



# U.S. ARMY GARRISON HAWAII

Installation Management Command | We are the Army's Home

## VOLUNTARY/INVOLUNTARY SEPARATION COVERSHEET

(BLDG 750, ROOM 200)

inbox: [usarmy.schofield.id-pacific.mbx.transition-center-hawaii@mail.mil](mailto:usarmy.schofield.id-pacific.mbx.transition-center-hawaii@mail.mil)

\*\*\*WRITE CLEARLY\*\*\*

RANK: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MI: \_\_\_\_\_

FULL SSN: \_\_\_\_\_ UNIT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS \_\_\_\_\_ AFTER \_\_\_\_\_ SEPARATION: \_\_\_\_\_

NEAREST RELATIVE NAME & ADDRESS (NOT SPOUSE): \_\_\_\_\_

### COMMAND SPONSORED NAME(S) /RELATIONSHIP/DATE OF BIRTH

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

ESCORT NAME & PHONE: \_\_\_\_\_

1SG NAME & PHONE: \_\_\_\_\_

COMMANDER NAME & PHONE: \_\_\_\_\_



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-----SECTION BELOW TO BE FILLED OUT BY TRANSITION COUNSELOR-----

SEP PAY ELIGIBLE: YES / NO    LEAVE/PDTY ELIGIBLE: YES / NO    SGLI: \$ \_\_\_\_\_

THC ELIGIBLE: YES / NO    THC END DATE: \_\_\_\_\_    TAKING LEAVE: \_\_\_\_\_

CHARACTER OF SERVICE: \_\_\_\_\_    SPD/RE CODE: \_\_\_\_\_    UIC: \_\_\_\_\_

AVAIL DATE: \_\_\_\_\_    REPORT DATE: \_\_\_\_\_    SEP DATE: \_\_\_\_\_

PRIOR SERVICE: \_\_\_\_\_    NOTES: \_\_\_\_\_

RE-ENLISTMENT: \_\_\_\_\_

DEPLOYMENTS: \_\_\_\_\_