

Disciplinary Action Form

Transaction Code: 14

*EMPLOYEE ID *JOB NO. *EFFECTIVE DATE
(MM/DD/YYYY)

EMPLOYEE'S CURRENT INFORMATION:

*First Name MI *Last Name Suffix
 *Jurisdiction Code *Jurisdiction Name *Jurisdiction Department
 *Title Code *Title Name

DISCIPLINARY ACTION [14]:

Copy of Final Notice of Disciplinary Action (DPF-31B) must be submitted to NJ DOP.

*Request Reason Code *Date Served DPF-31B

FOR FINES ONLY

*Fine Amount

FOR SUSPENSIONS ONLY

*No. Days Suspended *Start Date End Date

Comments

AUTHORIZING SIGNATURES:

The Appointing Authority takes responsibility for informing the employee and accepts responsibility for the accuracy of this request. Signature of Appointing Authority is required if submitted by US mail; courier or facsimile. Signature is not required if form is submitted electronically.

Appointing Authority: I certify that the action requested conforms to Merit System Rules and Regulations. This request has been made in accordance with legal requirements.

SIGNATURE OF AA: _____ DATE: _____ TITLE: _____

FOR APPOINTING AUTHORITY USE: _____ _____

SUBMIT TO: CAMPS.Forms@DOP.state.nj.us or the NJ Department of Personnel; CAMPS Forms, PO Box 354 Trenton, NJ, 08625-0354