

ADRIENE IASONI Deputy Personnel Officer

VETERANS CREDITS INFORMATION & APPLICATION INSTRUCTIONS

To Apply for Veterans Credits:

- Complete the Veterans Credit Application (Form MSD-332VC) and submit to the Putnam County Personnel Department
 - Veterans Credit Application form must be notarized
 - DD Form 214 or other separation/discharge document must be submitted with application.
- Disabled veterans must also complete the *Veterans Disability Record Authorization (Form MSD-390)*, mail the *Veterans Disability Record Authorization form* to the appropriate V.A. office, and submit a copy of the form to the Putnam County Personnel Department with application.
- The Veterans Credit Application form must be submitted within sixty (60) days from the examination's last filing date.

What Are Veterans Credits?

Veterans' credits are extra points that Civil Service Law §85 allows to be added to a veteran's score on a civil service examination. Veterans can have an additional five (5) points added to their examination score (two-and-one-half (2½) points on promotion examinations). Disabled veterans are granted ten (10) additional points (five (5) points on promotion examinations). Veterans' credits may be added only to a passing score. Veterans' credits may not be used to bring a failing score up to a passing grade (70).

Effective January 1, 2014, Article 5, §6 of the New York State Constitution was amended to entitle veterans who have used non-disabled veteran credits for a Civil Service appointment or promotion and who were/are subsequently certified as being a disabled veteran by the United States Department of Veterans Affairs, to additional credits for a subsequent appointment or promotion. For more information, please contact Putnam County Personnel Department.

VETERANS CREDITS DEFINITIONS

- <u>Armed Forces:</u> The Army, Navy, Marine Corps, Air Force, Coast Guard and the National Guard when in service for the United States. Such service must be or have been on a full-time active-duty basis, other than for training purposes.
- <u>Disabled Veteran</u>: United States Department of Veterans Affairs certification as having a disability rated at ten percent or more, incurred while serving in the United States Armed Forces in time of war. The disability must be in existence at the time of application for examination.

Who is Eligible to Claim Veterans Credits?

- 1. Veterans or active-duty members of the Armed Forces of the United States; and
- 2. Have been discharged or will be discharged, honorably, generally under honorable circumstances, or under other than honorable conditions* at the time of appointment; *and*
- 3. Are residents of New York State at the time of application for examination.

*Effective November 12, 2020, the New York State Restoration of Honor Act authorizes the New York State Division of Veterans Services to restore access to State Veterans Benefits to Veterans who have an Other-Than-Honorable (OTH) or a General Under Honorable Conditions Discharge due to any of the following:

- Post-Traumatic Stress Disorder (PTSD)
- Traumatic Brain Injury (TBI)
- Military Sexual Trauma (MST)
- Sexual Orientation
- Gender Identity

PUTNAM COUNTY PERSONNEL DEPARTMENT

Answer All Questions

Type or print with ink

NOT VALID UNLESS NOTARIZED AND ACCOMPANIED BY DD FORM 214 OR OTHER DISCHARGE DOCUMENT

PUTNAM COUNTY PERSONNEL DEPARTMENT Donald B. Smith County Government Campus 110 Old Route 6, Bldg. 3 Carmel, NY 10512

APPLICATION FOR VETERANS CREDIT

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

DO NOT WRITE IN THIS SPACE					
	Y/N	DATE	Ву		
VETERANS' CREDITS APPROVED					
DISABLED VETERANS' CREDITS APPROVED					
CREDITS RECORDED ON ELIGIBLE LIST					
CREDITS RECORDED ON ROSTER RECORD					
COMMENTS:					

1						
Claim is hereby submitted for: No	n-Disabled Veterans	credits Disab	oled Veterans credits	(see back of form) \rightarrow		
Examination Title:		Exam Number:	Exam I	Date:		
Print Full Name:		MIDDLE		LACT		
FIRST		MIDDLE		LAST		
Present (Mailing) Address:						
NUMBER AND STREET, APT	†	CITY	OR TOWN, STATE	ZIPCODE		
Permanent Legal Address (if different than present address above):						
NUMBER AND STREET, APT	‡	CITY	OR TOWN, STATE	ZIPCODE		
Are you a citizen of the United States: Yes No						
Have you previously used Veterans Credor one of its civil divisions?		ppointment or pro Io	motion in New York St	tate,		
If yes, where:						
NAME C	OF AGENCY		MUNICIPALITY			
NUMBER AND STREET		CI	TY OR TOWN, STATE	ZIP CODE		
U.S. MILITARY SERVICE*						
Indicate in which military force you served: Army Navy Marine Corps Air Force Coast Guard						
Date of Enlistment or Induction: Place of Enlistment or Induction:						
Dates of Active Service: From to Service Serial Number(s):						
Last Rank: Attached to:						
Were you discharged or released to inac	ctive duty under:					
Honorable Conditions	General Under Hono	rable Conditions	Other Than Ho	norable Discharge		
Reasons for discharge or release to inac	tive duty, as stated	on certificate:				
Date of discharge or end of terminal lea	ve:					

*as indicated on your discharge document

over

PUTNAM COUNTY PERSONNEL DEPARTMENT

DISABLED VETERANS

COMPLETE THIS SECTION ONLY IF YOU ARE CLAIMING DISABLED VETERANS CREDITS

Veterans Administration Cla	im Number:			
Have you previously used Di or one of its civil divisions?	sabled Veterans Credits fo	r permanent appointment or promotion in New York State,		
If you answered "Yes" to the	above question, give title	and date of the examination:		
Examination Title:	eation Title:Exam Date:			
		ust authorize release of your disability record from the Veterans Administration ability Record Authorization (MSD 390) form to the appropriate office.		
Date of submittal of the <i>Disc</i>	ability Record Authorization	n (MSD 390) form:		
Please attach copy of submitted <i>E</i>	isability Record Authorization ((MSD 390) form.		
	TO BE SWORN TO BEFORE A M	NOTARY PUBLIC OR COMMISSIONER OF DEEDS		
State of New York				
ss: County of Putnam				
, ,				
I hereby certify that the foregoing state	ements are full and true to the best of	of my knowledge and belief.		
D. (A 15 11 O			
Date	Applicant's Signati	ure		
Swarn to hofare me this	day of	, 20		
Sworn to before the this	uay oi	, 20		
		Notary Public or Commissioner of Deeds		