

AR 635-40 CH 4 (JEA,JEB,JEE)
(Medical Disability Separations)
Not eligible for IRR

Transition Office must have the following documents before separation orders can be processed:

_____ 1. Immediately upon initiation of Medical Board report to Transition Center at Soldier Support Center, 2ND Flr. Wing B. Bring the following documents:

- SGLV-8286 (Current within 12 months)
- DD Form 93 (Current within 12 months)
- Initial Contract 4/1, 4/2/ 4/3 (no 4/3 if prior service)
- STP (Soldier Talent Profile)

If applicable

- Reenlistment Contract 4/1
- Extensions (DD Form 1695)
- DD 214s (prior service)
- If you have a FLAG for adverse action, your FLAG must be removed. (DA Form 268, Suspension Favorable Personnel Actions Section III of the form must be completed & provided to TC along with an updated ERB with no FLAG code). **If FLAG is not removed you will not be able to pick up final DD Form 214.**
- DA Form 4187 is required for loss time (AWOL or Confinement)
- Reduction in grade (provide UCMJ)

Upon signing DA Form 199

_____ 2. Counseling statement signed by Soldier and Company Commander (**see reverse** example, must be retyped. Commander must complete within 3 days of the Soldier's notification).

_____ 3. If you are taking **transitional leave a IPPS-A leave form must** be in your packet signed by the approving authority.

_____ 3. (CIF) Clothing Transaction Record - Automated DA Form 3645 "Zero Balance"

_____ 4. **If promotable** and Disability Branch allows promotion on effective day of separation, must provide Promotion orders or DA Form 4187.

_____ 5. Request for extension with justification and LES. (All request for **extension** must be signed by Soldier's first Colonel/06 in chain of command) Requests are forwarded to the U. S. Army Physical Disability Agency (USAPDA) for approval by Transition Center.

PLEASE NOTE ORIGINAL AND COPY MUST BE IN A FOLDER FOR CHAPTERS SECTION

See Reverse for Counseling Statement

EXAMPLE

COUNSELING STATEMENT

1. I (Soldier's Full Name) have been counseled in accordance with Army Directive 2021-05 pertaining to my election of a separation date to medically separate from the Army. (____) Soldier's Initials
2. I understand that should I elect to be separated prior to the 20th of the month that this decision could result in overpayment by the Army which would create a debt that I will be responsible to repay. (____) Soldier's Initials
3. I understand that DVA service connection for disability incurred in or aggravated by military service may be established from the day following my date of separation from the Army. By law entitlement to payment is not authorized until the first of the month following the month in which service connection is established. DVA compensation is pay, like military pay, in arrears. Because of these rules, I understand that electing a separation date earlier in the month will result in a corresponding delay in receipt of DVA payments and I must plan accordingly. (____) Soldier's Initials
4. I understand that should I elect to be separated on the last day of the month, this decision will result in the loss of one month of veterans' disability benefits and payments. (____) Soldier's Initials
5. I request to be separated on: _____ (DATE) (____) Soldier's Initials

Commander/counselor signature

Soldier's signature

(1 for SM, 1 for UNIT, ORIGINAL PACKET and a COPY for CHAPTERS SECTION)

PLEASE ENSURE THAT SERVICE MEMBERS FLAG IS REMOVED (IPPSA PAR), OTHERWISE SERVICE MEMBER WILL NOT BE ABLE TO PICK UP HIS/HER FINAL DD 214

PLEASE NOTE ORIGINAL AND COPY MUST BE IN A FOLDER FOR CHAPTERS SECTION

WE DO NOT MAKE COPIES

Revised 01 APR 2024