Application for Exemption From the Provisions of N.J.S.A. 52:14-7a (NJ First Act)

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

INSTRUCTIONS: Complete the application (typing or printing legibly). Submit the application and supporting documentation *via email* or using the address above. (Email is preferred; general USPS mail typically is not received for four to six weeks.) Upon receipt, applicants receive an email detailing the hearing process. Once placed on an agenda, all supporting documentation **MUST** be submitted no less than seven (7) business days *before* the scheduled hearing. [* = Required fields.]

APPLICANT INFORMATION				
Last Name*			**First Name***	**Middle Initial**
Current Street Address*			**Job Title***	
City*	**State***	**Zip Code***	**Daytime Phone***	**Email Address ***

EMPLOYER INFORMATION				
Employer Name*				**First day of work***
Human Resources Contact Name & Title*			**Daytime Phone***	**HR Contact Email***
City*	**State***	**Zip Code***		

APPLICATION DETAILS

An ERRC exemption does not supersede an employer's requirement that the employee report to work in person. Further, this exemption is limited to the New Jersey First Act residency requirement. As such, an exemption granted by the ERRC does not supersede other residency requirements established by Federal or State laws, regulations, local ordinances, or employment contracts.

- If seeking an exemption based upon *employer critical need*, you must include an employer-authorized letter written by a director, department head, equivalent or higher; it must be on official letterhead; dated no more than 90 days prior; be signed by hand (not typed or inserted photo signature); and explain the nature of the employer's critical need.
- If seeking an exemption based upon *hardship*, you must include a personal statement summarizing the hardship's nature and include substantial supporting documentation that is no more than 90 days old.
- Requests for exemption are now heard monthly via teleconference. For more information, visit https://www.nj.gov/labor/research-info/njfirst.shtml.
- If you have previously sought an exemption, indicate month and year: _____

APPLICANT CERTIFICATION

By my **hand-written** (not typed) signature below, I hereby certify under penalty of perjury that the preceding statements and any information provided in support of this application are true and correct to the best of my knowledge and belief.

X _____* _____*

Applicant Signature **Date**

[9.11.25R]