	CERTIFICATE OF R	RELEASE OI	R DISCHARGE FRO	OM ACTIVE	DUTY	KENDE	K FORM
1. NAME (Last First, Middle) FIGUEROA, MOISES	2. DEF	PARTMENT, C	OMPONENT AND BRAN	ІСН	3. SOCI	AL SECURIT	YNUMB
4a. GRADE, RATE OR RANK PV2	b. PAY GRADE	b. PAY GRADE 5. DATE OF BIRTH (YYYYMMDD) 6. RESERVE			OBLIGATIO	82 ON TERMINA	777 TION DA
7a. PLACE OF ENTRY INTO AC DES PLAINES, ILLINOI	CTIVE DUTY	b. HOME OF RECORD AT TIME OF ENTRY (City and			DD) 20141115		
INDINOI	5	630 01177		City and	state, or com	iplete address	; if known)
82 LAST DUTY ACCIONATION		630 CHERR HAMMOND T	NDIANA 46324-00	200			
8a. LAST DUTY ASSIGNMENT	AND MAJOR COMMAND		b. STATION WHERE	SEPARATED			
CO D 369 AG BN SSI TO 9. COMMAND TO WHICH TRA	R TC		FORT JACKSON,				
300 AC DOCUMENT 10050	NSFERRED			207	10 SGLL	COVERAGE	1 100
300 AG POSTAL 18960	SOUTH HALSTED STR	EET HOMEW	OOD IL 60430			INT: \$250,	
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.) 42A10 HUMAN RESOURCES SPEC - 00 YRS 00 MOS//			12. RECORD OF SERV	VICE	YEAR(S)		
			a. DATE ENTERED AD 1		2007	MONTH(S)	
			b. SEPARATION DATE	THIS PERIOD	2007	05	10
			c. NET ACTIVE SERVICE		0000	0.5	24
			d. TOTAL PRIOR ACTIVI		0000	00	15 00
		[e. TOTAL PRIOR INACTI	VE SERVICE	0000	01	24
		1	f. FOREIGN SERVICE		0000	00	00
		1	g. SEA SERVICE		0000	00	0.0
13. DECORATIONS, MEDALS, BARBBONS AWARDED OF AU	ADGES CITATIONS AND O		h. EFFECTIVE DATE OF	PAY GRADE	2006	3.0	
RIBBONS AWARDED OR AU NATIONAL DEFENSE SERV RIBBON//NOTHING FOLLO 15a. MEMBER CONTRIBUTED TO b. HIGH SCHOOL GRADUATE	D D D D D D D D D D D D D D D D D D D	ocun		SPECIALIS	ST, 8 WE	ERS, 200	17//
	This Door	imont in	the agenest	TT OF	⊢	YES	X NO
16. DAYS ACCRUED LEAVE PAID 0	W. MEMBER WAS DROW	DED COMPLE	TE 0 - 11 - 1			X YES	NO.
18. REMARKS	DENTAL SERVICES A	NO TREATMEN	TE DENTAL EXAMINAT NT WITHIN 90 DAYS PR	IOR TO SEPAR	APPROPRIA		YES NO
MEMBER HAS NOT COMPLET	TED EIDER BING BOOK						X
			/ICE//NOTHING F	OLLOWS	Migil	2 007.3(1	Ms
the information contained herein is sub- erification purposes and to determine a 9a. MAILING ADDRESS AFTER SI 30 CHERRY ST AMMOND INDIANA 46324-0	PARATION (Include ZIP Co.	de) b.	nt of Defense or with any of the requirements of a Fed NEAREST RELATIVE LDA M FIGUEROA O CHERRY ST				for
D. MEMBER REQUESTS COPY 6	RESENTAG	HA	MMOND INDIANA	1 6 324-0000	9	••	
. SIGNATURE OF MEMBER BEIN		u	RECTOR OF VETERAN	SAPEATES	-	YES	NO
News Figu		ERESIA R	TOHNSON CONTRACTOR	7		nature)	INU
			JOHNSON, GBALL	TRANSITIO	N CENTER		

23. TYPE OF SEPARATION	L INFORMATION (For use by authorized agencies	S (Only)			
RELEASE FROM ACTIVE DUTY TRAINING 25. SEPARATION AUTHORITY	24. CHARACTER OF SERVICE (Include upgrades) UNCHARACTERIZED				
AR 635-200, CHAP 4 28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE	26. SEPARATION CODE MBK	27. REENTRY CODE NA			
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMME NONE	DD)	30. MEMBER REQUESTS COPY 4 (Initials)			
DD FORM 214-AUTOMATED, FEB 2000	PREVIOUS EDITION IS OBSOLETE. GENERATED BY TRANSPROC	MEMBER - 4			