

SUFFOLK COUNTY DEPARTMENT OF CIVIL SERVICE  
NORTH COUNTY COMPLEX, BLDG. • 158 PO BOX 6100  
725 VETERANS MEMORIAL HIGHWAY,  
HAUPPAUGE, NY 11788-0099

STATEMENT TO ACCOMPANY REPORT OF APPOINTMENT

FOR APPOINTING AUTHORITY USE ONLY

Instructions to appointing officer:

1. The upper portion of this form is to be completed at the time of permanent appointment or permanent promotion, by each veteran or disabled veteran appointee who was granted additional credits as shown on the certification, and who is now using such credits.
2. The lower portion of this form is to be completed by any eligible granted additional credits, as shown on the certification, who desires to relinquish his credits, for any reason, including the possibility that his name may be reached for appointment without the use of such credits.
3. In the event an eligible withdraws his credits by signing this form, his name should be considered on the certification according to his rank order without such credits.
4. A signed copy of this form must be returned to the Civil Service Department at the time of appointment for each veteran or disabled veteran who was granted additional credits on the certification.

APPOINTEE NAME: \_\_\_\_\_ TITLE OF ELIGIBLE LIST: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ ELIGIBLE LIST #: \_\_\_\_\_

CERTIFICATION #: \_\_\_\_\_

APPOINTING AUTHORITY NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPOINTING AUTHORITY

(ELECTION TO USE ADDITIONAL CREDITS)

TO: Suffolk County Department of Civil Service Date \_\_\_\_\_

In accepting appointment to the position of \_\_\_\_\_, I certify that I have never since 1/1/51 received a permanent appointment or permanent promotion in the service of the State or any of its counties, cities, towns, villages or special districts from an eligible list on which I was granted additional credits as a veteran or disabled veteran.

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 existing eligible list on which my name appears.

\_\_\_\_\_  
Signature of Appointee

CAUTION: This appointment shall be VOID if it is found that additional credits were used previously to secure a permanent appointment or permanent promotion.

(ELECTION **TO WITHDRAW** ADDITIONAL CREDITS)

TO: Suffolk County Department of Civil Service Date \_\_\_\_\_

I hereby elect to relinquish my additional credits on the eligible list indicated below.  
It is understood that this election is final and cannot be changed for this particular examination.  
However, this election does not effect my right to claim additional credits in other examinations.

\_\_\_\_\_  
Signature of Appointee