

STATE OF NEW JERSEY
DEPARTMENT OF MILITARY AND VETERANS' AFFAIRS
DISCIPLINARY ACTION APPEAL SETTLEMENT AGREEMENT

1. Institution/Agency	Name/Title Representative
2. Name/Title Employee	
3. Name/Title Representative of Employee	
4. Disciplinary Action Appealed: a. <input type="checkbox"/> Removal b. <input type="checkbox"/> Suspension of _____ c. <input type="checkbox"/> Official Reprimand d. <input type="checkbox"/> Demotion e. <input type="checkbox"/> Fine of _____	
5. a. Offense(s) _____ b. Number of Infraction(s) _____ c. Offense Date(s) _____ d. Date Disciplinary Action Appealed _____	
6. The institution/agency agrees to amend the appealed disciplinary action to: a. <input type="checkbox"/> Suspension of _____ b. <input type="checkbox"/> Official Reprimand c. <input type="checkbox"/> Demotion d. <input type="checkbox"/> Fine of _____ e. <input type="checkbox"/> Counselling f. <input type="checkbox"/> Oral Warning g. <input type="checkbox"/> Written Warning	
7. a. <input type="checkbox"/> Not-Applicable b. <input type="checkbox"/> Applicable - The institution/agency agrees to reimburse the employee _____ of back pay.	
8. The employee agrees to withdraw his/her appeal and agrees not to initiate and/or pursue other appeals.	
9. a. <input type="checkbox"/> Not-Applicable b. <input type="checkbox"/> Applicable - Employee agrees to resign in good standing effective _____ and will not seek employment with the State of New Jersey, Department of Military and Veterans' Affairs.	
10. The employee waives all claims against the State of New Jersey including, but not limited to, counsel fees, other monetary relief, or any award of back pay except as may be noted in 7.b. above.	
11. The parties to this <u>Settlement Agreement</u> agree that its terms do not establish any precedents and will not be referred to in any forum or manner.	
12. The parties voluntarily enter into this <u>Settlement Agreement</u> which fully disposes of all issues and controversies related to the disciplinary action appealed.	
_____ Employee	_____ Date
_____ Representative of Employee	_____ Date
_____ Institution/Agency Representative	_____ Date