

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) **SLANAC, JEFFREY ALLEN** 2. DEPARTMENT, COMPONENT AND BRANCH **AIR FORCE--REG AF** 3. SOCIAL SECURITY NO: **312 80 6021**

4.a. GRADE, RATE OR RANK **SRA** 4.b. PAY GRADE **E-4** 5. DATE OF BIRTH (YYMMDD) **1969 Jan 30** 6. PRESERVE OBLIG. TERM, DATE
Year **N/A** Month Day

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) **SCHEREVILLE IL**

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **STRATCOM/CCC (USSTRATCOM)** 8.b. STATION WHERE SEPARATED **OFFUTT AFB NE**

9. COMMAND TO WHICH TRANSFERRED **NOT APPLICABLE** 10. SGLI COVERAGE None. Amount: \$ **100,000**

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.)
49151, Communications Computer Systems Operations, 3 years, 8 months
49152, Communications Computer Systems Program Specialist, 1 year, 2 months

12. RECORD OF SERVICE

	Year(s)	Month(s)	Day(s)
a. Date Entered AD This Period	1987	Jul	30
b. Separation Date This Period	1992	Jul	30
c. Net Active Service This Period	05	00	01
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	1990	Jul	30

13. DECORATIONS, MEDALS, BADGES, CITATIONS, AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
Air Force Achievement Medal, Air Force Good Conduct Medal, National Defense Service Medal, AF Longevity Service Award Ribbon, NCO Professional Education Graduate Ribbon, Air Force Training Ribbon.

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)
USAF Basic Military Training School, 6 weeks, Sep 1987. NCO Preparatory Course, 2 weeks, Oct 1990.

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 **-2, 5-**

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

18. REMARKS
Term of current enlistment: 6 years.
TAMP Eligible.
Nothing Follows

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)
**8140 Cedar Point Dr., D-95,
Crown Point, IN 46307**

19.b. NEAREST RELATIVE (Name and address - Include Zip Code)
**Alicia Slanac 341 S. Park Dr.
Griffith, IN 46319**

20. MEMBER REQUESTS COPY 6 BE SENT TO TN DIR. OF VET AFFAIRS Yes No 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)
**John P. [Signature] TSgt, USAF
Asst. [Signature] Separation [Signature] [Signature]**

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23. TYPE OF SEPARATION **DISCHARGE** 24. CHARACTER OF SERVICE (Include upgrades) **HONORABLE**

25. SEPARATION AUTHORITY **AFR 39-10** 26. SEPARATION CODE **JFX** 27. REENTRY CODE **20**

28. NARRATIVE REASON FOR SEPARATION: **CONDITIONS THAT INTERFERE WITH MILITARY SERVICE-NOT DISABILITY-MENTAL DISORDERS**

29. DATES OF TIME LOST DURING THIS PERIOD **NONE** 30. MEMBER REQUESTS COPY 4: Yes No Initials: **[Signature]**

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