

DD	FORM 1 JUL 79	214	PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.	CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY	
1. NAME (Last, first, middle) HATTON, LESLIE ALLENDER		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/USAR		3. SOCIAL SECURITY NO.	
4a. GRADE, RATE OR RANK PVI	4b. PAY GRADE E-1	5. DATE OF BIRTH 671024	6. PLACE OF ENTRY INTO ACTIVE DUTY Lexington, KY		
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Co. D 4th Bn 1st SSB USAS&FG TRADOC TC		8. STATION WHERE SEPARATED Fort Gordon, GA			
9. COMMAND TO WHICH TRANSFERRED 810th Conv Ctr 151 VO Tech Rd, Lexington, KY 40510			10. SGU COVERAGE AMOUNT \$ <u>35</u> 000 <input type="checkbox"/> NONE		
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) 31K10 Combat Signaler		12. RECORD OF SERVICE			
		a. Date Entered AD This Period	YEAR (y)	MON (m)	DAY (d)
		b. Separation Date This Period	85	05	04
		c. Net Active Service This Period	00	05	07
		d. Total Prior Active Service	00	00	00
		e. Total Prior Inactive Service	00	00	21
		f. Foreign Service	00	00	00
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Army Service Ribbon Marksman (Rifle)		g. Sea Service			
14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) Combat Signaler Crs, 8 wks & 4 days (Apr 85)		h. Effective Date of Pay Grade			
15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. HIGH SCHOOL GRADUATE OR EQUIVALENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. DAYS ACCRUED LEAVE PAID None	
18. REMARKS NA					
19. MAILING ADDRESS AFTER SEPARATION 619 Warrington Dr Lexington, KY 40505			20. MEMBER REQUESTS COPY 6 BE SENT TO <u>KY</u> DIR. OF VEI AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Leslie A. Hatton</i>		22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN EMILIE R. MILLER, GS7, DAC, C, Sep Trf Pt			

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION Relief from ADT	24. CHARACTER OF SERVICE (Includes upgrades) Honorable		
25. SEPARATION AUTHORITY AR 635-200, para 16-9a	26. SEPARATION CODE MCD	27. REENLISTMENT CODE NA	
28. NARRATIVE REASON FOR SEPARATION Reserve Component personnel upon completion of MOS training			
29. DATES OF TIME LOST DURING THIS PERIOD None			30. MEMBER REQUESTS COPY 4 LAH INITIALS

