

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) CHANDLER, THOMAS DREW		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ARNGUS/AV		3. SOCIAL SECURITY NUMBER 536 17 7091		
4a. GRADE, RATE OR RANK 1LT	b. PAY GRADE O02	5. DATE OF BIRTH (YYYYMMDD) 19840105	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000			
7a. PLACE OF ENTRY INTO ACTIVE DUTY BOZEMAN, MONTANA		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 285 CEDARWOOD CIRCLE BOZEMAN MONTANA 59718				
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND CO D (-) 1-189TH GSAB FC			b. STATION WHERE SEPARATED FORT HOOD TC, TX 76544-5056			
9. COMMAND TO WHICH TRANSFERRED CO D 1-189TH GSAB (WYQST0) 3330 SKYWAY DRIVE HELENA, MT 59602			10. SGLI COVERAGE NONE AMOUNT: \$ 400,000.00			
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 15A AVIATION, GENERAL - 1 YRS 0 MOS//NOTHING FOLLOWS		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)	DAY(S)
		a. DATE ENTERED AD THIS PERIOD		2013	04	01
		b. SEPARATION DATE THIS PERIOD		2014	03	27
		c. NET ACTIVE SERVICE THIS PERIOD		0000	11	27
		d. TOTAL PRIOR ACTIVE SERVICE		0001	05	26
		e. TOTAL PRIOR INACTIVE SERVICE		0001	07	23
		f. FOREIGN SERVICE		0000	08	15
		g. SEA SERVICE		0000	00	00
		h. INITIAL ENTRY TRAINING		0000	00	00
i. EFFECTIVE DATE OF PAY GRADE		2013	02	07		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY COMMENDATION MEDAL//NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM EXPEDITIONARY MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//ARMED FORCES RESERVE MEDAL W/ M DEVICE//BASIC AVIATOR BADGE//NOTHING FOLLOWS		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE//NOTHING FOLLOWS				
15a. COMMISSIONED THROUGH SERVICE ACADEMY			YES	X	NO	
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)			YES	X	NO	
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA)			YES	X	NO	
16. DAYS ACCRUED LEAVE PAID 0	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			YES	NO	
18. REMARKS SUBJECT TO ACTIVE DUTY RECALL, MUSTER DUTY AND/OR ANNUAL SCREENING//SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA//SERVICE IN KUWAIT 20130520-20140204//ITEM 12D ABOVE DOES NOT ACCOUNT FOR ANNUAL AND/OR WEEKEND TRAINING THIS SOLDIER MAY HAVE ACCOMPLISHED PRIOR TO DATE ENTERED IN ITEM 12A//INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST SERVICE BENEFITS AND ENTITLEMENTS//ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION ENDURING FREEDOM IAW 10 USC 12302//PLACE OF BIRTH PORTLAND, OREGON//DD FORM 214 ADMINISTRATIVELY ISSUED/REISSUED ON //SEE ATTACHED CONTINUATION SHEET The information contained herein is subject to computer matching with the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.						
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 3360 IVY DRIVE HELENA MONTANA 59602		b. NEAREST RELATIVE (Name and address - include ZIP Code) BEDFORD L. CHANDLER 322 WOODCUTTERS LANE HARRERS FERRY WEST VIRGINIA 25125				
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) MT		OFFICE OF VETERANS AFFAIRS		X	YES	NO
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)				X	YES	NO
21a. MEMBER SIGNATURE ESIGNED BY: CHANDLER THOMAS DREW 1392704970	b. DATE (YYYYMMDD) 20140206	22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) ESIGNED BY: KNIGHT RAY A 1185542056 RAY A KNIGHT, GS09, HR SUPERVISOR		b. DATE (YYYYMMDD) 20140206		

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE			
25. SEPARATION AUTHORITY AR 600-8-24, PARA 2-7		26. SEPARATION CODE MRK	27. REENTRY CODE NA		
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMM/DD) NONE				30. MEMBER REQUESTS COPY 4 (Initials) TDC	

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY (Continuation Sheet)

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) CHANDLER, THOMAS DREW	2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ARNGUS/AV	3. SOCIAL SECURITY NUMBER 536 17 7091
--	---	--

(Specify the item number of the block continued for each entry.) //////////////////////////////////////
CONT FROM BLOCK 18: 20140206//YRRP 20140212 - 20140213///NOTHING FOLLOWS

21.a. MEMBER SIGNATURE DESIGNED BY: CHANDLER, THO MAS, DREW 1392704970	b. DATE (YYYYMMDD) 20140206	22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) DESIGNED BY: KNIGHT, RAY A 118542056 RAY A KNIGHT, GS09, HR SUPERVISOR	b. DATE (YYYYMMDD) 20140206
--	-----------------------------------	--	-----------------------------------

DEPARTMENT OF THE ARMY
HEADQUARTERS III CORPS AND FORT HOOD
FORT HOOD, TEXAS 76544-5050

ORDERS 037-0256

06 February 2014

CHANDLER, THOMAS DREW 536-17-7091 1LT CO D (-) 1-189TH GSAB, (WYQSD0), FORT HOOD, TEXAS 76544

You are released from active duty, not by reason of physical disability, and assigned as indicated on the date immediately following release from active duty. Any temporary appointments held are terminated on your effective date of release from active duty.

Effective date: 27 March 2014

Assigned to: CO D 1-189TH GSAB (WYQST0) 3330 SKYWAY DRIVE HELENA, MT 59602

Terminal date of Reserve obligation: Not applicable

Additional instructions: a. SOLDIER WAS REFRAD FOR CONTINGENCY OPERATION ENDURING FREEDOM AND THE REFRAD IS FOR DEMOBILIZATION OF FORCES FROM A CONTINGENCY OPERATION. b. SOLDIER MAY BE ELIGIBLE FOR TRANSITIONAL HEALTH CARE UNDER 10 USC, SECTION 1145 UNTIL 23 SEPTEMBER 2014. c. SOLDIER AND SPOUSE ARE AUTHORIZED TO USE ARMY CAREER AND ALUMNI PROGRAM (ACAP) SERVICES FOR 180 DAYS FROM DATE OF SEPARATION. IF YOU RECEIVE A LETTER BARRING YOU FROM FORT HOOD YOU MAY USE OTHER INSTALLATIONS FOR THIS SERVICE.

FOR ARMY USE

HOR: BOZEMAN MT US

Place EAD or OAD: BOZEMAN MT US

MDC: PMO4

Comp: NATIONAL GUARD

PEBD: Not applicable

FOR ADDITIONAL INFORMATION CONTACT:

Sarah S. Jamison sarah.s.jamison.civ@mail.mil (254) 285-6582

SDN: CHA7091PE70256

Format: 523

FOR THE COMMANDER:

* OFFICIAL *

MARLEAN C. DRUCE
INSTALLATION AG/CHIEF, MPD

DISTRIBUTION:

1LT CHANDLER (15)

Cdr CO D (-) 1-189TH GSAB, (WYQSD0) (3)

AFZF-GC-AG-T-T (5)

AFZF-AGM-T-I (1)

DEFENSE MILITARY PAY OFFICE (1)

TRANSPORTATION (1)

G2 III CORPS CISD-PSP (1)