

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

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

1. NAME (Last, First, Middle) SAVOY, NICHOLAS JOHN		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NUMBER [REDACTED]				
4a. GRADE, RATE OR RANK [REDACTED]		b. PAY GRADE [REDACTED]		5. DATE OF BIRTH (YYYYMMDD) [REDACTED]				
6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20220226								
7a. PLACE OF ENTRY INTO ACTIVE DUTY MILWAUKEE, WISCONSIN			b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 3740A E LAYTON AVE CUDAHY WISCONSIN 53110					
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 0082CSCO C MEDICAL CO FC			b. STATION WHERE SEPARATED FORT BRAGG TC, NC 28310-5000					
9. COMMAND TO WHICH TRANSFERRED USAR CON GP (REINF) 1600 SPEARHEAD DIVISION AVE, FT KNOX, KY 40122				10. SGLI COVERAGE <input type="checkbox"/> 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) 68W1P HEALTH CARE SPECIALIST - 3 YRS 4 MOS// NOTHING FOLLOWS			12. RECORD OF SERVICE					
			a. DATE ENTERED AD THIS PERIOD			2014	08	12
			b. SEPARATION DATE THIS PERIOD			2018	08	11
			c. NET ACTIVE SERVICE THIS PERIOD			0004	00	00
			d. TOTAL PRIOR ACTIVE SERVICE			0000	00	00
			e. TOTAL PRIOR INACTIVE SERVICE			0000	00	00
			f. FOREIGN SERVICE			0000	00	00
			g. SEA SERVICE			0000	00	00
			h. INITIAL ENTRY TRAINING			0000	00	00
i. EFFECTIVE DATE OF PAY GRADE			2016	03	01			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY GOOD CONDUCT MEDAL//NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//ARMY SERVICE RIBBON//PARACHUTIST BADGE//NOTHING FOLLOWS			14. MILITARY EDUCATION (Course title, number of weeks, and months and year completed) BDE CBT TEAM TRAUMA, 1 WEEK, 2017// COMBATIVES LEVEL 1, 1 WEEK, 2015//HEALTH CARE SPECIALIST, 16 WEEKS, 2014//NOTHING FOLLOWS					
15a. COMMISSIONED THROUGH SERVICE ACADEMY				YES	<input checked="" type="checkbox"/> NO			
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)				YES	<input checked="" type="checkbox"/> NO			
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment NA)				YES	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> NO			
18. REMARKS SUBJECT TO ACTIVE DUTY RECALL, MUSTER DUTY AND/OR ANNUAL SCREENING//BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 20140227-20140811//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS								
The information contained herein is subject to computer matching within 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) 406 HOYT ST MICHIGAN CITY INDIANA 46360			b. NEAREST RELATIVE (Name and address - include ZIP Code) JENNIFER R SAVOY 406 HOYT ST MICHIGAN CITY INDIANA 46360					
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) IN OFFICE OF VETERANS AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
21a. MEMBER SIGNATURE ESIGNED BY: SAVOY.NICHOLAS.JOHN.1502 743267		b. DATE (YYYYMMDD) 20180807		22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) ESIGNED BY: WADE.PAMELA.C.1059206504 PAMELA WADE, LEAD HUMAN RESOURCE ASSISTANT				
				b. DATE (YYYYMMDD) 20180807				

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 635-200, CHAP 4		26. SEPARATION CODE MBK	
27. REENTRY CODE 1			
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE			
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE			30. MEMBER REQUESTS COPY 4 (Initials) NJS