

THE COUNTY OF ROCKLAND DEPARTMENT OF PERSONNEL



18 New Hempstead Road  
New City, N.Y 10956  
(845)638-5200  
RCPersonnel@co.rockland.ny.us

**Use or Waiver of Veterans Credits**

Instructions to Appointing Officer:

1. Section I of this form is to be completed, at the time of permanent appointment or permanent promotion, by each veteran appointee who was granted additional credits as shown on the certification and who is now using them in order to be appointed.
2. Section II of this form is to be completed, prior to appointment, by each veteran appointee who was granted additional credits as shown on the certification and who desires to relinquish them for any reason, including the possibility that his/her name may be reached for appointment without the use of such credits.
3. Attach this completed form (one copy only) to form P.O. 25 (or Profile Document) for each veteran appointee and forward to the Rockland County Department of Personnel with the certification of eligibles.

**SECTION I - STATEMENT OF VETERAN ON USE OF CREDITS**

**TO:** Rockland County Department of Personnel

In accepting appointment to the position of \_\_\_\_\_, I certify that I have not since January 1, 1951, received a permanent appointment or promotion in the service of New York State or any of its civil divisions from an eligible list on which I was granted veterans credits.

I understand that the acceptance of this appointment exhausts 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.

\_\_\_\_\_  
Signature of Veteran

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Witness

**SECTION II - ELECTION TO WITHDRAW ADDITIONAL CREDITS**

**TO:** Rockland County Department of Personnel

I hereby elect to relinquish the additional credits granted me as a veteran on eligible list No. \_\_\_\_\_ for the title of \_\_\_\_\_ and to accept the lower position on this eligible list to which I would otherwise be entitled.

I understand that this election is final and cannot be changed for this eligible list. However; this election does not affect my right to claim additional credits in other examinations.

\_\_\_\_\_  
Signature of Veteran

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Witness