

TRANSITION CENTER WORKSHEET

(WRITE LEGIBLY)

PRIVACY ACT STATEMENT: Authority Title 5, U.S.C., Section 301

PRINCIPAL PURPOSE: Routine use: to determine permanent mailing address, nearest relative and address, terminal leave information, separation preference, and VEAP participation.

DISCLOSURE: Disclosure is voluntary; however, without information Transition Center cannot ensure correct information for the preparation of separation documents.

NAME (LAST, FIRST, MI) _____ SSN _____ RANK _____

UNIT _____ DIVISION/MSC (I.E. 1CD, 3RD CR, 1ST MED BDE) _____ ETS DATE _____

1. PERMANENT MAILING ADDRESS FOLLOWING SEPARATION (PLEASE PRINT)

STREET: _____

CITY: _____ STATE _____ ZIP _____

HOME PH# (____) _____ - _____ (AFTER SEPARATION)

2. NAME OF NEAREST RELATIVE AND ADDRESS (OTHER THAN SPOUSE, PLEASE PRINT)

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PH# (____) _____ - _____

3. DEPENDENTS: YES _____ NO _____

YOUR PERMANENT MAILING ADDRESS WILL BE USED BY ARPERSCOM AND THE VETERANS ADMINISTRATION FOR MAILING PURPOSES FOR ALL OFFICIAL CORRESPONDENCE.

4. I DEPLOYED TO A COMBAT AREA? YES _____ NO _____. IF YES HOW MANY TIMES? _____.

WHAT COUNTRIES _____.

5. MY SEPARATION DATE OR START OF TRANSITION LEAVE STARTS ON (DATE) _____.

6. I CONSENT TO THE RELEASE OF MY POST ETS MAILING ADDRESS TO THIRD PARTIES.

YES _____ NO _____

7. I PLAN TO TAKE _____ DAYS TRANSITION LEAVE. LEAVE ENDS ON ETS DATE. COUNT BACK THE NUMBER OF DAYS ACCRUED AS OF ETS TO DETERMINE START DATE. (HALF DAYS WILL NOT BE INCLUDED. PAYMENT WILL BE MADE FOR HALF DAYS.)

8. WORK EMAIL ADDRESS: _____

9. DAYTIME PHONE WHERE I CAN BE REACHED: (CELL PHONE IS BEST) _____

WORK PHONE _____ SIGNATURE _____ DATE _____