

Preliminary Notice of Disciplinary Action (31-A)

DEPARTMENT OF PERSONNEL - STATE OF NEW JERSEY

INSTRUCTIONS: This notice must be served on a permanent employee or an employee serving a working test period in the career service against whom one of the following types of disciplinary action is contemplated: (a) suspension or fine for more than five working days at any one time; (b) suspension or fine for five working days or less where the aggregate number of days suspended or fined in any one calendar year is 15 working days or more; (c) the last suspension or fine where an employee receives more than three suspensions or fines of five working days or less in a calendar year; (d) disciplinary demotion from a title in which the employee has permanent status or to which the employee has received a regular appointment; (e) removal; (f) resignation not in good standing. A copy of this preliminary notice must be sent to the Department of Personnel. Subsequent to the day of hearing by the appointing authority, the employee and the Department of Personnel must be served with Form DPF-31 B, Final Notice of Disciplinary Action.

FROM:	JURISDICTION (Local Service)	DEPARTMENT		
	DIVISION, INSTITUTION OR AGENCY	STATE PAYROLL NUMBER	ADDRESS	DATE
TO:	NAME OF EMPLOYEE		TITLE	SOCIAL SECURITY NUMBER
	STREET		CITY AND STATE	

1. You are hereby notified that the following charge(s) has been made against you:
(If necessary, use additional sheets and attach.)

CHARGE(S):

SPECIFICATION(S):

If checked, charges are continued on attached page

If checked, specifications are continued on attached page

You are hereby suspended effective _____
(Check box and indicate if employee is suspended pending final disposition of the matter)

2. IF YOU DESIRE A HEARING BEFORE THE APPOINTING AUTHORITY ON THE ABOVE CHARGE(S), NOTIFY THIS OFFICE WITHIN _____ *DAYS OF RECEIPT OF THIS FORM. IF YOU REQUEST A HEARING IT WILL BE HELD ON, _____ at (time) _____ at (place of hearing) _____
* Must be minimum of five days

3. The following disciplinary action may be taken against you:

- Suspension for _____ days, beginning _____ and ending _____
- Indefinite suspension pending criminal charges effective (date) _____
- Removal, effective (date) _____
- Demotion to position of _____ effective (date) _____
- Resignation not in good standing, effective (date) _____
- Fine \$ _____ which is equal to _____ days pay Other disciplinary action: (explain on attached page)

SIGNATURE _____ TITLE _____
(Appointing Authority or authorized agent)

NOTICE: Your health insurance coverage may be affected by this action; check with your Personnel Office.

Method of Service (Check One)	<input type="checkbox"/> PERSONAL SERVICE	EMPLOYEE SIGNATURE OR NAME OF SERVER	DATE SERVED
	<input type="checkbox"/> CERTIFIED OR REGISTERED MAIL	Give date of receipt by employee or agent as shown on return receipt postal card and the receipt number:	