

Preliminary Notice of Disciplinary Action

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 of more than five days at one time; (b) suspensions or fines more than three times or for an aggregate of more than fifteen days in one calendar year; (c) disciplinary demotion from a title in which the employee has permanent status or to which the employee has received a regular appointment; (d) removal; (e) 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) COUNTY OF MERCER		DEPARTMENT DEPT OF PUBLIC SAFETY	
	DIVISION, INSTITUTION OR AGENCY MERCER COUNTY CORRECTION CENTER	STATE PR #	ADDRESS P.O. BOX 8068 TRENTON, NJ 08650	DATE 04/16/2008
TO:	NAME OF EMPLOYEE LEWIS HARVEY		TITLE CORRECTIONAL OFFICER	SOCIAL SECURITY NUMBER
	STREET		CITY AND STATE	

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

CHARGE (S):

- 4A: 2-2.3 (A)(11) other sufficient cause violation of rule policy, procedure;
- H-1 Sleeping while on duty.
- D: 6 Violation of administrative procedures and/or regulations involving safety and security.
- 4A: 2-2.3 (A) (6) Conduct Unbecoming a County Employee

SPECIFICATIONS (S):

See attached

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 DEPARTMENTAL HEARING ON THE ABOVE CHARGE (S), NOTIFY THIS OFFICE WITHIN
2 * DAYS OF RECEIPT OF THIS FORM. IF YOU REQUEST A DEPARTMENTAL HEARING IT WILL BE HELD

(ON _____, 20___ at (time) _____ at (place of hearing) _____)

* Must be minimum of five days

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

- Suspension for 30 working days, _____
- Removal, effective (date) _____
- Demotion to position of _____ effective (date) _____
- Resignation not in good standing, effective (date) _____

Fine \$ _____ which is equal to 30 days pay amount number

Other disciplinary action: (explain on attached page)

SIGNATURE *John J. ...* TITLE Personnel Director
(Appointing Authority or authorized agent)

F. J. Harvey

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

Method of Service (Check One)	<input checked="" type="checkbox"/> PERSONAL SERVICE	NAME AND TITLE OF SERVER <u>Richard ... Capt</u>	DATE SERVED <u>4/30/08</u>
	<input type="checkbox"/> CERTIFIED OR REGISTERED MAIL		Give date of receipt by employee or agent as shown on return receipt postal card and receipt number:

Major Discipline: Officer Lewis Harvey

Specifications: 03/18/2008

On March 18, 2008, you were observed being inattentive to your duties as housing unit Officer by sleeping on duty. Further you failed to secure the 2 right gate on the same date.

Final Notice of Major Disciplinary Action (31-B)

DEPARTMENT OF PERSONNEL - STATE OF NEW JERSEY

INSTRUCTIONS: This notice must be served on a permanent career employee, an intermittent employee when entering the career service, a provisional employee with six (6) months of State service after a hearing or meeting if one of the following types of disciplinary action is taken: (a) a suspension or fine of more than five (5) days; (b) disciplinary demotion from a title in which the employee has permanent status or received a regular appointment; (c) removal; or (e) resignation not in good standing. If the employee does not request or does not appear at the hearing or meeting, this notice must be served as the final action. A copy of this notice must be sent to the Department of Personnel for record purposes and served on the employee by personal service or certified or registered mail.

FROM:	Department Public Safety	Division, Institution or Agency Mercer County Correction Center	Date 11/24/2008
	State Payroll Number	Address P.O. Box 8068 Trenton, New Jersey 08650	
TO:	Name of Employee Lewis Harvey	Title Correction Officer	Social Security Number
	Street	City, State & Zip Code	

1. On 04/30/2008 you were served with a Preliminary Notice of Disciplinary Action and notified of the pending disciplinary action.
- You requested a hearing or meeting which was held on Sept 11, 2008
- You did not request a hearing or meeting.
- You requested a hearing or meeting and did not appear at the designated time and place.

The following charges were dismissed:

- If checked, charges are continued on the attached page.

The following charge was sustained:

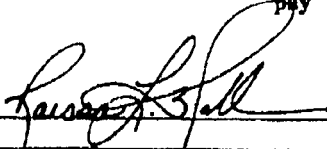
- If checked, specifications are continued on the attached page.
- N.J.A.C. 4A: 2-2.3 (A)(11) Other sufficient cause. Violation of rule, policy, procedure.
- B-3 Sleeping while on duty.
- D-6 Violation of administrative procedures and/ or regulations involving safety and security.
- N.J.A.C 4A:2-2.3 (A) (6) Conduct Unbecoming a County Employee.

2. The following disciplinary action has been taken:

- Suspension for _____ days, beginning _____ and ending: _____
- Removal, effective _____
- Demotion to position of _____ effective (date) _____
- Resignation not in good standing, effective (date) _____

- Fine \$ 8,350.59 Which is # 30 Deduct \$ 417.52 for 19 pay Other disciplinary action:
Amount equal to Days pay periods and \$ 417.71 from 1 pay (explain on attached page)
 at the conclusion of any other fine or penalty.

SIGNATURE



TITLE: Personnel Director

(Appointing Authority or authorized agent)

3. Method of SERVICE (check one)	<input type="checkbox"/> PERSONAL SERVICE	NAME AND TITLE 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: <i>Mailed certified & regular 7002 2030 0004 0947 2172</i>	

4. **APPEAL PROCEDURE TO THE EMPLOYEE:** You have a right to appeal disciplinary actions: (a) suspension or fines of more than five days at one time; (b) suspensions or fines more than three times or for an aggregate of more than fifteen days in one calendar year; (c) disciplinary demotion; (d) removal or (e) resignation not in good standing. Your letter of appeal must be filed with the Merit System Board within 20 days of receipt of this form. Appeals must be sent to: Merit System Board, 3 Station Plaza, 44 S. Clinton Avenue, PO Box 312, Trenton, NJ 08625-0312. Appeals must be sent directly to the Merit System Board. Do not give your appeal to your Personnel Office for forwarding to the Merit System Board.

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

DPW 3118 (Revised 4/20/07) for Employees (?) Management (?) Union Personnel (?) Local

