

Appendix A
Sample Separation from Service Form

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME		2. SERVICE NUMBER		3. SOCIAL SECURITY NUMBER			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS		5a. GRADE, RATE OR RANK	6. PAY GRADE	8. DATE OF NAME			
	7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country)		9. DATE OF BIRTH			
	10a. SELECTIVE SERVICE NUMBER		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE			f. DATE INDUCTED		
TRANSFER OR DISCHARGE DATA	11a. TYPE OF TRANSFER OR DISCHARGE		11b. STATION OR INSTALLATION AT WHICH EFFECTED		11c. DATE INDUCTED			
	12. REASON AND AUTHORITY "2IG - Convenience of Government, paragraph 13261.1a Marine Corps Personnel Manual and MCO 1910.23."		13. CHARACTER OF SERVICE		14. TYPE OF CERTIFICATE ISSUED			
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND		13. CHARACTER OF SERVICE		14. TYPE OF CERTIFICATE ISSUED			
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED		15. REENLISTMENT CODE					
SERVICE DATA	15. TERMINAL DATE OF SERVICE/UNITER OBLIGATION		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION		18. TERM OF SERVICE (Years)		19. DATE OF ENTRY	
	16. PRIOR REGULAR ENLISTMENTS		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)			
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code)		22. STATEMENT OF SERVICE		YEARS		MONTHS	
	23a. SPECIALTY NUMBER & TITLE		23b. RELATED CIVILIAN OCCUPATION AND O.C.T. NUMBER		11) NET SERVICE THIS PERIOD		01 11 28	
	24. DECORATIONS, MEDALS, BADGES, EMBELLISHMENTS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED		25. EDUCATION AND TRAINING COMPLETED		12) OTHER SERVICE		00 00 00	
	26. VA CLAIM NUMBER		27. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE		13) TOTAL (Line 11 plus Line 12)		01 11 28	
	28. NON-PAY PERIODS/TIME LOST (Preceding Two Years)		29. DATES SERVED LEAVE PAID		14) TOTAL ACTIVE SERVICE		01 11 28	
	29. VA CLAIM NUMBER		30. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE		15) FOREIGN AND/OR SEA SERVICE		00 02 13	
	30. REMARKS		31. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED		16) FOREIGN AND/OR SEA SERVICE		00 02 13	
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code)		32. SIGNATURE OF OFFICER AUTHORIZED TO SIGN					
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER		34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN						