



Department of Civil Service

Albany, NY 12239

STAFFING SERVICES DIVISION

Disposition of Veterans Credits

Phone (518) 486-5969

Fax (518) 473-7193

S-203 (1/2021 L)

SEE INSTRUCTIONS ON OTHER SIDE

ATTENTION AGENCY PERSONNEL OFFICERS: Retain one signed copy of this form for your records. Give one signed copy of this form to the candidate. Mail or fax (518) 473-7193 one copy of this form to the New York State Department of Civil Service, Employment Records, at the address above, for the permanent or contingent permanent appointment of any eligible who has claimed additional credits as a disabled or non-disabled veteran for the examination from which the eligible list for such appointment was established. No such appointment will be accepted without this form.

SECTION 1 GENERAL INFORMATION

Table with 13 columns: 1. Name of Veteran, 2. Social Security Number, 3. Date of Appointment, 4. Title of eligible list (or position), 5. Veterans Claim, 6. Examination Number, 7. Certification No. (if applicable), 8. Department, 9. Division or Institution, 10. Score with VC, 11. Relative Standing, 12. Score Without VC, 13. Relative Standing

CANDIDATES: READ SECTIONS 2 AND 3A COMPLETELY BEFORE SIGNING EITHER

SECTION 2

ELECTION TO GIVE UP ADDITIONAL CREDITS

This section is for use by an eligible who has claimed additional credits, but who wishes to give up such credits, for any reason. Such veteran shall be considered on the certification according to his/her rank order without these credits. Please note that the waiver of credits for appointment to a position at a grade lower than the highest grade for which this eligible list was established shall have no effect on your right to such credits for appointment to a higher level position from this list. Also, the waiver of credits for appointment to a permanent seasonal position shall have no effect on your right to such credits for appointment to a permanent full-time position from this list.

I hereby elect to give up my additional credits on the eligible list indicated above. I understand that this election is final and cannot be changed for this particular examination eligible list. However, this does not affect my right to claim additional credits in other examinations.

Signature of Veteran

Date *

SECTION 3A

ACKNOWLEDGEMENT OF USE OF ADDITIONAL CREDITS

This section is for use by an eligible who is using additional credits to obtain a permanent or contingent permanent appointment or promotion.

In accepting appointment to the position shown above, I certify that I have not, since January 1, 1951, previously received a permanent appointment or permanent promotion as a result of the use of additional credits as a disabled war veteran, in the service of the State or any of its political subdivisions, including County, Town, City, Village, School District or Special District in New York State.

I understand that the acceptance of a permanent or contingent permanent appointment using additional credits as a disabled veteran ends my eligibility for additional credits in all future examinations and will result in the loss of additional credits on any other eligible list on which my name appears.

I understand that the acceptance of a permanent or contingent permanent appointment using non-disabled veterans credits does not affect my eligibility to receive and use additional credits as a disabled veteran, if I am certified as a disabled veteran following an appointment for which I used additional credits as a non-disabled veteran.

I further recognize that all statements made by me in support of my claim for additional credits are subject to investigation and verification by the Department of Civil Service and that any material misstatement or fraud in this claim may result in this appointment being rescinded and in my disqualification.

Signature of Veteran

Date *

SECTION 3B

VERIFICATION OF ELIGIBILITY FOR VETERANS CREDITS

REQUIREMENTS

- 1. U.S. citizen or alien lawfully admitted for permanent residence.
2. Qualifying Active Service Dates (and Campaign) Honorable Discharge or release under honorable circumstances from the Armed Forces of the United States, or eligibility granted by the NYS Division of Veterans' Services under the Restoration of Honor Act (ROHA).
3. New York State residence at time of appointment.

FORM(S) OR DOCUMENT(S) SUBMITTED

Document Name:
Form Number(s):
Service Serial Number:
Date - From: To:
Campaign:
County of Residence:

I certify that I have reviewed and discussed with the above named candidate the information provided in Sections 2 and 3A of this form. I have advised the candidate regarding his/her relative standing on the eligible list and current reachability for appointment to this position with and without the addition of the claimed veterans credits. To the best of my knowledge and belief, the candidate fully understands the effect of his/her election to forfeit additional credits or to use additional credits. I have personally seen and inspected the documents indicated above and have here accurately transcribed the necessary pertinent information therefrom. To the best of my knowledge, the documents presented are authentic, or are true copies of authentic documents. I have supplied a signed copy of this form to the candidate.

* Date: Signature of Appointing Officer:

* Date must be the date of appointment or earlier

INFORMATION AND INSTRUCTIONS FOR COMPLETION OF S-203

PURPOSE: (1) To provide a positive indication of use or waiver of ALL claimed veterans credits; (2) to provide positive verification of eligibility for claimed veterans credits; and (3) to enhance the accuracy of veterans information in central personnel records.

All eligibles who have claimed veterans credits and who receive permanent or permanent contingent appointment from an eligible list in which they have claimed veterans credits **MUST** either waive or use the credits. No permanent or permanent contingent appointment of such eligible will be accepted by this Department in the absence of this waiver or acknowledgment of use.

All sections must be completed or the appointment will not be accepted.

SECTION 1 – General Information

- 1 – 4. Enter information as called for in appropriate boxes.
- 5. VETERAN CLAIM: Enter NDV for non-disabled veteran; DV for disabled veteran.
- 6. EXAMINATION NUMBER: Enter exam number from eligible list.
- 7. CERTIFICATION NUMBER: Enter number as indicated on the certification, if applicable.
- 8 – 9. Enter information as called for in appropriate boxes.
- 10 – 11. SCORE AND RELATIVE STANDING WITH VETERANS CREDITS: Enter eligible's score as it appears on list and the eligible's relative standing among those eligibles willing to accept appointment to this position (see number 4) based upon the score entered in number 10.
- 12 – 13. SCORE AND RELATIVE STANDING WITHOUT VETERANS CREDITS: Enter eligible's score minus additional veterans credits (from list) and the eligible's relative standing among those eligibles willing to accept appointment to this position. (Eligibles who have not declined or indicated unwillingness to accept appointment to the position **MUST** be considered as willing to accept appointment.) This form should not be used for temporary appointments since temporary appointments do not affect veterans credits.

SECTION 2-Election To Give Up Additional Credits

This waiver **MUST** be signed by all eligibles who elect to waive their claim of veterans credits, regardless of whether or not they are subsequently appointed from this list to this position. In fairness to all eligibles, the full consequences of such waiver should be clearly stated to the eligible before the waiver is executed.

SECTION 3A-Acknowledgment Of Use Of Additional Credits

This acknowledgment **MUST** be signed by all eligibles who require the additional credits to be reachable for appointment to this position **AND** who are to be appointed. **If the eligible does not require the additional credits in order to be reachable, such eligible should be clearly so advised.**

SECTION 3B-Verification of Eligibility For Veterans Credits

This verification **MUST** be completed whenever an appointment is made of an eligible who has veterans credits, whether using or waiving such credits. Include a copy of the DD-214 or other supporting documentation.

ELIGIBILITY REQUIREMENTS	ACCEPTABLE DOCUMENTARY PROOF
1. U.S. citizen or an alien lawfully admitted for permanent residence at the time of application for veterans credits.	1. Same documents as for U.S. Immigration and Naturalization Service Employment Eligibility Verification Form I-9. (Enter Document Name)
2. Service in the Armed Forces of the United States or the U.S. Public Health Service during any of the following periods (the "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to a call as provided by law on a full-time active duty basis other than active duty for training purposes) during any of the following Time of War periods. In the Armed Forces: <ul style="list-style-type: none"> • Aug. 2, 1990 until the Persian Gulf Hostilities end • Feb. 28, 1961 to May 7, 1975 • June 27, 1950 to Jan. 31, 1955 • Dec. 7, 1941 to Dec. 31, 1946 or earned the armed forces, navy, or marine corps expeditionary medal for service in: <ul style="list-style-type: none"> • (Panama) Dec. 20, 1989 to Jan 31, 1990 • (Lebanon) June 1, 1983 to Dec., 1, 1987 • (Grenada) Oct. 23, 1983 to Nov. 21, 1983 or in the U.S. Public Health Service: <ul style="list-style-type: none"> • June 26, 1950 to July 3, 1952 • July 29, 1945 to Sept. 2, 1945 	2. Report of Separation and Honorable Discharge and/or Certificate of Service. Military forms NAVPERS-533; NAVMC-78; WDAGO-53; 55; WDAGO-53, 98; DD 214. If eligible's name is different from that shown, require marriage certificate or other appropriate legal document to verify name. (Enter form number(s), service serial number and dates of active service. If expeditionary medal, enter campaign name.)
3. Honorable Discharge or release under honorable circumstances or eligibility granted by the NYS Division of Veterans' Services under the Restoration of Honor Act (ROHA).	3. Same documents as for requirement 2 above, or letter of eligibility under ROHA, issued by the NYS Division of Veterans' Services.
4. Resident of New York State at time of appointment.	4. Various documents acceptable: NYS Driver's License, NYS Tax Records, utility bills, etc. No specific minimum time period required prior to date of appointment. (Enter County of residence.)

If the eligible fails to meet any of the above requirements, he or she may not be appointed if the use of veterans credits is necessary in order for the eligible to be reachable. You should indicate the deficiency in the appropriate area of the eligibility requirements, attempt to secure a copy of that documentation which is offered, and forward the copy with this form and a brief explanatory memorandum to the Employment Records Section in the Department of Civil Service IMMEDIATELY. The covering memorandum should indicate why you believe the claim to be deficient and your assessment regarding the likelihood of any fraud having been committed.

PERSONAL PRIVACY PROTECTION NOTIFICATION

The information which you are providing on this form is being required pursuant to Section 85 of the New York State Civil Service Law for the principal purpose of determining the eligibility of candidates to use the additional examination credits afforded veterans and disabled veterans. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in the loss of additional credits to which one may be otherwise entitled. This information will be maintained by the Director, Division of Staffing Services, Department of Civil Service, Albany, New York 12239; telephone (518) 473-6437. For information relating only to the Personal Privacy Protection Law, call (518) 457-9375.

FOR CIVIL SERVICE USE (List other examinations in which credit was claimed.)			
EXAM NO.	TITLE	EXAM NO.	TITLE