

91016216 CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) **WEBER JOSEPH CLINTON** 2. DEPARTMENT, COMPONENT AND BRANCH **ARMY / RA** 3. SOCIAL SECURITY NO. **305 | 88 | 3617**

4.a. GRADE, RATE OR RANK **PPC** 4.b. PAY GRADE **E-3** 5. DATE OF BIRTH (YYMMDD) **680309** 6. RESERVE OBLIG. TERM. DATE
 Year 94 | Month 03 | Day 12

7.a. PLACE OF ENTRY INTO ACTIVE DUTY **CHICAGO IL** 7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)
3478 W LAKE SHORE CROWN POINT IN 46307

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND FC **USA DENTAC USAEC&FLW** 8.b. STATION WHERE SEPARATED **FORT LEONARD WOOD, MO**

9. COMMAND TO WHICH TRANSFERRED **12TH SVC CO 12TH SFGP ARLINGTON HTS IL 60005** 10. SGLI COVERAGE 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.) 42D10 DENTAL LABRATORY SPECIALIST 02 YRS 11 MOS//NOTHING FOLLOWS	12. RECORD OF SERVICE			
	Year(s)	Month(s)	Day(s)	
	a. Date Entered AD This Period	86	08	19
	b. Separation Date This Period	90	07	09
	c. Net Active Service This Period	03	10	21
	d. Total Prior Active Service	00	00	00
	e. Total Prior Inactive Service	00	00	00
	f. Foreign Service	00	00	00
	g. Sea Service	00	00	00
h. Effective Date of Pay Grade	90	04	06	

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
ARMY SERVICE RIBBON//EXPERT FIELD MEDICAL BADGE//EXPERT QUALIFICATION BADGE RIFLE M16//MARKSMAN QUALIFICATION BADGE HAND GRENADE//ARMY GOOD CONDUCT MEDAL//NONCOMMISSIONED OFFICER PROFESSIONAL DEVELOPMENT RIBBON-1//ARMY ACHIEVEMENT MEDAL//ARMY COMMENDATION MEDAL//NOTHING FOLLOWS

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)
DENTAL SPECIALIST 6 WKS 86//DENTAL LABRATORY SPECIALIST 19 WKS 87//PRIMARY LEADERSHIP DEVELOPMENT COURSE 4 WKS 89//NOTHING FOLLOWS

15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM Yes No 15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT Yes No 16. DAYS ACCRUED LEAVE PAID **NONE**

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION Yes No

18. REMARKS
BLOCK 6 INCLUDES PERIOD OF DEP: 860313-860818//SUBJECT TO ACTIVE DUTY RECALL AND/OR ANNUAL SCREENING//NOTHING FOLLOWS

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)
3478 W LAKE SHORE CROWN POINT IN 46307 19.b. NEAREST RELATIVE (Name and address - include Zip Code)
CAROL WEBER SAME AS ITEM #19a

20. MEMBER REQUESTS COPY 6 BE SENT TO **TN** DIR. OF VET AFFAIRS Yes No 21. SIGNATURE OF MEMBER BEING SEPARATED
Joseph C. Weber 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)
GRANT D. BATCHELDER GS-7 CH TRANSITION PT

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FROM ACTIVE DUTY **HONORABLE** 25. SEPARATION AUTHORITY **AR 635-200 CHAP 5 SEC II** 26. SEPARATION CODE **MF3** 27. REENTRY CODE **RE-3** 28. NARRATIVE REASON FOR SEPARATION **DIRECTED BY THE SECRETARY OF THE ARMY** 29. DATES OF TIME LOST DURING THIS PERIOD **NONE** 30. MEMBER REQUESTS COPY 4 *JCW* Initials: **MEMBER - 4**

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