

**THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.**

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>GINAC TIMOTHY WAYNE</b>		2. SERVICE NUMBER <b>AP12710502</b>		3. SOCIAL SECURITY NUMBER <b>2613</b>				
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE REGAF</b>		5a. GRADE, RATE OR RANK <b>A1C</b>	6. PAY GRADE <b>E3</b>	6. DATE OF RANK <b>UNK</b>	DAY <b>UNK</b>	MONTH <b>UNK</b>	YEAR <b>UNK</b>	
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>SCHEENECTADY NY</b>		9. DATE OF BIRTH <b>25 APR 46</b>	DAY <b>25</b>	MONTH <b>APR</b>	YEAR <b>46</b>	
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>30 (31) 46 121</b>		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB#31 SCHEENECTADY (SCHEENECTADY) NY 12304</b>			c. DATE INDUCTED <b>NA</b>			
	11a. TYPE OF TRANSFER OR DISCHARGE <b>DISCHARGE</b>		b. STATION OR INSTALLATION AT WHICH EFFECTED <b>MCGUIRE AFB NJ</b>						
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>CH 2 SEC AAFM 39-12 &amp; PER TELECON BETWEEN MSGT**</b>		d. EFFECTIVE DATE <b>20 MAY 68</b>	DAY <b>20</b>	MONTH <b>MAY</b>	YEAR <b>68</b>			
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>49 SCTY POL SQ USAF</b>		13a. CHARACTER OF SERVICE <b>UNDER HONORABLE CONDITIONS DDFORM257AF</b>			b. TYPE OF CERTIFICATE ISSUED <b>DDFORM257AF</b>			
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>NA</b>		15. REENLISTMENT CODE <b>RE-2</b>						
SERV. DATA	16. TERMINAL DATE OF RESERVE/UMTRBS OBLIGATION DAY: <b>NA</b> MONTH: <b>NA</b> YEAR: <b>NA</b>		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION 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>AFQT 7B (38-111)</b>			d. TERM OF SERVICE (Years) <b>4</b>		c. DATE OF ENTRY DAY: <b>8</b> MONTH: <b>SEP</b> YEAR: <b>64</b>	
	18. PRIOR REGULAR ENLISTMENTS <b>NA</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>AB</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>ALBANY NY</b>				
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>SCHEENECTADY (SCHEENECTADY) NY 12304</b>		STATEMENT OF SERVICE			YEARS	MONTHS	DAYS	
	23a. SPECIALTY NUMBER & TITLE <b>SCTY POLICE PAFSC 81150</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>NA</b>		a. CREDITABLE FOR BASIC PAY PURPOSES				
					(1) NET SERVICE THIS PERIOD		<b>03</b>	<b>08</b>	<b>13</b>
				(2) OTHER SERVICE		<b>00</b>	<b>00</b>	<b>00</b>	
				(3) TOTAL (Line (1) plus Line (2))		<b>03</b>	<b>08</b>	<b>13</b>	
				b. TOTAL ACTIVE SERVICE		<b>03</b>	<b>08</b>	<b>13</b>	
				c. FOREIGN AND/OR SEA SERVICE		<b>00</b>	<b>11</b>	<b>16</b>	
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>ND5M APA 900-3</b>									
25. EDUCATION AND TRAINING COMPLETED <b>NA</b> COUNTY CLERK'S OFFICE 95 FEB 14 AM 11:42 SCHEENECTADY, N. Y.									
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>UNKNOWN</b>		b. DAYS ACCRUED LEAVE PAID <b>NOT PAID SEE ITEM #30</b>		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT <b>NA</b>		
	28. VA CLAIM NUMBER <b>NA</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$0.000 <input type="checkbox"/> \$5.000 <input type="checkbox"/> NONE						
REMARKS	30. REMARKS <b>** DEASON HQ USAF &amp; A1C ANDERSON DTD 20MAY68 (SDN 265) HIGH SCHOOL GRADUATED BLOOD GROUP A POS M-40 A-65 G-60 E-40 DTD JUL 64 OBSD 16 MAY 68 ACCRUED LV TO BE CLAIMED SEPARATED FROM THE SERVICE ON TEMPORARY RCDS AND MEMBER'S AFFIDAVIT</b>								
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER 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>Timothy W. Ginac</i>				
AUTHENT.	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>G L GILCHRIST 2D LT USAF</b>				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN				