MAJOR DISCIPLINARY APPEAL FORM

New Jersey Department of Personnel - Division of Merit System Practices and Labor Relations

A 1 1			
Address:			Doubling
			Daytime Telephone: ()
(City)	(State)	(Zip Code)	<u>-</u>
Will you be repre		union representat	ive at the hearing? ☐ YES ☐ NC
Representative I	Name:		
Union or Law Fir	m:		
Address:			
			_ Telephone: ()
City)		(Zip Code)	_ relephone. ()
Give a copy of t	his form and attachmen	ts to your Person	nel Officer/Employer Representive
Personnel Office Employer Repre			
Address.			
City)	(State)	(Zip Code)	_ Telephone: ()
City)	(Glate)	(Zip Code)	
Your or your rep	resentative's signature		

NOTE: Your appeal will NOT be processed unless Sections 1-4 are completed and the first two documents listed in Section 5 are included. If you have been suspended or removed, you should seek alternate employment. In case your penalty is reduced, failure to seek alternate employment could reduce your back pay award.

Mail to: Merit System Board
Department of Personnel
Hearings Unit - Unit H
P.O. Box 312
Trenton, NJ 08625 - 0312