

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**DEPARTMENT OF ADMINISTRATION**  
**OFFICE OF PERSONNEL ADMINISTRATION**  
One Capitol Hill  
Providence, Rhode Island 02908-5860

**APPLICATION FOR 20 YEAR CERTIFICATION**  
*In accordance with Merit System Law (36-4-59, as Amended)*

TO BE COMPLETED BY EMPLOYEE:

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Department \_\_\_\_\_ Division \_\_\_\_\_

Classification \_\_\_\_\_ Account Number \_\_\_\_\_

The following is a listing of my service with the State of Rhode Island including Military Service as defined in 36-9-31:

**State Service**

From \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Military Service**

From \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

N.B. Attach a copy of your discharge papers to this form. Make sure that the document submitted includes both entry and discharge dates.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

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**FOR USE FOR OFFICE OF PERSONNEL ADMINISTRATION ONLY**

Approved for Length of Service:  Yes  No

Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved for Veteran's Credit  Yes  No

Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

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