

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD SAFEGUARD IT

ANY ALTERATIONS IN SHADED AREAS REPEL FORM VOID

DD FORM 1 JUL 79 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle) **BURNS ROBYN EVONNE** 2. DEPARTMENT, COMPONENT AND BRANCH **AIR FORCE - USAFR** 3. SOCIAL SECURITY NO **310 30 1747**

4a. GRADE, RATE OR RANK **SSGT** 4b. PAY GRADE **E-5** 5. DATE OF BIRTH **1961 MAY 04** 6. PLACE OF ENTRY INTO ACTIVE DUTY **TRAVIS AFB**

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **349 USAF CLINIC** 8. STATION WHERE SEPARATED **TRAVIS AFB**

9. COMMAND TO WHICH TRANSFERRED **USAFR** 10. SGLI COVERAGE AMOUNT \$ **50,000** NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY. Additional specialty numbers and titles involving periods of one or more years	12. RECORD OF SERVICE		
	YEAR (i)	MON (i)	DAY (i)
92450 - MEDICAL LABORATORY SPECIALIST 1 YEAR AND 1 MONTH	a. Date Entered AD This Period	1987	MAR 23
	b. Separation Date This Period	1987	DEC 11
	c. Net Active Service This Period	00	08 19
	d. Total Prior Active Service	03	05 00
	e. Total Prior Inactive Service	01	07 00
	f. Foreign Service	00	11 25
	g. Reserve Oblig. Term Grade	84	10 01
	h. Reserve Oblig. Term Date	89	05 23

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
GOOD CONDUCT MEDAL/ARMY SERVICE RIBBON/OVERSEAS SERVICE RIBBON//

14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed)
MEDICAL LABORATORY SPECIALIST, 36 WEEKS, DEC 1987.

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM YES NO

16. HIGH SCHOOL GRADUATE OR EQUIVALENT YES NO

17. DAYS ACCRUED UNPAID **Nov 5 3 47 PM '83**

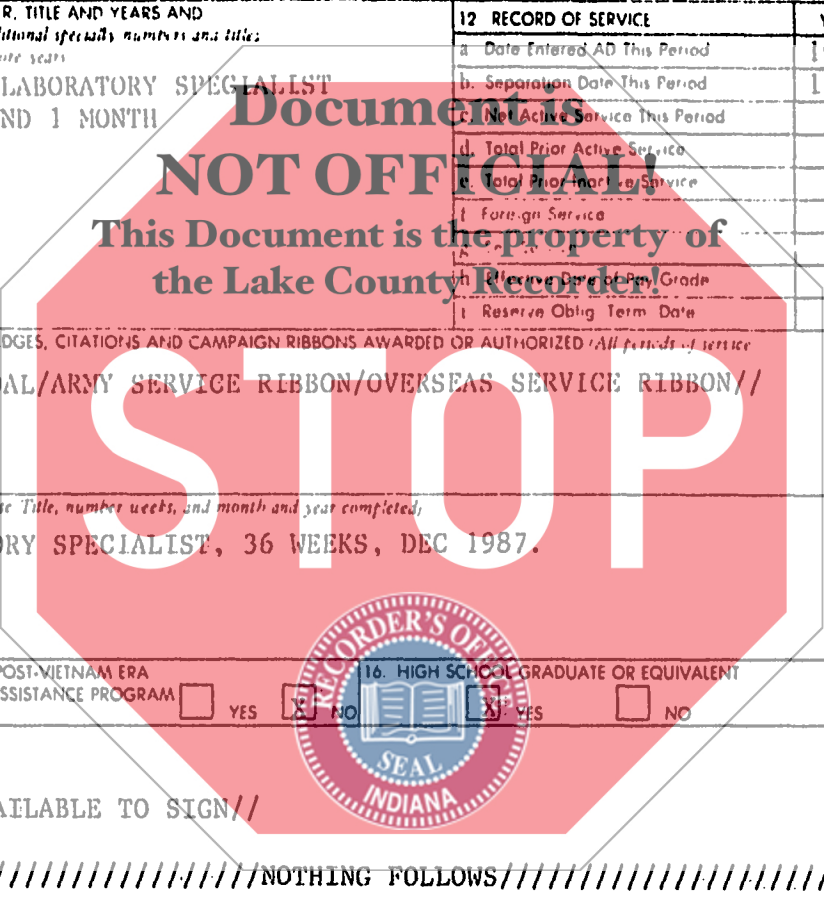
18. REMARKS
*** MEMBER NOT AVAILABLE TO SIGN//**
 ////////////////////////////////////NOTHING FOLLOWS////////////////////////////////////

19. MAILING ADDRESS AFTER SEPARATION
**3737 PIERCE ST.
 GARY, INDIANA 46408**

20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS YES NO

21. SIGNATURE OF MEMBER BEING SEPARATED
MEMBER NOT AVAILABLE TO SIGN

22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN
MARY J. DOMBRYSKI, MSGT, USAFR



STATE OF INDIANA, S. & R.
 LAKE COUNTY
 FILED FOR RECORDER
 Nov 5 3 47 PM '83
 SAMUEL J. FLITCH
 RECORDER



DD FORM 1 JUL 79 214 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE **CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

1. NAME (Last, first, middle) **BURNS, ROBYN EVONNE** 2. DEPARTMENT, COMPONENT AND BRANCH **ATR FORCE - USAFR** 3. SOCIAL SECURITY NO **310 80 1747**

4. GRADE, RATE OR RANK **SSGT** 4b) PAY GRADE **E-5** 5. DATE OF BIRTH **1961 MAY 04** 6. PLACE OF ENTRY INTO ACTIVE DUTY **TRAVIS AFB**

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **349 USAF CLINIC** 8. STATION WHERE SEPARATED **TRAVIS AFB**

9. COMMAND TO WHICH TRANSFERRED **USAFR** 10. SGLI COVERAGE AMOUNT \$ **50,000** NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years)
**92430 - MEDICAL LABORATORY SPECIALIST
1 YEAR AND 1 MONTH**

12. RECORD OF SERVICE		YEAR (s)	MON (s)	DAY (s)
a	Date Entered AD This Period	1987	MAR	23
b	Separation Date This Period	1987	DEC	11
c	Net Active Service This Period	00	08	19
d	Total Prior Active Service	03	05	00
e	Total Prior Inactive Service	01	07	00
f	Foreign Service	00	11	25
g	Sea Service	00	00	00
h	Effective Date of Pay Grade	84	10	01
i	Reserve Obligation Term Date	89	05	23

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
GOOD CONDUCT MEDAL/ARMY SERVICE RIBBON/OVERSEAS SERVICE RIBBON//

14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed)
MEDICAL LABORATORY SPECIALIST, 36 WEEKS, DEC 1987.

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM YES NO

16. HIGH SCHOOL GRADUATE OR EQUIVALENT YES NO

17. DAYS ACCRUED UNPAID LEAVE PAID **22**

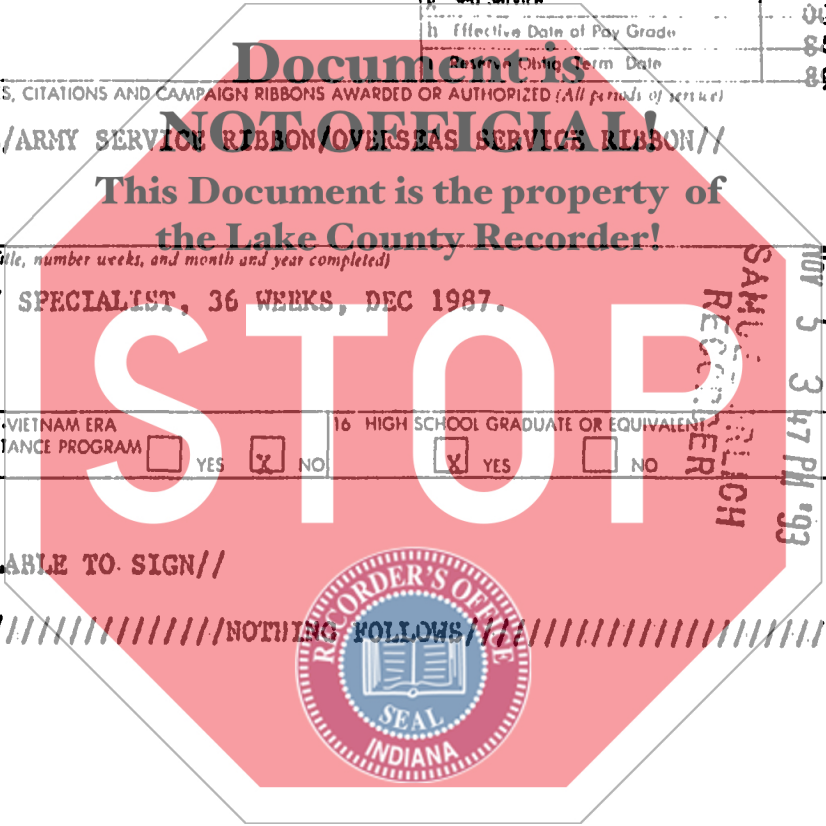
18. REMARKS
*** MEMBER NOT AVAILABLE TO SIGN//**
/////////////////////////////////NOTHING FOLLOWS//

19. MAILING ADDRESS AFTER SEPARATION
**3737 PIERCE ST.
GARY, INDIANA 46403**

20. MEMBER REQUESTS COPY 6 BE SENT TO _____ DIR. OF VET AFFAIRS YES NO

21. SIGNATURE OF MEMBER BEING SEPARATED
MEMBER NOT AVAILABLE TO SIGN

22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN
MARY J. DOMBKOSKI, MSGT, USAFR



SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION: RELEASE FROM ACTIVE DUTY	24. CHARACTER OF SERVICE (Includes upgrades) HONORABLE	
25. SEPARATION AUTHORITY AFR 35-41	26. SEPARATION CODE NA	27. REENLISTMENT CODE NA
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE DUTY TRAINING		
29. DATES OF TIME LOST DURING THIS PERIOD NO TIME LOST	30. MEMBER REQUESTS COPY 4 # INITIALS	