



**Department of
Civil Service**

Albany, NY 12239

TESTING SERVICES DIVISION

Authorization for Verification of
Non-Disabled Veterans Credits Use

T-252a (06/2025)

This form should be used by candidates who have applied for a New York State Civil Service examination and are claiming eligibility for the use of additional disabled veterans credits as provided by the NYS Constitution, as amended January 1, 2014. A veteran who previously used *non-disabled* veterans credits for appointment to a position in New York State or local government AND, after his or her appointment, and was subsequently classified by the Veterans Administration as disabled, is now eligible for an award of additional veterans credits.

INSTRUCTIONS:

Candidate Instructions: Part 1 – Any candidate claiming additional disabled veterans credits as described above must complete the information requested in **Part 1** on the back of this form. If you received an appointment to a State agency, using non-disabled veterans credits, complete Part 1 on the back of this form and return the signed form to the New York State Department of Civil Service by fax at (518) 474-1605, or by mail to the address listed below. You should keep a record of this form for your information.

- If you received an appointment to a position in local government, please send this form with Part 1 completed to the civil service agency responsible for overseeing the records and documentation associated with such appointment. NOTE: Civil service agency contact information can be found on the New York State Department of Civil Service website in the Disabled Veterans Credits Frequently Asked Question page at www.cs.ny.gov/vetcredits.

Civil Service Agency Instructions: Part 2 – The civil service agency having responsibility for maintaining personnel records for the appointment described in Part 1 by the candidate must complete the information requested in **Part 2** on the back of this form.

- Send one copy of the completed form to the individual who requested this information.
- Return the original signed form to the New York State Department of Civil Service by fax at (518) 474-1605, or by mail to the address listed below. If your agency has a secure email encryption protocol, you may also send the completed and signed form as an email attachment to ESRPU@cs.ny.gov. Emails should include the phrase, "CS Veterans Credits Verification" in the subject line.

New York State Department of Civil Service
Exams Results Processing Unit, Floor 16
Agency Building 1
Albany, NY 12239

**This is a time sensitive document that should be returned to
the New York State Department of Civil Service as quickly as possible.**



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Candidate Appointment Authorization & Verification

This information will be used by the New York State Department of Civil Service to verify eligibility for the use of disabled veterans credits where the candidate was classified as disabled by the Veterans Administration subsequent to the use of non-disabled veterans credits to obtain appointment to a civil service position in State or local government.

Part 1: To be completed by the candidate

Candidate name: _____

SSN: _____

Title for which non-disabled veterans credits were used to obtain appointment: _____

Civil Service agency where appointment was made: _____

Date of appointment: _____

Number of non-disabled veterans credits used for appointment (check appropriate box):

- ☐ 5 points for appointment from an Open Competitive examination
☐ 2.5 points for appointment from a Promotion examination
☐ I don't know

X _____

Veteran / Candidate Signature

I hereby authorize the above named civil service agency to furnish the New York State Department of Civil Service with the information requested in Part 2 below pertaining to my appointment as described above. I understand that all information furnished will be used solely for the purpose of determining eligibility for additional disabled veterans credits as provided in Article V, section 6 of the New York Constitution as amended effective January 1, 2014.

Part 2: To be completed by the Civil Service Agency where appointment was made and non-disabled credits were used.

The above named candidate was appointed to (title): _____

Date of appointment: _____

Number of veterans credits used for appointment (can be either 5.0 or 2.5): _____

OR

This office does not have any record of this candidate's appointment history (check box): ☐

I certify that the information on this form regarding the named individual's appointment history and use of veterans credits within the identified civil service agency is accurate and true.

Signature

Date

Title

Civil Service Agency Name

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

This information is being requested pursuant to Section 85(3) of the New York State Civil Law for the principal purpose of determining the eligibility of individuals for veterans credits. 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 claims for veterans credits being denied. This information will be maintained by the Director, Division of Testing Services, Department of Civil Service, Albany, NY 12239. For further information relating only to the Personal Privacy Protection Law, call (518) 457-9375. For information on your claim for veterans credits, send an email inquiry to: ESRPU@cs.ny.gov