and route incoming mail.			
Maintain grounds and landscaped areas. • • • • • • • •	Mow lawn with power mower and hand mowers. Trim trees from ground and from ladder, using power saws. Lubricate mowers.			
I do finish concrete work.	Place forms; mix, pour and finish concrete walks and curbing. Prepare registers of all claims showing allocation of budget expenditures and total			
Do general kitchen work.	amount of expenditures for month in which claims are made. Clean and cut fruits and vegetables. Make salad dressings. Serve at steam table. Wash pots and dishes and store away utensils and foods. Once or twice a month, bake cookies and tarts.			
Our unit is responsible for keeping all purchasing records. •	I compare invoices with purchase orders. Review requisitions submitted by the different departments for accuracy, then give them to the Purchasing Agent for his or her OK.			

ITEM 10 - Before you complete Item 10, the following definitions will be helpful in making your choice of the type of supervision you receive.

- CLOSE SUPERVISION: Work is performed according to detailed instructions and supervision is available on short notice.
- LIMITED SUPERVISION: Incumbent proceeds on his/her own initiative while complying with policies, practices, and procedures prescribed by the supervisor. The supervisor generally answers questions only on the more important phases of the work.
- GENERAL SUPERVISION: Work is performed independently. The incumbent seldom refers matters to supervisor except for clarification of policy.
- Other: If your work is supervised in a manner different from all of the above, please describe briefly how your work is assigned and supervised.

INSTRUCTIONS FOR SUPERVISORY STAFF

ITEM 13 - If you are a supervisor reviewing this form, you should remember that your certification means you accept responsibility that the statements made constitute a true description of the duties and responsibilities of the position. If the description does not meet with your idea of the position, it is your responsibility to see that statements made are qualified or elaborated upon in your comments. Under no circumstances, however, are the employee's statements to be changed. However, you are asked to determine the order of difficulty of each duty performed. Under Item 8 in the column at right, cite the order of difficulty of duties performed by assigning the number one (1) to the most difficult, the number two (2) to the next most difficult, etc. Keep in mind that the most important duty performed by this position may not be the most difficult, nor the one on which the greatest percentage of time is spent.

You should review the completed and signed form for correctness, completeness, and accuracy of statements, then add any comments which you believe are necessary, sign the form, and forward it to the program manager or division director.

ITEM 14 - The Program Manager or Division Director should indicate his or her agreement or disagreement with the statements of the immediate supervisor. Additional comments may be written in the space provided. Sign the form and forward it to your Personnel Office.

APPOINTING AUTHORITY SIGNATURE

ITEM 15A - (State Service) - the appointing authority or designated representative shall sign the form here. The agency representative's signature certifies that he/she has reviewed the appeal, provided an organization chart, and included all information set forth in 4A:3-3.9(c). The completed package should be forwarded to the Civil Service Commission.

ITEM 15B - (Local service) - the agency representative shall sign here, and may indicate his/ her agreement or disagreement with the statements of the immediate supervisor and program manager or division director, and provide comments if desired. The completed package should be forwarded to the Civil Service Commission.