



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

- *Armed Forces*: 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.
- *Disabled Veteran*: 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

<p>Answer All Questions Type or print with ink</p> <p>NOT VALID UNLESS NOTARIZED AND ACCOMPANIED BY DD FORM 214 OR OTHER DISCHARGE DOCUMENT</p>	<p>PUTNAM COUNTY PERSONNEL DEPARTMENT Donald B. Smith County Government Campus 110 Old Route 6, Bldg. 3 Carmel, NY 10512</p> <p>APPLICATION FOR VETERANS CREDIT</p> <p>AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER</p>	DO NOT WRITE IN THIS SPACE			
			Y/N	DATE	By
		VETERANS' CREDITS APPROVED			
		DISABLED VETERANS' CREDITS APPROVED			
		CREDITS RECORDED ON ELIGIBLE LIST			
		CREDITS RECORDED ON ROSTER RECORD			
COMMENTS:					

Claim is hereby submitted for: Non-Disabled Veterans credits Disabled Veterans credits (see back of form) →

Examination Title: _____ Exam Number: _____ Exam Date: _____

Print Full Name: _____

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 Credits for permanent appointment or promotion in New York State, or one of its civil divisions? Yes No

If yes, where: _____

NAME OF AGENCY
MUNICIPALITY

NUMBER AND STREET
CITY 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 inactive duty under:
 Honorable Conditions General Under Honorable Conditions Other Than Honorable Discharge
 Reasons for discharge or release to inactive duty, as stated on certificate: _____

Date of discharge or end of terminal leave: _____

**as indicated on your discharge document* *over*

DISABLED VETERANS

COMPLETE THIS SECTION ONLY IF YOU ARE CLAIMING DISABLED VETERANS CREDITS

Veterans Administration Claim Number: _____

Have you previously used Disabled Veterans Credits for permanent appointment or promotion in New York State, or one of its civil divisions? Yes No

If you answered "Yes" to the above question, give title and date of the examination:

Examination Title: _____ Exam Date: _____

To establish your eligibility for Disabled Veterans Credits, you must authorize release of your disability record from the Veterans Administration to the Putnam County Personnel Department by submitting a *Disability Record Authorization (MSD 390)* form to the appropriate office.

Date of submittal of the *Disability Record Authorization (MSD 390)* form: _____

Please attach copy of submitted *Disability Record Authorization (MSD 390)* form.

TO BE SWORN TO BEFORE A NOTARY PUBLIC OR COMMISSIONER OF DEEDS

State of New York |
County of Putnam | ss:

I hereby certify that the foregoing statements are full and true to the best of my knowledge and belief.

Date _____ Applicant's Signature _____

Sworn to before me this _____ day of _____, 20_____

Notary Public or Commissioner of Deeds