AMENDMENT/CANCELLATION REQUEST

NEW JERSEY CIVIL SERVICE COMMISSION / DIVISION OF SELECTION SERVICES

EXAMINATION TITLE:			SYMBOL:	CLOSING DATE:	
OTATE LIMIT COORE OR LOCAL HUDIODICTIO	NI AND DEDARTMENT:				
STATE UNIT SCOPE OR LOCAL JURISDICTION AND DEPARTMENT:					
REQUESTED BY:					
(Print Name)		(Signature)		(Date)	
AMENDMENT					
A - Announcement was not r	A - Announcement was not received		F - Incorrect Requirements (attach current specification)		
B - Announcement was not posted properly		G - Permanent status requirement reduced to WTP			
C - All eligibles not properly notified		H - Incorrect Title (explanation required)			
D - Incorrect Unit Scope/Department (Specify correct Unit Scope or Jurisdiction Code:)		J - Other (explanation required)			
E - Incorrect Title Scope of e	eligibility (specify)				
			Was The Ann	ouncement	
			Posted? Yes	No 🗌	
CANCELLATION (Documentation required)					
A - No Applications	F - Announced in	Error	J - Other:		
☐ B - No Admits	G - PA No Longer Serving				
☐ C - No Show	H - No Vacancies				
D - Title Abolished	☐ I - Dept. Reorganization		WasThe Anno	ouncement	
E - Error in	R - PA Displaced	in DIE	Posted? Yes	No 🗔	
Announcement					
K - Position Vacated - Appointing Authority must certify that no appointments will be made to this title for: 3 years if open competitive, 1 year if a trainee title, 18 months if a promotional, and acknowledges that if an announcement is requested or a provisional is appointed within the time frame specified, the cancellation may be rescinded, thereby allowing the original examination to proceed.					
FOR CIVIL SERVICE COMMISSION USE ONLY					
☐ Request Approved	☐ Record Purposes Only				
Request Denied	Reannouncemer	Approved	by:		
☐ Extended filing date	☐ No Longer Need	ed Date:			

Date: