

NYS Business Services Center
 Personnel Services Unit
 1220 Washington Avenue
 Building #5 Harriman State Campus
 Albany, New York 12226

VETERAN'S IDENTIFICATION FORM

Employee Name (First, Middle Initial, Last)	Last 4 Digits of SS#	Date of Birth
Title	Work Address	
Work Telephone Number	Item Number	

HONORABLE DISCHARGE: Did you receive an Honorable Discharge or release under honorable circumstances from the Armed Forces of the United States? 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 call as provided by Law on a full-time duty basis other than active duty for training purposes:

Yes No

CREDITS FOR EXAMS/SENIORITY

Disabled Veteran

Non-disabled Veteran

DATES OF SERVICE: Did you have active service during any of the following periods? (Check all that apply)

December 7, 1941 to December 31, 1946

For hostilities in Lebanon: June 1, 1983 to December 1, 1987

June 27, 1950 to January 31, 1955

For hostilities in Panama: December 20, 1989 to January 31, 1990

December 22, 1961 to May 7, 1975

For Persian Gulf Conflict: August 2, 1990 to date hostilities ended

For hostilities in Grenada: October 23, 1983 to November 21, 1983

U.S. Public Health Services from July 29, 1945 to September 2, 1945 or from June 26, 1950 to July 3, 1952

ACCEPTABLE DOCUMENTARY PROOF: Report of Separation and Honorable Discharge and/or Certificate of Service. Acceptable military forms **NAVPERS-553; NAVMC-78; WDAGO-53, 55; WDAGO 53, 98; AND DD-214**. The Armed Forces expeditionary medal, the Navy expeditionary medal, or the Marine Corps expeditionary medal is required to qualify for veterans' status for hostilities in Grenada, Lebanon and Panama. If name is different from that shown on Report of Separation and Honorable Discharge, legal documentation to verify the name change is required.

Military Form Attached: _____

Other Legal Documents Attached: _____

 Signature

 Date

SEND COPY OF FORM TO:

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