



STATE OF NEW JERSEY

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

**FINAL ADMINISTRATIVE ACTION
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.

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 21ST 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

<h2 style="margin: 0;">POSITION CLASSIFICATION QUESTIONNAIRE</h2> <p style="margin: 0;">NEW JERSEY CIVIL SERVICE COMMISSION DIVISION OF STATE & LOCAL OPERATIONS</p>	FOR CIVIL SERVICE COMMISSION USE S&LO LOG NO.
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<p>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.</p> <p>INCOMPLETE REQUESTS WILL BE RETURNED.</p>	EMPLOYEE ID # CSS REQUEST NO.
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1. NAME OF EMPLOYEE (IF ANY)	2. ANNUAL SALARY (<i>Current</i>)	3. POSITION NO.	4. CODE (<i>Range and Title</i>)
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5. OFFICIAL TITLE OF POSITION	6. WORKING TITLE (<i>If different</i>)
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7. LOCATION OF POSITION <i>(Geographic location, Unit, Section, Division, Institution, or Department)</i>
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7A. EMPLOYEE WORK OR HOME MAILING ADDRESS

<p>8. WORK (DUTIES) PERFORMED - Describe in detail the work required of this position. Make descriptions so clear that persons unfamiliar with the work can understand exactly what is done. NOTE: If this is a vacant position or a new position request, the form must be completed by the supervisor of the position and certified for accuracy by the Appointing Authority Representative.</p>

Percent of Time	Work (Duties) Performed	Order of Difficulty

ITEM 8 CONTINUED

Percent of Time	Work (Duties) Performed	Order of Difficulty

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 OF SHIFTS, IF ANY

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?

- YES (If yes, complete Items A thru E) NO
 A. Occasionally? [or] Regularly?
 B. Responsible for the preparation of performance evaluations? YES NO
 C. Assign work? YES NO
 D. Review completed work of employees supervised? YES NO

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)

12. CERTIFICATION OF EMPLOYEE



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.

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.

D. I AGREE 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
(Working title if different)

SIGNATURE

DATE

14. STATEMENTS OF PROGRAM MANAGER OR DIVISION DIRECTOR

- I AGREE with the statements of the immediate supervisor.
- I DISAGREE with the statements of the immediate supervisor.

COMMENTS:

Check here if continued on additional sheets.

OFFICIAL TITLE
(Working title if different)

SIGNATURE

DATE

15A. STATE APPOINTING AUTHORITY REPRESENTATIVE SIGNATURE

 In State service, the agency representative's signature certifies the information in accordance with 4A:3-3.9(c)1. 

OFFICIAL TITLE
(Working title if different)

SIGNATURE

DATE

15B. LOCAL APPOINTING AUTHORITY REPRESENTATIVE SIGNATURE

In Local service, the agency representative's signature certifies the information in accordance with 4A:3-3.9(d).

- I AGREE with the statements of the immediate supervisor and program manager or division director.
- I DISAGREE with the statements of the immediate supervisor and program manager or division director.

COMMENTS:

Check here if continued on additional sheets.

OFFICIAL TITLE
(Working title if different)

SIGNATURE

DATE

