

NATIONAL GUARD REPORT OF SEPARATION AND RECORD OF SERVICE

The proponent agency is ARNG-HRH. The prescribing directive is NGR 600-200.

Report of separation and record of service in the National Guard of and as a Reserve of the

1. LAST NAME- FIRST NAME- MIDDLE NAME <input type="text"/>		2. DEPARTMENT, COMPONENT AND BRANCH <input type="text"/>		3. SOCIAL SECURITY NUMBER <input type="text"/>				
4. DATE OF ENLISTMENT <input type="text"/>	5a. RANK <input type="text"/>	5B. PAY GRADE <input type="text"/>	6. DATE OF RANK <input type="text"/>	7. DATE OF BIRTH <input type="text"/>				
8a. STATION OR INSTALLATION AT WHICH EFFECTED <input type="text"/>				8b. EFFECTIVE DATE <input type="text"/>				
9. COMMAND TO WHICH TRANSFERRED <input type="text"/>			10. RECORD OF SERVICE			YEARS	MONTHS	DAYS
			(a) NET SERVICE THIS PERIOD			<input type="text"/>	<input type="text"/>	<input type="text"/>
			(b) PRIOR RESERVE COMPONENT SERVICE			<input type="text"/>	<input type="text"/>	<input type="text"/>
			(c) PRIOR ACTIVE FEDERAL SERVICE			<input type="text"/>	<input type="text"/>	<input type="text"/>
			(d) TOTAL SERVICE FOR PAY			<input type="text"/>	<input type="text"/>	<input type="text"/>
11. TERMINAL DATE OF RESERVE/MILITARY SERVICE OBLIGATION <input type="text"/>			(e) TOTAL SERVICE FOR RETIRED PAY			<input type="text"/>	<input type="text"/>	<input type="text"/>
12. MILITARY EDUCATION (Course Title, number of weeks, month and year completed) <input type="text"/>			13. PRIMARY SPECIALTY NUMBER , TITLE AND DATE AWARDED (Additional specialty numbers and titles) <input type="text"/>					
14. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED SECONDARY/HIGH SCHOOL <input type="text"/> YRS (Gr 1-12) COLLEGE <input type="text"/> YRS			15. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED THIS PERIOD (State Awards may be included) <input type="text"/>					
16. SERVICEMAN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO AMT <input type="text"/>								
17. PERSONNEL SECURITY INVESTIGATION a. TYPE <input type="text"/> b. INVESTIGATION <input type="text"/>								
18. REMARKS <input type="text"/>								
19. MAILING ADDRESS AFTER SPERATION (Street, City, County, State, and Zip Code) <input type="text"/>				20. SIGNATURE OF PERSON BEING SEPERATED <input type="text"/>				
21. NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <input type="text"/>				22. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <input type="text"/>				
23. AUTHORITY AND REASON <input type="text"/>								
24. CHARACTER OF SERVICE <input type="text"/>		25. TYPE OF CERTIFICATE USED <input type="text"/>			26. REENLISTMENT ELIGIBILTY <input type="text"/>			
27. <input type="checkbox"/> REQUEST <input type="checkbox"/> DECLINE COPIES OF MY NGB FORM 22 INITIALS <input type="text"/>								