

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD SAFEGUARD IT

ANY ALTERATIONS IN THESE AREAS RENDER FORM VOID

DD FORM 1 JUL 79 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle) **MACALLISTER, JAMES MATTHEW**
2. DEPARTMENT, COMPONENT AND BRANCH **ARMY RA**
3. SOCIAL SECURITY NO. **548 47 8455**

4a. GRADE, RATE OR RANK **PFC** 4b. PAY GRADE **E3** 5. DATE OF BIRTH **620204** 6. PLACE OF ENTRY INTO ACTIVE DUTY **OAKLAND, CA**

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **CO C, 50th SIG BN FORSCOM PC** 8. STATION WHERE SEPARATED **FT BRAGG, NC 28307**

9. COMMAND TO WHICH TRANSFERRED **USAR COM GP (REINF) RCPAC 9700 PAGE BLVD ST LOUIS MO 63132** 10. SGU COVERAGE AMOUNT \$ **35,000** ☐ NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years)

31M10 Multichannel Communications Equipment Operator 2 yrs 8 mos

12. RECORD OF SERVICE	YEAR (s)	MON (s)	DAY (s)
a. Date Entered AD This Period	79	09	17
b. Separation Date This Period	82	09	16
c. Net Active Service This Period	03	00	00
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	01	11
f. Foreign Service	01	11	11
g. Sea Service	00	00	00
h. Effective Date of Pay Grade	80	09	17
i. Reserve Oblig. Term. Date	85	08	05

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
Army Service Ribbon, Overseas Service Ribbon, Expert Badge N-16.

14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed)
Multichannel Communications Equipment Operator 15 wks (Jan 80)

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM ☐ YES ☒ NO 16. HIGH SCHOOL GRADUATE OR EQUIVALENT ☐ YES ☒ NO 17. DAYS ACCRUED LEAVE PAID **56**

18. REMARKS
NOTHING FOLLOWS

19. MAILING ADDRESS AFTER SEPARATION
5034 Sturdivant St., Klamath Falls, OR 97601 20. MEMBER REQUESTS COPY 3 BE SENT TO ☒ OR DIR. OF VET AFFAIRS ☒ YES ☐ NO

21. SIGNATURE OF MEMBER BEING SEPARATED *James M Macallister* 22. TYPED NAME, GRADE, RATE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN **R.L. ANDERSON, SFC, CHIEF USA SEP TRANSFER POINT**

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION **RELIEF FROM ACTIVE DUTY** 24. CHARACTER OF SERVICE (Includes upgrades) **HONORABLE**
25. SEPARATION AUTHORITY **CH 2, AR 635-200** 26. SEPARATION CODE **100** 27. REENLISTMENT CODE **1**
28. NARRATIVE REASON FOR SEPARATION **COMPLETION OF REQUIRED SERVICE** 29. DATES OF TIME LOST DURING THIS PERIOD **YEAR** 30. MEMBER REQUESTS COPY 4 **1**

State of OREGON: COUNTY OF KLAMATH: ss.
I hereby certify that the within instrument was received and filed for record on the 27 day of Sept A.D., 19 82 at 9:32 o'clock A M., and duly recorded in Vol M 82 of Discharges on page 12735.
Fee \$ No Fee
EVELYN BIEHN
COUNTY CLERK
James M Macallister deputy