

SEPARATION INFORMATION SHEET

ETS

VOLUNTARY/INVOLUNTARY

MEDICAL SEPARATION

RANK: _____ LAST: _____ FIRST: _____ M.I. _____

SSN: _____ - _____ - _____ UNIT: _____ UNIT PHONE #: _____

PHONE NUMBER: _____ EMAIL: _____

ADDRESS AFTER SEPARATION: _____

NEAREST RELATIVE NAME AND ADDRESS: _____

COMMAND SPONSORED DEPENDENTS: _____

COMMADE AND 1SG NAME: _____

COMMANDER AND 1SG PHONE NUMBER: _____

S1 EMAIL AND PHONE NUMBER: _____

SECTION BELOW TO BE FILLED OUT BY TRANSITION COUNSELOR

HOR: _____ EAD: _____

THC: YES/NO SEPARATION PAY: YES/NO 1 YEAR HOS: YES/NO RESERVE/GUARD: YES/NO

CSB REDUX: YES/NO 7 DAY CUT: _____ DA FORM RECEIVED: _____

PRIOR SERVICE: YES/NO REENLISTMENTS: _____

SPD CODE: _____ NRR: _____ NLT: _____ SEP DATE: _____

AVAIL DATE: _____ REPORT DATE: _____