

SEPARATION DATA SHEET

NAME: \_\_\_\_\_ RANK: \_\_\_\_\_ SSN # \_\_\_\_\_  
WORK #: \_\_\_\_\_ BATTALION: \_\_\_\_\_ COMPANY: \_\_\_\_\_  
PLATOON SGT: (NAME AND #): \_\_\_\_\_  
1STSGT (NAME AND #): \_\_\_\_\_  
BN ADMIN CHIEF (NAME AND #): \_\_\_\_\_  
SNCOIC: \_\_\_\_\_ WORK #: \_\_\_\_\_

1. The following address and phone number is the address and phone number that is used for your DD 214 and your terminal leave orders.

- (a) FULL STREET ADDRESS: \_\_\_\_\_
- (b) CITY: \_\_\_\_\_
- (c) STATE: \_\_\_\_\_
- (d) ZIP CODE: \_\_\_\_\_
- (e) TELEPHONE NUMBER WITH AREA CODE: \_\_\_\_\_

2. What was your full address of your home or record at the time of entry? \_\_\_\_\_

3. What MEPS did you first enlist from? \_\_\_\_\_

4. These questions are necessary to complete the 11060 for your travel entitlements.

- (a) How will household goods be moved? Ditty Move/TMO \_\_\_\_\_
- (b) Will government transportation to your home or record necessary? \_\_\_\_\_
- (c) What will be your mode of transportation? \_\_\_\_\_
- (d) If your mode of transportation is POV the following information is needed with proof to detachment:
  - 1. How many vehicles do you have: \_\_\_\_\_
  - 2. State of registration and number: \_\_\_\_\_
  - 3. Name of insurance: \_\_\_\_\_
  - 4. Policy Number: \_\_\_\_\_

5. Terminal Leave requests must be received at DPAC at least 30 days prior to the requested departure date. NO EXCEPTIONS!! Once this paperwork is received you will not be permitted to leave prior to your requested departure date. Complete the following information.....

- (a) How many days terminal leave are you requesting: \_\_\_\_\_
- (b) Start date for terminal leave: \_\_\_\_\_
- (c) Date of Discharge/Release (EAS): \_\_\_\_\_

6. If you are Retiring or receiving a Medical Discharge, the following information is required for you to be permitted to take 20 days of PTAD (Permissive Temporary Additional Duty).

- (a) How many days are you requesting (no more than 20)? \_\_\_\_\_
- (b) What is your start date: \_\_\_\_\_

TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS CORRECT. BY SIGNING BELOW I UNDERSTAND THAT ALL MY PAPERWORK WILL CONTAIN THE INFORMATION I HAVE PROVIDED ABOVE. I ALSO UNDERSTAND THAT CHANGING ANY OF THIS INFORMATION MAY DELAY MY DEPARTURE DATE.

DATE PAPER RECEIVED \_\_\_\_\_  
DATE CELL CLERK RECEIVED \_\_\_\_\_ SIGNATURE OF CLERK \_\_\_\_\_