
Appellant

v.

State of New Jersey,
Department of Corrections

:
:
:
:
: BACK PAY AWARD
: AFFIDAVIT OF MITIGATION
:
: OAL Dkt No. CSV _____
:
:
:

TO: _____

Please take notice that before the Department of Corrections can process your Back Pay Award in this matter, you must complete the attached Affidavit and submit same to this office in the enclosed self-addressed stamped envelope.

You were separated from employment with the Department of Corrections from _____ to _____. Provide answers to the attached questions with regard to the above period.

RETURN AFFIDAVIT TO:

(Personnel Officer)

(Institution)

(Address)

(City, State, Zip Code)

AFFIDAVIT of: _____

1. Since your separation from employment with the Department of Corrections did you receive Unemployment Benefits?

Yes _____ No _____

2. If you received Unemployment Benefits complete the following items:

(a) State the address of the Unemployment Office which serviced your claim.

(b) State the name and telephone number of the Unemployment Office representative who serviced your claim.

(c) State the date that you first received Unemployment Benefits and the date your benefits were terminated.

_____ to _____

(d) What was the total dollar value of the Unemployment Benefits you received? (Attach verification of benefits received which can be obtained from your local Unemployment Office.)

_____ Weekly Amount
Total

AFFIDAVIT of: _____

3. Did you receive any other compensation for loss of wages during the period you were separated from employment with the Department of Corrections such as Workers' Compensation, Temporary Worker's Compensation, Disability Benefits, Aid to Families with Dependent Children , Welfare Benefits, Food Stamps or private wage loss insurance?

Yes _____ No _____

4. If you received any type of loss of wages benefit, complete the following: **(Verification documents are required)**.

(a) Name and Address of provider(s):

(b) Describe the nature of the benefit(s) received.

(c) State the date you first received the benefit(s) and the date the benefit(s) terminated.

(d) State the dollar value of the benefit(s) received per provider(s).

AFFIDAVIT of: _____

5. During the period you were separated from the Department of Corrections, were you gainfully employed?

Yes _____ No _____

(a) If so, state the name(s) and address(es) of the employer(s). **(Attach additional pages if necessary)**

(b) State the period of employment for each employer. (Give specific employment dates and reason for separation.) **(Attach additional pages if necessary)**

(c) State the gross amount of income received from each employer. (Show average weekly earnings with each employer). **(Verification documents are required, i.e., W/2, 1099, etc.).**

AFFIDAVIT of: _____

6. Prior to your discipline with the N.J. Dept. of Corrections were you working another full or part time job?

_____ Yes _____ No

(a) If so, state the name and address of each employer, hourly wage and number of hours worked per week.

7. For the period you were not gainfully employed during your separation from employment, did you actively perform a search for work?

YES _____

NO _____

If NO, why not? Explain: _____

(a) If you performed a work search, provide the names, addresses of the employers contacted and the date of each contact. **(Attach additional pages if necessary)**

AFFIDAVIT of: _____

(b) State the nature of the positions sought for each employer listed above.

(c) What objects, if any, do you have to document your efforts to obtain employment (diaries, calendars, desk pads, appointment books, etc.)?

8. Did you seek the assistance of the Employment Service?

YES _____

NO _____

If NO, why not? Explain: _____

(a) If your response to the above was yes, provide the address of the involved Employment Office and the name of your Employment Counselor.

AFFIDAVIT of: _____

9. The foregoing statements are true to the best of my knowledge and belief. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature & Date

Sworn and subscribed to before
me on this _____ day of
_____, 19____.