

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF ADMINISTRATION
OFFICE OF PERSONNEL ADMINISTRATION
ONE CAPITOL HILL
PROVIDENCE, RHODE ISLAND 02908

APPLICATION FOR 20 YEAR CERTIFICATION

(Non-Classified Employees - In accordance with Rhode Island General Law (16-59-7.1, as Amended))

TO BE COMPLETED BY EMPLOYEE:

Name _____	Social Security Number _____
Address _____	Date of Birth _____
Department _____	Division _____
Position Title _____	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

FOR USE OF 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: _____

TO BE COMPLETED BY AGENCY:

- Employee is not a faculty member
- Employee has acquired tenure as faculty

Signature of Authorized Agency Official