Submit one copy to:

CS-359
Revised 4/95

Office of Personnel Administration
One Capitol Hill
Providence, Rhode Island 02908

APPLICATION FOR VETERAN'S STATUS

CHECK ONE: Application is made for: ☐ **15 yr. Veteran's Statu**
☐ **10 yr. Disabled Veteran's Status**

Name _____ **S.S. No.** _____
Address _____ **Date of Birth** _____
Department _____ **Division** _____
Classification _____ **Acct. No.** _____

ATTACH PHOTOCOPY OF BOTH SIDES OF DISCHARGE PAPERS AND IF CLAIM IS MADE AS DISABLED VETERAN, PLEASE ATTACH OFFICIAL FORM OR CERTIFIED INFORMATION THAT YOU ARE RECEIVING DISABILITY/COMPENSATION AS A RESULT OF SERVICE.

_____ _____
Date ***Signature of Employee***

FOR USE BY OFFICE OF PERSONNEL ADMINISTRATION ONLY

Length of Service ☐ **Eligible** ☐ **Not Eligible**
Reason: _____
Checked By: _____ **Date:** _____

Veteran's Credits ☐ **Eligible** ☐ **Not Eligible**
Checked By: _____ **Date:** _____