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|---|--|--|---|---|---|---|--|---|---|--|-----------|--|
| 1. LAST NAME - FIRST NAME - MIDDLE NAME KEIFE STEPHEN ROBERT | | | | 2. SERVICE NUMBER AF18839873 | | | 3. SOCIAL SECURITY NUMBER 4318 | | | | | |
| 4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS Air Force RegAF | | | | 5a. GRADE, RATE OR RANK SSGT | | 5b. PAY GRADE E5 | | 6. DATE OF RANK DAY: 01 MONTH: Jul YEAR: 71 | | | | |
| 7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | 8. PLACE OF BIRTH (City and State or Country) Long Beach, CA | | | | 9. DATE OF BIRTH DAY: 24 MONTH: Nov YEAR: 47 | | | | | |
| 10a. SELECTIVE SERVICE NUMBER 4 115 47 3097 | | | 10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB#115, Downey, Los Angeles Co., CA | | | | 11. DATE INDUCTED DAY: NA MONTH: NA YEAR: NA | | | | | |
| 11a. TYPE OF TRANSFER OR DISCHARGE Release from active duty | | | | 11b. STATION OR INSTALLATION AT WHICH EFFECTED Norton AFB, San Bernardino, California | | | | | | | | |
| 12. REASON AND AUTHORITY AFM 39-10, chap 3, sec B, para 3-8c (SDN4.11) COG | | | | 13. CHARACTER OF SERVICE Honorable | | 14. EFFECTIVE DATE DAY: 08 MONTH: Oct YEAR: 71 | | 15. TYPE OF CERTIFICATE ISSUED NA | | | | |
| 16. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED ARPC (ORS) | | | | 17. REENLISTMENT CODE 1 | | | | | | | | |
| 18. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY: 13 MONTH: Oct YEAR: 72 | | | 19. 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 AFQT 49 | | | | 20. TERM OF SERVICE (Years) 10 4 72 | | 21. DATE OF ENTRY DAY: 16 MONTH: Dec YEAR: 66 | | | |
| 22. PRIOR REGULAR ENLISTMENTS None | | | 23. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC AB | | | 24. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Los Angeles, CA | | | | | | |
| 25. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) Whittier, CA | | | 26. STATEMENT OF SERVICE | | | | | | | | | |
| 27. SPECIALTY NUMBER & TITLE 81150 Scty Pol Dog Handler | | | 28. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER Guard 372.868 | | 29. CREDIBLE FOR BASIC PAY PURPOSES | | 30. YEARS | | 31. MONTHS | | 32. DAYS | |
| | | | | | (1) NET SERVICE THIS PERIOD | | 04 | | 09 | | 23 | |
| | | | | | (2) OTHER SERVICE | | 00 | | 02 | | 03 | |
| | | | | | (3) TOTAL (Line (1) plus Line (2)) | | 04 | | 11 | | 26 | |
| | | | | | 33. TOTAL ACTIVE SERVICE | | 04 | | 09 | | 23 | |
| | | | | | 34. FOREIGN AND/OR SEA SERVICE | | 04 | | 05 | | 12 | |
| 24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM VSM RVCM AFOUA AFGCM AFLSA | | | | | | | | | | | | |
| 25. EDUCATION AND TRAINING COMPLETED | | | | | | | | | | | | |
| Air Policeman Crs 77130 67 | | | | | | | | | | | | |
| Upgrade Tng Gen Subj ECI 10000 67 | | | | | | | | | | | | |
| Air Police Spvr Crs ECI 77150 67 | | | | | | | | | | | | |
| Scty Pol Gmbt Prep Crs 3AZR81150 70 | | | | | | | | | | | | |
| 26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) No Time Lost | | | 26b. DAYS ACCRUED LEAVE PAID 60.0 | | 27. INSURANCE IN FORCE (NSLI or USGLD) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 28. AMOUNT OF ALLOTMENT NA | | 29. MONTH ALLOTMENT DISCONTINUED NA | | | |
| | | | 26c. VA CLAIM NUMBER NA | | 29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE <input checked="" type="checkbox"/> \$15,000 | | | | | | | |
| 30. REMARKS HIGH SCHOOL GRADUATE BLOOD GROUP O-POS AGE SCORE G40 A60 M25 E55 INAC COMP 23JAN67 FILED DOD NAC CENTER FT-HOLABIRD MD ODS 8OCT71. I HAVE BEEN COUNSELED AS TO CONDITIONS FOR MY REENTRY INTO THE AIR FORCE AND I UNDERSTAND THAT EVERY FORMER AIR FORCE MEMBER MUST MEET THE ENLISTMENT STANDARDS IN EFFECT AT THE TIME OF HIS APPLICATION. EXTENSION OF SERVICE WAS AT THE REQUEST AND FOR THE CONVENIENCE OF THE GOVERNMENT. | | | | | | | | | | | | |
| 31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 209 Moores St. Jackson, MS 39208 | | | | | | 32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Stephen R Keife</i> | | | | | | |
| 33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER TIMOTHY J. SONNENBERG, 2nd Lt, USAF Asst Chief, Processing Section | | | | | | 34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Timothy J. Sonnenberg</i> | | | | | | |