

**APPLICATION FOR EXEMPTION FROM THE PROVISIONS OF N.J.S.A. 52:14-7a
NEW JERSEY FIRST ACT**

Employee Residency Review Committee)
c/o Department of Labor & Workforce Development)
P.O. Box 110, Trenton, NJ 08625-0110)
Email: NJFirst@dol.nj.gov)

OFFICIAL USE ONLY:

INSTRUCTIONS: Complete this form in its entirety (e.g., Applicant and Employer information), typing or printing legibly. Submit your form and supporting documentation via email or using the address above (NOTE: Email is preferred and results in expedited review; general mail typically is not received for four to six weeks). Upon receipt of your application package, you will receive an email detailing the hearing process. Please note that once placed on an agenda, all supporting documentation **MUST** be submitted no less than five (5) business days prior to the scheduled hearing.

APPLICANT INFORMATION			
Last Name:		First Name:	Middle Initial (Optional):
Job Title:			
Current Street Address (NOTE: P.O. Boxes are not permissible):			
City:		State:	Zip Code:
Daytime Phone No.:		Alternate Phone No.:	
Applicant Email Address (Required):			
EMPLOYER INFORMATION			
Employer Name (e.g., City, School District, Dept.):			First day of work? (MM, DD, YY)
Employer Mailing Address (e.g., Street, City, State, Zip Code):			
Employer Contact Name and Title (e.g., Human Resources Director, Head of Agency):			
Daytime Phone No.:		Employer Contact Email:	
APPLICATION DETAILS			
<p>Please note that exemptions granted by the Committee may not be transferable to new employment. Further, be advised that exemptions granted by the Committee have no effect on an employer's requirement that employees report to work in-person (e.g. an exemption does not authorize telework).</p> <p>If seeking an exemption based upon <u>employer critical need</u>, you must include an employer authorized letter, written by the equivalent of a director, department head, equivalent or higher in your organization; it must be on official letterhead; dated no more than 90 days prior; be signed by hand (not typed); and explain the nature of your employer's critical need.</p> <p>If seeking an exemption based upon <u>hardship</u>, you must include a personal statement summarizing the nature of the hardship and include supporting documentation. When requesting an exemption based upon financial hardship, historically, applicants provide a budgetary spreadsheet as well as invoices corresponding with the debits noted in the spreadsheet as well as proof of income.</p> <p>▪ Do you plan to testify in support of your application? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>▪ Have you previously filed for a residency exemption? YES <input type="checkbox"/> NO <input type="checkbox"/>; If yes, when (MM/DD/YY): _____</p> <p>PLEASE NOTE: You must completely fill-out the application, sign it by hand and date it, as well as provide supporting documentation that is no more than 90 days old. Applications that do not meet these criteria may not be considered by the Committee.</p> <p>By my hand-written (not typed) signature below, I hereby certify under penalty of perjury that the foregoing statements and any information provided in support of this application is true and correct to the best of my knowledge and belief.</p> <p>X</p>			
Applicant Signature			Date