

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

T005772  
ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

## CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) LEE, ROY EDWARD JR		2. DEPARTMENT, COMPONENT AND BRANCH NAVY - USN		3. SOCIAL SECURITY NO. 260   35   3482	
4.a. GRADE, RATE OR RANK OSSN	4.b. PAY GRADE E3	5. DATE OF BIRTH (YYMMDD) 731004		6. RESERVE OBLIG. TERM. DATE Year NA   Month NA   Day NA	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY DES PLAINES, IL		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) GARY, IN			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USS NIMITZ (CVN 68)		8.b. STATION WHERE SEPARATED PERSUPP DET BANGOR WA			
9. COMMAND TO WHICH TRANSFERRED N/A		10. SGLI COVERAGE Amount: \$ 200,000		None	
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.) OS-0000. X X X X X X X		12. RECORD OF SERVICE			
		a. Date Entered AD This Period	92	JUN	22
		b. Separation Date This Period	96	MAY	17
		c. Net Active Service This Period	03	10	26
		d. Total Prior Active Service	00	00	00
		e. Total Prior Inactive Service	00	00	00
		f. Foreign Service	01	11	17
		g. Sea Service	03	02	11
		h. Effective Date of Pay Grade	96	MAR	15
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL, NAVY "E" RIBBON (2), ARMED FORCES EXPEDITIONARY MEDAL, SEA SERVICE DEPLOYMENT RIBBON W/2 BRONZE STARS, X X X X X					
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) OPERATIONS SPECIALIST "A" SCOL, 14 WKS, 92DEC; CMS-II OPERATOR, 1 WK, 95OCT. X X X X X X X X X					
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 NONE					
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
18. REMARKS THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH 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. X X X X DATE: 3/21/2000 BOOK: PAGE: X X DOCUMENT NUMBER: 2000-018775 X X FILED IN THE STATE OF INDIANA, COUNTY OF LAKE X X BY RECORDER: MORRIS W. CARTER X X					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 1002 PARKSIDE DR APT 204 BREMERTON, WA 98310			19.b. NEAREST RELATIVE (Name and address - include Zip Code) JULIA M. LEE 3128 WEST 20TH AVE GARY, IN 46404		
20. MEMBER REQUESTS COPY 6 BE SENT TO WA DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) S. PEARCE, ETC (SN) USN, TRNSECSUPV BYDIROIC		
21. SIGNATURE OF MEMBER BEING SEPARATED X					

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### CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) <b>LEE, ROY EDWARD JR</b>	2. DEPARTMENT, COMPONENT AND BRANCH <b>NAVY - USN</b>	3. SOCIAL SECURITY NO. <b>260 35 3482</b>
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4.a. GRADE, RATE OR RANK <b>OSSN</b>	4.b. PAY GRADE <b>E3</b>	5. DATE OF BIRTH (YYMMDD) <b>731004</b>	6. RESERVE OBLIG. TERM. DATE Year <b>NA</b> Month <b>NA</b> Day <b>NA</b>
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7.a. PLACE OF ENTRY INTO ACTIVE DUTY <b>DES PLAINES, IL</b>	7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) <b>GARY, IN</b>
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8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>USS NIMITZ (CVN 68)</b>	8.b. STATION WHERE SEPARATED <b>PERSUPP DET BANGOR WA</b>
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9. COMMAND TO WHICH TRANSFERRED <b>N/A</b>	10. SGLI COVERAGE Amount: \$ <b>200,000</b>
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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.) <b>OS-0000.</b> X X X X X X	12. RECORD OF SERVICE	Year(s)	Month(s)	Day(s)
	a. Date Entered AD This Period	<b>92</b>	<b>JUN</b>	<b>22</b>
	b. Separation Date This Period	<b>96</b>	<b>MAY</b>	<b>17</b>
	c. Net Active Service This Period	<b>03</b>	<b>10</b>	<b>26</b>
	d. Total Prior Active Service	<b>00</b>	<b>00</b>	<b>00</b>
	e. Total Prior Inactive Service	<b>00</b>	<b>00</b>	<b>00</b>
	f. Foreign Service	<b>01</b>	<b>11</b>	<b>17</b>
	g. Sea Service	<b>03</b>	<b>02</b>	<b>11</b>
	h. Effective Date of Pay Grade	<b>96</b>	<b>MAR</b>	<b>15</b>

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)  
**NATIONAL DEFENSE SERVICE MEDAL, NAVY "E" RIBBON (2), ARMED FORCES EXPEDITIONARY MEDAL, SEA SERVICE DEPLOYMENT RIBBON W/2 BRONZE STARS, X**

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)  
**OPERATIONS SPECIALIST "A" SCOL, 14 WKS, 9 DEC; CIS-IT OPERATOR, 1 WK, 95 OCT.**

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
		<b>X</b>		<b>X</b>		<b>NONE</b>

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

18. REMARKS  
**THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH 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.**

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) <b>1002 PARKSIDE DR APT 204 BREMERTON, WA 98310</b>	19.b. NEAREST RELATIVE (Name and address - include Zip Code) <b>JULIA M. LEE 3128 WRST 20TH AVE GARY, IN 46404</b>
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20. MEMBER REQUESTS COPY 6 BE SENT TO **NA** DIR. OF VET AFFAIRS  Yes  No

21. SIGNATURE OF MEMBER BEING SEPARATED  
*[Signature]*

22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)  
**S D PEARCE, PNC(SW), USN, TRNSEC SUPV BYDIKIC**

#### SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION <b>DISCHARGED</b>	24. CHARACTER OF SERVICE (Include upgrades) <b>UNDER OTHER THAN HONORABLE CONDITIONS</b>
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25. SEPARATION AUTHORITY <b>MILPERSMAN 3630600 BUPERS WASHINGTON DC MSG 250814ZAPR96</b>	26. SEPARATION CODE <b>HKA</b>	27. REENTRY CODE <b>RE-4</b>
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28. NARRATIVE REASON FOR SEPARATION  
**PATTERN OF MISCONDUCT**

29. DATES OF TIME LOST DURING THIS PERIOD <b>TL: NONE</b>	30. MEMBER REQUESTS COPY 4 <input checked="" type="checkbox"/> Initials <i>[Signature]</i>
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