CI	ERTIFICATE OF RE	LEASE OR	DISCHARGE FRO	OM ACTIVE D	UTY	KENDE	K FOI	RM VOI	
1. NAME (Last, First, Middle) DAY, PHILLIP MICHAEL	This Report Contains Info 2. DEP/ ARMY/1	ARTMENT, CO	MPONENT AND BRAI			L SECURI		IMBER 1924	
4a. GRADE, RATE OR RANK SPC	b. PAY GRADE E04	10				ION TERMINATION DATE			
104 HICKO			RECORD AT TIME OF SECOND SECON		nd state, or co	mplete addi	ess if k	nown)	
8a. LAST DUTY ASSIGNMENT A 030007INHHC CBT ARMS			b. STATION WHER FORT STEWART	E SEPARATED	314	500000000	NOW,		
9. COMMAND TO WHICH TRANDET 1, 149 EN VT CON	, (WYOLA1), 345		RIVE, OLIVE HI	ILL, KY	10. SGLI C	OVERAG	_	NONE	
11. PRIMARY SPECIALTY (List no			12. RECORD OF SE	RVICE	YEAR(S)	MONTH(S) D	AY(S)	
specialty. List additional specialty	numbers and titles involving	periods of	a. DATE ENTERED A		2009	08		11	
one or more years.)			b. SEPARATION DAT		2012	11		30	
11B10 INFANTRYMAN - : FOLLOWS	2 YRS 11 MOS//NO	OTHING	c. NET ACTIVE SERV		0003	03		20	
FOLLOWS			d. TOTAL PRIOR ACT		0000	00		00	
			e. TOTAL PRIOR INA		0000	. 00		00	
			f. FOREIGN SERVICE	E	0000	00		00	
			g. SEA SERVICE		0000	00		00	
			h. INITIAL ENTRY TR.	AINING	0000	04		06	
13. DECORATIONS, MEDALS, B			i. EFFECTIVE DATE (2011	04		01	
//ARMY SERVICE RÍBBON RIBBON//NOTHING FOLLO	N//OVERSEAS SERV DWS	VICE							
15a. COMMISSIONED THROUGH SE						YES	X	NO	
b. COMMISSIONED THROUGH RO						YES	X	NO	
c. ENLISTED UNDER LOAN REPA	YMENT PROGRAM (10 USC	C Chap. 109) (If Y	es, years of commitment:	<u>NA</u>)		YES	X	NO	
16. DAYS ACCRUED LEAVE PAID 0.5	17. MEMBER WAS PRO DENTAL SERVICES	OVIDED COMP S AND TREATM	LETE DENTAL EXAM MENT WITHIN 90 DAY	INATION AND A	LL APPRO	PRIATE	YES	NO X	
18. REMARKS ////////////////////////////////////	REA//SERVICE IN	1 IRAO 201	//////////////////// 090511-2009081 00710-2011061	///////// 0//SERVED 0//MEMBER	////////IN A DE HAS COM	/////// SIGNAT IPLETED	///// ED FIR	////// ST	
The information contained herein is sub purposes and to determine eligibility for 19a. MAILING ADDRESS AFTER	, and/or continued complianc	e with, the require	b. NEAREST RELAT	fit program.				rification	
201 TARKILN HILL RD OLIVE HILL KENTUCKY 4	1164-0000		MARTHA DAY 201 TARKILN H <u>OLIVE HILL KE</u>	NTUCKY 411	<u>64-000</u> 0	or property of			
20. MEMBER REQUESTS COPY	6 BE SENT TO (Specify sta	ate/locality)	KY OFF	ICE OF VETERA	ANS AFFAIR	RS X Y	S	NO	
a. MEMBER REQUESTS COPY (WASHINGTON, DC)	S BE SENT TO THE CEN	I RAL OFFICE	OF THE DEPARTMEN	NT OF VETERAL	NS AFFAIRS	S X YI	S	NO	
21.a. MEMBER SIGNATURE ESIGNED BY: DAY.PHILL MICHAEL.1386765550	20121019	SIGNED BY	AUTHORIZED TO SIG : WRIGHT.WAND	A.D.105436	6490	2	DATE (YYYY) 0121	MMDD)	

23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY	MATION (For use by authorized agencies only) 24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY AR 635-200, CHAP 4	26. SEPARATION CODE MBK	27. REENTRY CODE
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE		
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE		30. MEMBER REQUESTS COPY 4