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. Your Name: ____________________________
   Address: ____________________________
   (City) __________________ (State) ______ (Zip Code) ______ Telephone: ( ) - ______
   Email: ____________________________

2. Will you be represented by a lawyer or union representative at the hearing? □ YES □ NO
   If yes, complete the following:
   Representative Name: _______________________
   Union or Law Firm: _______________________
   Address: ____________________________
   (City) __________________ (State) ______ (Zip Code) ______ Telephone: ( ) - ______
   Email: ____________________________

3. 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: ( ) - ______
   Email: ____________________________

4. Appointing Authority Representative for Appeal, if known
   Name: ____________________________
   Address: ____________________________
   (City) __________________ (State) ______ (Zip Code) ______ Telephone: ( ) - ______
   Email: ____________________________

5. Attach the following:
   □ Preliminary Notice of Disciplinary Action
   □ Final Notice of Disciplinary Action
Date of incident subject to removal: ________________________________
Date employee served with Final Notice of Disciplinary Action: ________________________________

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.

SIGNATURE

EMPLOYEE/EMPLOYEE REPRESENTATIVE

Mail to: Office of Administrative Law
33 Washington Street
Newark, New Jersey 07102

AND

Civil Service Commission
Attention Hearings Unit-Unit H
P.O. Box 312
Trenton, NJ 08625-0312

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

AND
Office of Administrative Law
7th Floor
33 Washington Street
Newark, New Jersey

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