

OFFICE OF ADMINISTRATIVE LAW/CIVIL SERVICE COMMISSION  
**LAW ENFORCEMENT OFFICER & FIREFIGHTER REMOVAL APPEAL FORM**

Use this form to submit an appeal of removal of a law enforcement officer or firefighter to the Office of Administrative Law and Civil Service Commission

**1.** Employee Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)  
Telephone: ( ) - Email: \_\_\_\_\_

**2.** The following information **MUST** be provided:  
Date of incident subject to removal: \_\_\_\_\_  
Date employee served with Final Notice of Disciplinary Action: \_\_\_\_\_

**3.** You **MUST** provide BOTH of the following:  
Preliminary Notice of Disciplinary Action **and** Final Notice of Disciplinary Action

**4.** Give a copy of this form and attachments to your Personnel Officer/Employer - Representative  
Employing Agency Name: \_\_\_\_\_  
Personnel Officer's/Employer Representative's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)  
Telephone: ( ) - Fax# ( ) -  
Email: \_\_\_\_\_

**5.** If you will be represented by a lawyer or union representative at the hearing, please complete:  
Representative Name: \_\_\_\_\_  
Union or Law Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)  
Telephone: ( ) - Fax# ( ) -  
Email: \_\_\_\_\_

**6.**

Appointing Authority Attorney for Appeal, if known:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone: ( ) - Fax# ( ) -

Email: \_\_\_\_\_

**Note:** Your appeal will not be processed unless this appeal form **with attachments** is completed, signed and submitted to the Office of Administrative Law **and** the Civil Service Commission. A copy of this appeal **must** also be served upon the appointing authority (your employer). You **must** submit this appeal to both the Office of Administrative Law and the Civil Service Commission within twenty (20) days after you receive the Final Notice of Disciplinary Action. If your appeal is not submitted within twenty (20) days, it **will be dismissed**. You must seek alternate employment; failure to do so may reduce the back pay award.

**Pursuant to N.J.S.A. 11A:4-1.1 there is a \$20 fee for disciplinary appeals. The filing fee of \$20 must be submitted to the Civil Service Commission along with the appeal form.** Payment must be made by check or money order only, payable to NJCSC. Persons receiving public assistance pursuant to N.J.S.A. 44:8-107 et seq., N.J.S.A. 44:7-85 et seq., or N.J.S.A. 44:10-55 et seq., and veterans as defined by N.J.S.A. 11A:5-1 et seq., are exempt from this appeal fee.

**SIGNATURE**

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**EMPLOYEE/EMPLOYEE REPRESENTATIVE**

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**DATE**

**Mail to:** Civil Service Commission **AND**  
 Attention: Hearings Unit-Unit H  
 PO Box 312  
 Trenton, NJ 08625-0312

Office of Administrative Law  
**Attention: Clerk's Office**  
**Direct Filing**  
 33 Washington Street  
 Newark, New Jersey 07102

**Hand Deliver:** Civil Service Commission **AND**  
 3 Station Plaza  
 44 South Clinton Avenue  
 Trenton, NJ 08625

Office of Administrative Law  
**Attention: Clerk's Office**  
**Direct Filing**  
 7<sup>th</sup> Floor  
 33 Washington Street  
 Newark, New Jersey 07102