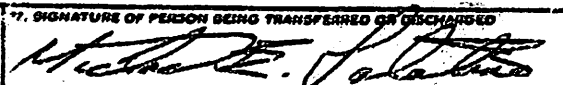
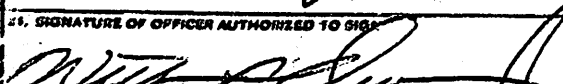


PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME SALATINO MICHAEL EDWARD			2. SERVICE NUMBER AF 16906586			3. SOCIAL SECURITY NUMBER 353 40 4258																					
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF			5a. GRADE, RATE OR RANK E-4	5b. PAY GRADE E-4	6. DATE OF RANK 01	7. DAY 01	8. MONTH Jan	9. YEAR 70																			
	7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			8. PLACE OF BIRTH (City and State or Country) Chicago, Ill.			9. DATE OF BIRTH 13	10. MONTH Nov	11. YEAR 48																			
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 11 103 48 926			10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE IB# 103, Des Plaines, Cook, Ill.			10c. DATE INDUCTED N/A																					
	11a. TYPE OF TRANSFER OR DISCHARGE Release from active duty			11b. STATION OR INSTALLATION AT WHICH EFFECTED LANGLEY AFB, Hampton, Virginia																								
TRANSFER OR DISCHARGE DATA	12. REASON AND AUTHORITY SP4 320, 100-1, Part 3-58, AFM 39-10 (000)						13. EFFECTIVE DATE 04	14. MONTH Jun	15. YEAR 71																			
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 4500 SP Sq (TAC)			13. CHARACTER OF SERVICE HONORABLE			14. TYPE OF CERTIFICATE ISSUED N/A																					
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED USAFR						15. REENLISTMENT CODE RE-1																					
SERVICE DATA	16. TERMINAL DATE OF RESERVE/UNIT'S CELEBRATION 4 Sep 73			17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (For Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER AFQT: 70 25 IV			18. TERM OF SERVICE (Years) 4	19. DATE OF ENTRY 05 Sep 67																				
	18. PRIOR REGULAR EMPLOYMENTS NONE			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC AB E-1			20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Chicago, Ill.																					
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Spec, RFD, City, County, State and ZIP Code) 3124 North Haber St., Melrose Park, Cook, Ill. 60164			22. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS																			
	23a. SPECIALTY NUMBER & TITLE PAPSO: 81250 Law Enforcement			23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER			22. STATEMENT OF SERVICE (Continued)																					
							<table border="1"> <tr> <td>a. NET SERVICE THIS PERIOD</td> <td>03</td> <td>09</td> <td>00</td> </tr> <tr> <td>b. OTHER SERVICE</td> <td>00</td> <td>00</td> <td>00</td> </tr> <tr> <td>c. TOTAL (Line (a) plus Line (b))</td> <td>03</td> <td>09</td> <td>00</td> </tr> <tr> <td>d. TOTAL ACTIVE SERVICE</td> <td>03</td> <td>09</td> <td>00</td> </tr> <tr> <td>e. FOREIGN AND/OR SEA SERVICE</td> <td>01</td> <td>03</td> <td>15</td> </tr> </table>			a. NET SERVICE THIS PERIOD	03	09	00	b. OTHER SERVICE	00	00	00	c. TOTAL (Line (a) plus Line (b))	03	09	00	d. TOTAL ACTIVE SERVICE	03	09	00	e. FOREIGN AND/OR SEA SERVICE	01	03
a. NET SERVICE THIS PERIOD	03	09	00																									
b. OTHER SERVICE	00	00	00																									
c. TOTAL (Line (a) plus Line (b))	03	09	00																									
d. TOTAL ACTIVE SERVICE	03	09	00																									
e. FOREIGN AND/OR SEA SERVICE	01	03	15																									
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND COMPANION RIBBONS AWARDED OR AUTHORIZED 1. HDEM, AFM 900-3. 2. VEM, AFM 900-3. 3. AFJOM, (58Sep67-48Sep70), AFM 900-3.																												
25. EDUCATION AND TRAINING COMPLETED Scty Policeman-SP Supvr Crse 81150 (ECI), 69. Upgrade Tng Gen Subjects Crse-10000 (ECI), 69. Traffic Safety Crse, 68. Cmbt Scty Police Crse, 69.																												
VA AND EMP. SERVICE DATA	26. NON-PAY PERIODS/TIME LOST (Preceding Two Years) NO TIME LOST			27. DAYS ACCRUED LEAVE PAID 20		28. INSURANCE IN FORCE (TRICARE or USOL) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		29. AMOUNT OF ALLOTMENT N/A																				
	30. VA CLAIM NUMBER NONE			31. SERV. MEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input checked="" type="checkbox"/> \$5,000 <input type="checkbox"/> NONE																								
REMARKS	32. REMARKS High School Grad, 67. Blood Group: A Neg. Hb. M20/A45/660/520. INAC conducted 25 Sep 67, DOD HAO Center, Ft. Holabird, Md. 21219. ODSB: 31 Aug 69. 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.																											
AUTHENTICATION	33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Spec, RFD, City, County, State and ZIP Code) Same as item 21.				34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 																							
	35. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER WILLIAM A OWENS JR, MSGT, USAF NCOIC R&S				36. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 																							

DD FORM 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

1

