



**New York State Correctional Officers  
& Police Benevolent Association, Inc.  
Veterans Committee**



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## February 2021 Agenda

1. Combat related health services leave of absence with pay issue. Veterans being docked sick time while in transit to a Dr. appointment at the VA and or personal Dr. visit. Grievance has been filed. Consult with attorney.
2. Members requesting Veterans credits (added years) due to facility closures. Eligibility requirements on form S-203.
3. DD 214 reminders for facilities.
4. Committee member contact update. Welcome Jeff Hoxie as the Mid-Hudson Vet rep.



State of New York  
Department of Civil Service  
Alfred E. Smith State Office Building  
Albany, NY 12239

STAFFING SERVICES DIVISION  
Disposition of Veterans Credits

Phone (518) 473-8663 Fax (518) 473-7193 S-203 (9/08L)

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

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 Serial Number
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.

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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 or non-disabled war veteran, in the service of the State or any of its political subdivisions, include 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 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 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 my result in this appointment being rescinded and in my disqualification.

Signature of Veteran \_\_\_\_\_ Date \*

SECTION 3B

VERIFICATION OF ELIGIBILITY FOR VETERANS CREDITS

REQUIREMENTS

FORM(S) OR DOCUMENT(S) SUBMITTED

- 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.
- 3. New York State residence at time of appointment.

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. Where the candidate has elected to use the 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 certification.
7. CERTIFICATION SERIAL NUMBER: Enter serial number as indicated on the certification.
- 8 – 9. Enter information as called for in appropriate boxes.
- 10 – 11. SCORE AND RELATIVE STANDING WITH VETERANS CREDITIS: Enter eligible’s score as it appears on certification 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 certification) 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 claimed and used veterans credits.

ELIGIBILITY REQUIREMENTS

1. U.S. citizen or an alien lawfully admitted for permanent residence at the time of application for veterans credits.
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 periods.  
In the Armed Forces:
  - Aug. 2, 1990 to the date when the Persian Gulf Hostilities ends;
  - 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:
    - (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:
      - June 26, 1950 to July 3, 1952;
      - July 29, 1945 to Sept. 2, 1945.
3. Honorable Discharge or release under honorable circumstances.
3. Resident of New York State at time of appointment.

ACCEPTABLE DOCUMENTARY PROOF

1. Same documents as for U.S. Immigration and Naturalization Service Employment Eligibility Verification Form I-9. (Enter Document Name)
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 on 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.)
- Same documents as for requirement 2 above.
4. Various documents acceptable: NYS Driver's License, NYS Tax Records, utility bills, etc. No specific minimum time period required prior to date of list establishment. (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, Alfred E. Smith State Office Building, Albany, New York 12239. For further information, relating **only** to the Personal Privacy Protection Law, call (518) 457-9375. Questions concerning the use of this form may be directed to the New York State Department of Civil Service, Att: Rating Unit, Alfred E. Smith State Office Building, Albany, New York 12239 or by calling (518) 473-8663.

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



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# **Please POST**

## **Reminder to all Veterans**

All **Veterans** must make their facility aware of their veteran status by submitting a DD 214. It is not necessary to submit a DD 214 yearly. However anytime a veteran changes his/her facility, you should update your new facility with a copy of your DD 214, in order to keep your Veteran status on file. All veterans who wish to take advantage of the MOU; Waiver of Holiday Work Option for Military Veterans between NYSCOPBA and GOER, covered by Public Officers Law 63 may opt to receive pay or time for Memorial Day and Veterans Day regardless of their election for all other holidays. Additionally, all veterans who are covered by Section 249 of the Military Law (Reservist or National Guard members) may opt to receive pay or time for Independence Day only, regardless of their election for all other holidays. Please note that the MOU is renewed on a yearly basis and thus each member must renew his/her election form on a yearly basis, during the yearly election period of April 1st thru May 15<sup>th</sup> 2017 (note the election form should be available from the facility personnel dept. or time keeper).

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## ***NEW YORK STATE DEPARTMENT OF CIVIL SERVICE***

### ***Attendance and Leave Manual***

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## **Policy Bulletin No. 2019-01**

### **Section 21.12 - March 2019**

P-1

TO: Manual Recipients

FROM: Jim Galvin, Director of Staffing Services

SUBJECT: Military Leave for Combat Related Health Care Services

Legislation enacted in April 2018 (Chapter 16, Laws of 2018) amended Section 242 of the Military Law to entitle employees to take up to five work days of paid leave annually for healthcare related services. This provision will take effect on April 1, 2019. A copy of this legislation is attached.

Section 242 of the Military Law was amended to entitle State officers and employees paid leave without charge to leave credits for up to **five** work days of paid leave annually for using any healthcare related services associated with an illness or injury sustained while in a combat theater or combat zone of operations.

The benefit will become available to employees on April 1, 2019 for the remainder of the 2019 calendar year. Beginning January 1, 2020, the benefit will be available for the full calendar year. Military leave for combat related healthcare services is not cumulative and expires at the close of business on the last day of each calendar year. Employees are not required to have Attendance Rules coverage to be granted this leave with pay.

Employees are entitled to a leave of absence with pay for any combat related healthcare services scheduled during the employees' regular work hours. Employees who undergo combat related healthcare services outside their regular work schedules do so on their own time. For example, employees are not granted compensatory time off for combat related healthcare services that occur on pass days or holidays.

Military Leave for Combat Related Health Care Services may be used for either full or partial day absences. Like the use of accrued sick leave under the Attendance Rules, employing agencies may not require employees to use Military Leave for Combat Related Health Care Services in units greater than 1/4 hour, but may permit use of Military Leave for Combat Related Health Care Services in smaller units of time.

Employees must provide documentation that they served in a combat theater or combat zone of operations. Acceptable proof of service includes the

- [21.13 Leave for Civil Defense Duties](#)

employee's DD214, a certificate of release or discharge from active duty, or other department of defense document clearly indicating service in a combat theater or combat zone of operations.

## [Leaves Without Pay \(Part 22\)](#)

- [22.1 Leave of Absence; Duration](#)
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Additionally, employees must submit medical documentation showing that the employee's absence was for the purpose of receiving healthcare services related to such duty. Combat related healthcare services may include any medical or psychological treatment or testing, hospital services, blood work or other laboratory tests.

Agencies are reminded to develop a new code in their paper or electronic timekeeping systems to manage usage of such leave by affected employees.

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## [Drawing of Earned Credits Upon Separation \(Part 23\)](#)

Any questions about these provisions should be referred to the Attendance and Leave Unit of the Department of Civil Service at (518) 457-2295.

### **Attachment**

- [23.1 Payment for Accruals Upon Separation](#)
- [23.2 Payment for Accruals Upon Entry into Armed Forces](#)
- [23.3 Payment for Overtime Accruals Upon Appointment, Promotion or Transfer](#)

Chapter 16 of the Laws of 2018 amended the Military Law effective April 1, 2019 to read as follows:

§242 (5)(b) Every public officer or employee employed by the state of New York who served in a combat theater or combat zone of operations as documented by a copy of his or her DD214, certificate of release or discharge from active duty, or other applicable department of defense documentation, shall be paid his or her salary or other compensation as such public officer or employee for any and all periods of absence while utilizing any healthcare related services related to such duty, not exceeding five working days, in any one calendar year.

\* NB Effective April 1, 2019

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