

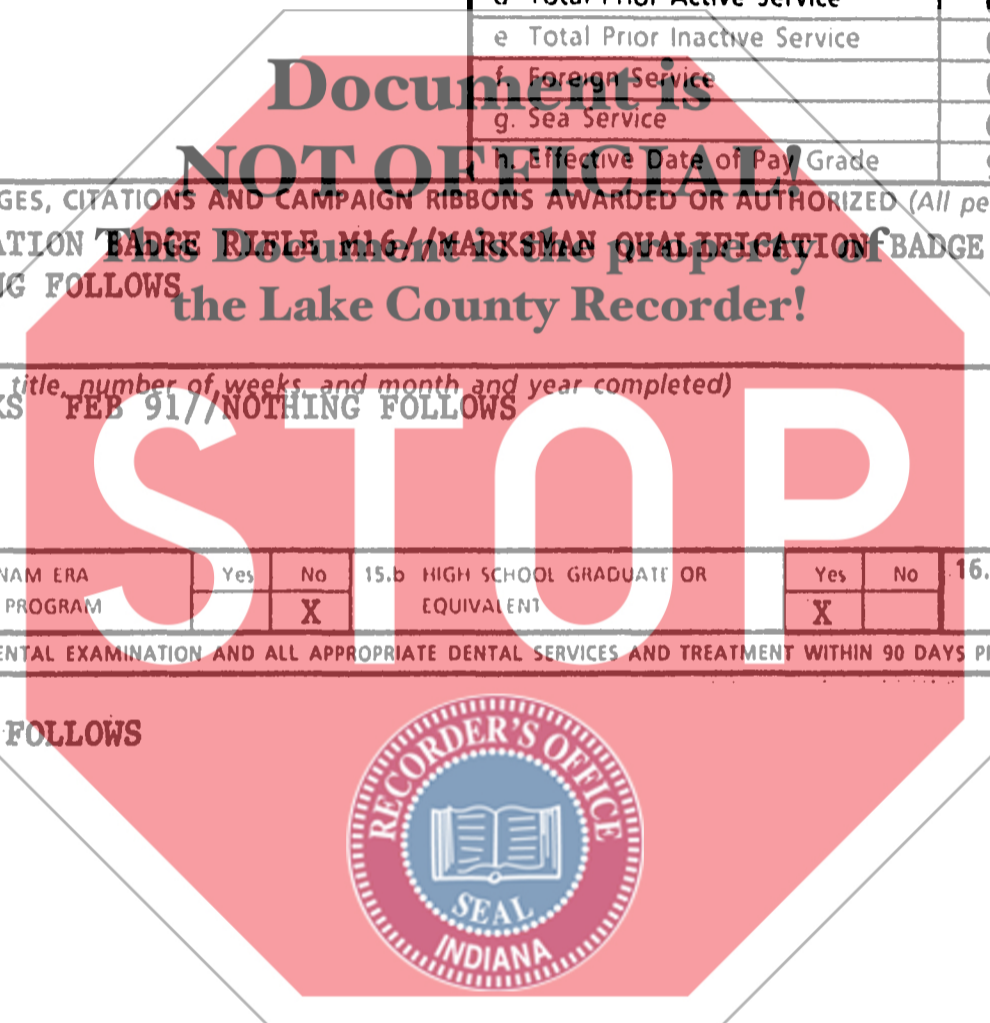
CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) BURKART SHANE ALLEN		2. DEPARTMENT, COMPONENT AND BRANCH ARMY / ARNG		3. SOCIAL SECURITY NO. 315 72 9680	
4.a GRADE, RATE OR RANK PVI		4.b PAY GRADE: E-1		5. DATE OF BIRTH (YYMMDD) 700922	
6. RESERVE OBLIG. TERM. DATE Year 98 Month 10 Day 29		7.a PLACE OF ENTRY INTO ACTIVE DUTY CEDAR LAKE IN			
7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 14157 LEE ST CEDAR LAKE IN 46303				8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND TC CO C 35TH ENGR BN 1ST ENGR BDE USAEC&FLW	
8.b STATION WHERE SEPARATED FORT LEONARD WOOD, MO				9. COMMAND TO WHICH TRANSFERRED CO C 113TH ENGR BN HAMMOND IN 46320	
10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 50000		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.) 12B10 COMBAT ENGINEER 00YRS 00MOS//NOTHING FOLLOWS			
12. RECORD OF SERVICE		Year(s)	Month(s)	Day(s)	
a Date Entered AD This Period		90	11	13	
b Separation Date This Period		91	02	21	
c Net Active Service This Period		00	03	09	
d Total Prior Active Service		00	00	00	
e Total Prior Inactive Service		00	00	13	
f Foreign Service		00	00	00	
g Sea Service		00	00	00	
h Effective Date of Pay Grade		90	10	30	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) SHARPSHOOTER QUALIFICATION BADGE RIFLE M16//MARKSMAN QUALIFICATION BADGE HAND GRENADE//ARMY SERVICE RIBBON//NOTHING FOLLOWS					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) COMBAT ENGINEER 13 WKS FEB 91//NOTHING FOLLOWS					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
			X	Yes No X	
16. DAYS ACCRUED LEAVE PAID 81					
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
18. REMARKS BLOCK 17: NA//NOTHING FOLLOWS					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 14157 LEE ST CEDAR LAKE IN 46303			19.b. NEAREST RELATIVE (Name and address - include Zip Code) LESTER G BURKART 14157 LEE ST CEDAR LAKE IN 46303		
20. MEMBER REQUESTS COPY 6 BE SENT TO <u>IN</u> DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) GRANT D. BATCHELDER GS-7 CH, TRANSITION PT			
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Shane A. Burkart</i>					



STATE OF INDIANA
FEB 25 1991
AM 9:11
RUBEN...
FILED

DD Form 214, NOV 88

Previous editions are obsolete.

MEMBER - 1

23. TYPE OF SEPARATION RELIEF FROM ADT		24. CHARACTER OF SERVICE (Include upgrades) UNCHARACTERIZED	
25. SEPARATION AUTHORITY AR 635-200, CHAP 4		26. SEPARATION CODE LBK	27. REENTRY CODE NA
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF ADT			
29. DATES OF TIME LOST DURING THIS PERIOD NONE			30. MEMBER REQUESTS COPY 4 SAB Initials

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