

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD SAFEGUARD IT

Vol. M8e Page 22812

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

DD FORM 214
1 JUL 79

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle) ADAIR, KEVIN LEE		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 542 78 1944			
4a. GRADE, RATE OR RANK PFC	4b. PAY GRADE E3	5. DATE OF BIRTH 621009	6. PLACE OF ENTRY INTO ACTIVE DUTY Portland, OR				
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 664th Ord Co FORSCOM FC			8. STATION WHERE SEPARATED Fort Hood, Texas				
9. COMMAND TO WHICH TRANSFERRED NA			10. SGU COVERAGE AMOUNT \$ 50 000 <input type="checkbox"/> NONE				
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) 55B10, Ammunition Specialist, 9 mos//16R10, Air Defense Artillery Short Range Gunnery Crewmember, 4 yrs and 6 mos//NOTHING FOLLOWS.			12. RECORD OF SERVICE				
			a. Date Entered AD This Period			YEAR (s)	MON (s)
			b. Separation Date This Period			DAY (s)	
			c. Net Active Service This Period				
			d. Total Prior Active Service				
			e. Total Prior Inactive Service				
			f. Foreign Service				
			g. Sea Service				
			h. Effective Date of Pay Grade				
i. Reserve Oblig. Term. Date							
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Army Good Conduct Medal//Army Service Ribbon//Overseas Service Ribbon//NOTHING FOLLOWS							
14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) Ammunition Specialist Course, 5 weeks (85)//NOTHING FOLLOWS.							
15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		17. DAYS ACCRUED LEAVE PAID 33 1/2		
18. REMARKS Dental care was not provided within 90 days prior to separation//Item 12a: Immediate reenlistment this period: 810526-850206; 850207-860811//NOTHING FOLLOWS.							
19. MAILING ADDRESS AFTER SEPARATION 2143 Hope St Klamath Falls, OR 97601			20. MEMBER REQUESTS COPY 6 BE SENT TO <u>OR</u> DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Kevin L. Adair</i>			22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL <i>M. G. KNOWLES, Chief, AG Trf Pt</i>				

MEMBER - 1

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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				
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4a. GRADE, RATE OR RANK PFC	4b. PAY GRADE E3	5. DATE OF BIRTH 621008	5. PLACE OF ENTRY INTO ACTIVE DUTY Portland, OR					
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 664th Ord Co FORSCOM FG			8. STATION WHERE SEPARATED Fort Hood, Texas					
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			a. Date Entered AD This Period			YEAR (S)	MON (S)	DAY (S)
			b. Separation Date This Period			86	08	11
			c. Net Active Service This Period			05	02	16
			d. Total Prior Active Service			00	00	00
			e. Total Prior Inactive Service			00	00	25
			f. Foreign Service			02	05	26
			g. Sea Service			00	00	00
h. Effective Date of Pay Grade			86	07	11			
i. Reserve Oblig. Term. Date			00	00	00			
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21. SIGNATURE OF MEMBER BEING SEPARATED		22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN H. C. KNOWLES, Chief, AG Trf Pt						

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION Discharge		24. CHARACTER OF SERVICE (Includes upgrades) Under Honorable Conditions	
25. SEPARATION AUTHORITY Chapter 13, AR 635-200		26. SEPARATION CODE JRJ	27. REENLISTMENT CODE RE-3, 30
28. NARRATIVE REASON FOR SEPARATION Unsatisfactory performance			
29. DATES OF TIME LOST DURING THIS PERIOD None		30. MEMBER REQUESTS COPY 4 <input checked="" type="checkbox"/> INITIALS	

MEMBER-4

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 9th day
of December A.D., 19 86 at 10:08 o'clock A. M., and duly recorded in Vol. M86
of Discharges on Page 22612

FEE NO FEE

Evelyn Biehn, County Clerk
By [Signature]