

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>EVANS LEIGH SCOTT</b>			2. SERVICE NUMBER <b>AF16797582</b>			3. SOCIAL SECURITY NUMBER <del>          </del>			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>"Air Force RegAF"</b>			5a. GRADE, RATE OR RANK <b>SGT</b>		5b. PAY GRADE <b>E-4</b>	6. DATE OF RANK <b>01</b>	MONTH <b>May</b>	YEAR <b>67</b>	
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>Kalamazoo, Michigan</b>			9. DATE OF BIRTH <b>23</b>	MONTH <b>Feb</b>	YEAR <b>45</b>		
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>NA</b>			10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>NA</b>			10c. DATE INDUCTED <b>N/A</b>			
	11a. TYPE OF TRANSFER OR DISCHARGE <b>DISCHARGE</b>			11b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Bunker Hill AFB, Peru, Ind</b>						
TRANSFER OR DISCHARGE DATA	12. REASON AND AUTHORITY <b>SDN 900. Para 3-2, Sec A, Chap 3 AFM 39-10. Expiration of Term of Service</b>						4. EFFECTIVE DATE <b>22</b>	MONTH <b>Apr</b>	YEAR <b>68</b>	
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>305 Security Police Sq (SAC)</b>			13a. CHARACTER OF SERVICE <b>HONORANLE</b>			13b. TYPE OF CERTIFICATE ISSUED <b>DD FM 256AF</b>			
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>NA</b>						15. REENLISTMENT CODE <b>NA</b>			
	16. TERMINAL DATE OF RESERVE/UMTA'S OBLIGATION DAY MONTH YEAR <b>NA</b>			17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER			b. TERM OF SERVICE (Years) <b>4</b>	c. DATE OF ENTRY DAY MONTH YEAR <b>23 Apr 64</b>		
18. PRIOR REGULAR ENLISTMENTS <b>None</b>			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>AB/E-1</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Indianapolis, Ind</b>					
SERVICE DATA	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>1221 Vassar Dr Kalamazoo, Mich 49001</b>			22. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS	
	23a. SPECIALTY NUMBER & TITLE <b>88150, Air Policeman</b>			23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>N/A</b>			a. CREDITABLE FOR BASIC PAY PURPOSES	b. TOTAL ACTIVE SERVICE	c. FOREIGN AND/OR SEA SERVICE	
							(1) NET SERVICE THIS PERIOD	04	00	00
							(2) OTHER SERVICE	00	00	00
							(3) TOTAL (Line (1) plus Line (2))	04	00	00
						b. TOTAL ACTIVE SERVICE	04	00	00	
						c. FOREIGN AND/OR SEA SERVICE	03	00	09	
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>AFGCM (23Apr64- 22Apr67) AFM 900-3 APOUA SOGB-333, 3 Dec 65, DAF NDSM AFM 900-3</b>										
25. EDUCATION AND TRAINING COMPLETED <b>Air Policeman Crse 77130, 1964</b>										
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>No Time Lost</b>			26b. DAYS ACCRUED LEAVE PAID <b>60.0</b>		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		27b. AMOUNT OF ALLOTMENT <b>NA</b>	27c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>	
				28. VA CLAIM NUMBER <b>NA</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE				
REMARKS	30. REMARKS <b>High School Graduate; Blood Group O-Pos; ODSD- 22Aug67. AQE, Aug/63, Mecg 50, Admin 60, Gen 70, Elect 50. NAC, 14 May 64, 4th Dist OSI, Bolling AFB, Wash 25, D.C.</b>									
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AT TIME TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>Same as Item #21</b>					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Leigh S Evans</i>				
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>THOMAS H. CLISTER, 1stLT, USAF Chief, Career Control Section</b>					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>				

DD FORM 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

GPO : 1967 O-239-377

ARMED FORCES OF THE UNITED STATES  
REPORT OF TRANSFER OR DISCHARGE