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|---|---|----|---|---|--|---|--|---|--------|---|
| PERSONAL DATA   | 1. LAST NAME - FIRST NAME - MIDDLE NAME<br><b>KASPER CHARLES WAYNE</b>  |    |   | 2. SERVICE NUMBER<br><b>AF68036669</b>  |  |   | 3. SOCIAL SECURITY NUMBER<br><b>██████ 2504</b>        |   |        |   |
|   | 4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS<br><b>AIR FORCE REGAF</b>  |    |   | 5a. GRADE, RATE OR RANK<br><b>SGT</b>   |  | 5b. PAY GRADE<br><b>E-4</b>   | 6. DATE OF RANK<br><b>1 MAY 70</b>                     | DAY                                     | MONTH  | YEAR  |
|   | 7. U S CITIZEN<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |    | 8. PLACE OF BIRTH (City and State or Country)<br><b>CHARLESTON SOUTH CAROLINA</b> |   |  |   | 9. DATE OF BIRTH<br><b>3 MAR 48</b>                    | DAY                                     | MONTH  | YEAR  |
| SELECTIVE SERVICE DATA  | 10a. SELECTIVE SERVICE NUMBER<br><b>11 111 48 0153</b>  |    |   | 10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE<br><b>IB#111BERWYN ILLINOIS 60546</b>   |  |   | 10c. DATE INDUCTED<br><b>NA</b>                        |   |        |   |
|   | 11 a. TYPE OF TRANSFER OR DISCHARGE<br><b>DISCHARGE</b>   |    |   | 11 b. STATION OR INSTALLATION AT WHICH EFFECTED<br><b>MCGUIRE AFB NJ</b>  |  |   |  |   |        |   |
| TRANSFER OR DISCHARGE DATA  | 12. REASON AND AUTHORITY <b>LTR DTD 21JUL71 48 CSGP COG PARA 2-4B CH2 SEC A S.L.A. 264 AFM 39-12</b>  |    |   |   |  | 13. EFFECTIVE DATE<br><b>31 JUL 71</b>  | DAY  | MONTH                                   | YEAR   |   |
|   | 12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND<br><b>48 CSGP USAF</b>   |    |   | 13 a. CHARACTER OF SERVICE<br><b>HONORABLE</b>  |  |   | 13 b. TYPE OF CERTIFICATE ISSUED<br><b>DD FM 256AF</b> |   |        |   |
|   | 14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED<br><b>NA</b>   |    |   |   |  |   | 15. REENLISTMENT CODE<br><b>RE 2</b>                   |   |        |   |
|   | 16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION<br><b>NA</b>   |    |   | 17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION<br>a. SOURCE OF ENTRY<br><input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED<br><input type="checkbox"/> OTHER |  |   | 17 b. TERM OF SERVICE (Years)<br><b>3 1/2</b>          | 17 c. DATE OF ENTRY<br><b>12 JUN 68</b> |        |   |
| 18. PRIOR REGULAR ENLISTMENTS<br><b>NONE</b>  |   |    | 19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC<br><b>AB</b>     |   | 20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)<br><b>CHICAGO ILLINOIS</b> |   |  |   |        |   |
| 21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE<br>(Street, RFD, City, County, State and ZIP Code)<br><b>389 OLMSTEAD RD RIVERSIDE ILLINOIS 60546</b>   |   |    | 22. STATEMENT OF SERVICE  |   |  |   |  |   |        |   |
| 23 a. SPECIALTY NUMBER & TITLE<br><b>81150 SECURITY POLICEMAN</b>   |   |    | 23 b. RELATED CIVILIAN OCCUPATION AND D.O.T NUMBER<br><b>NA</b>                   |   |  | a. CREDITABLE FOR BASIC PAY PURPOSES  | (1) NET SERVICE THIS PERIOD                            | YEARS                                   | MONTHS | DAYS  |
|   |   |    |   |   |  | (2) OTHER SERVICE   | 00   | 00                                      | 00     |   |
|   |   |    |   |   |  | (3) TOTAL (Line (1) plus Line (2))  | 03   | 00                                      | 19     |   |
|   |   |    |   |   |  | b. TOTAL ACTIVE SERVICE   | 03   | 00                                      | 19     |   |
| c. FOREIGN AND/OR SEA SERVICE   | 01  | 09 | 24  |   |  |   |  |   |        |   |
| 24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED<br><b>NDSM AFM 900-3 SAEMR AFM900-3<br/>VSM AFM 900-3 AFOUA AFM 900-3<br/>RVCM AFM 900-3 PUC AFM 900-3</b> |   |    |   |   |  |   |  |   |        |   |
| 25. EDUCATION AND TRAINING COMPLETED<br><b>SECURITY POLICEMAN CRSE 3ABR 81130 COMPL 68<br/>SECURITY POLICE CMBT PRED CRSE 3AZR 81150 COMPL 69</b>   |   |    |   |   |  |   |  |   |        |   |
| VA AND EMP. SERVICE DATA  | 26 a. NON-PAY PERIODS/TIME LOST (Preceding Two Years)<br><b>NO TIME LOST</b>  |    |   | 26 b. DAYS ACCRUED LEAVE PAID<br><b>SEE ITEM 30</b>   |  | 27 a. INSURANCE IN FORCE (NSLI or USGLI)<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                 |  | 27 b. AMOUNT OF ALLOTMENT<br><b>NA</b>  |        | 27 c. MONTH ALLOTMENT DISCONTINUED<br><b>NA</b> |
|   | 28. VA CLAIM NUMBER<br><b>C- NA</b>   |    |   | 29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE<br><input checked="" type="checkbox"/> \$10,000 <input checked="" type="checkbox"/> \$25,000 <input type="checkbox"/> NONE   |  |   |  |   |        |   |
| REMARKS   | 30. REMARKS<br><b>HIGH SCHOOL GRAD BLOOD GROUP AB POS LNAC 2AUG68 DOD NACC FT HOLABIRD MD ACE G65<br/>A70 M55 E55 ODSD 30JUL71 MEMBER 29 DAYS EXCESS LV</b> |    |   |   |  |   |  |   |        |   |
| ACTION  | 31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code)<br><b>SEE ITEM 21</b>                |    |   |   |  | 32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED<br> |  |   |        |   |
|   | 33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER<br><b>P T PRATT MSGT USAF</b>  |    |   |   |  | 34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN<br>             |  |   |        |   |