

Separation Out-processing Booklet

(Revised 12 May 2020)

412 FSS/FSPD

Voice: 661-277-4281 DSN: 527-4281

RETIREMENTS/SEPARATIONS OFFICE HOURS OF OPERATION:

MONDAY-WEDNESDAY & FRIDAY: 0900-1500 HRS

THURSDAY: 0900-1400 HRS

FINAL OUT APPOINTMENTS: 0900 – 1100HRS Monday - Friday

No walk-ins for final out processing, BY APPOINTMENT ONLY and MUST BE IN UNIFORM!

YOUR FINAL OUT APPOINTMENT IS AN OFFICIAL APPOINTMENT AND IT IS MANDATORY THAT YOU BE IN UNIFORM TO OUT-PROCESS.

Virtual Out-processing Instructions: NOTE: PLEASE COMPLETE BOTH THE vOP CHECKLIST AND SEPARATION BOOKLET TOGETHER.

Go to **AFPC Secure**. Click **vMPF Self-Service Applications** link Click link at bottom of page verifying info. Under Most Popular Applications Click **Out-processing**. Click **Out-process Checklist**

***Note: Suspense dates on your Virtual Out-processing Checklist are based upon your projected departure date. If you have a short notice separation your Virtual checklist may already include overdue suspense's.**

Your DD FM 214 is now accomplished online.

Go to **vMPF**. Click **Self-Service Applications** link. Click on **Separations** and click on **DD 214 Worksheet**.

***Note: If you have any questions pertaining to your DD 214 you will need to contact AFPC at DSN 665-0102 or commercial 210-565-0102.**

MEMORANDUM FOR ALL SEPARATING MEMBERS

FROM: 412 FSS/FSPD

SUBJECT: Instructions and Information for Accomplishing Separation Relocation Preparation Actions

1. This package is your first source in answering questions. After referring to this package, if you have any questions, call Career Development at 527-4281.
2. You must contact your relocation counselor **30 days** prior to the start of your terminal leave date in order to schedule your final out-processing appointments. **NO WALK-INS FOR FINAL OUT-PROCESSING.** If you are not taking terminal leave, you must still call at least 30 days prior to your date of separation.
3. **The documents listed on page 3 must be hand carried to final out-processing appointment.**
4. Read this package in its entirety and refer back to it to become familiar with your responsibilities to prepare for out-processing. **Extreme effort must be taken to ensure all the necessary appointments, including medical and dental, are completed prior to final out-processing.**
5. If you plan to file a VA claim for disability, please contact the Airmen & Family Readiness Center at **527-0723**. They can provide assistance in filing the claim through the Pre-Discharge Program.
6. Additional instructions are attached to help make your out-processing as easy as possible. Some items are informational while others provide specific instructions on necessary actions. We are committed to providing you with quality customer service; however, to do so you must help us by completing all actions within the timelines provided.
7. Failure to complete all actions within the timelines provided could delay your departure and the receipt of your DD Form 214, Certificate of Release or Discharge from Active Duty.

//Signed//

NCOIC, Assignments, Retirements & Separations

MEMORANDUM FOR SEPARATING MEMBER

FROM: 412 FSS/FSPD

SUBJECT: Final Out-Processing Appointment Checklist

- 1. It is mandatory that you call and schedule your final out-processing appointment with Career Development 30 days prior to departing on your Terminal Leave. Failure to do so can result in the cancellation of your Terminal Leave.**

**FINAL OUT ONE DUTY DAY PRIOR TO YOUR
TERMINAL LEAVE START DATE.**

Please bring with you the following documents/items to final appointment:

- ___ Medical Examination Letter (Page 4)
- ___ VA Dental Letter (Page 6)
- ___ ID Card Requirements Memorandum (Page 7)
- ___ **AF Form 2587**, Security Termination Letter
- ___ Individual Ready Reserve Requirements (IRR) Memorandum
- ___ **DD Form 2648**, Pre-Separation Counseling Checklist
- ___ Education Letter (Provided by the Education Office)
- ___ Supply Clearance Letter (Provided by the Supply Office)
- ___ Housing Clearance Letter (if applicable)
- ___ vRED (PRDA)
- ___ **AF Form 988**, Terminal Leave Forms (Part III)
- ___ 2-Copies of Separation Orders
- ___ Copy of completed Virtual Out-processing Checklist

MEMORANDUM FOR _____
(RANK AND FULL NAME, LAST 4 SSN)

(DATE)

FROM: AFPC/DP3SA

SUBJECT: Medical Examination for Voluntary Retirement or Separation

1. Department of Defense Instruction 6040.46, "The Separation History and Physical Examination (SHPE) for the DoD Separation Health Assessment (SHA) Program" requires that all Service members receive a SHPE as a result of completing a period of active duty service. This requirement is intended for Service members of all Air Force Components to include Active, Guard and Reserve. The SHPE must be completed prior to the release of active duty service.
2. The SHPE was developed to provide a single examination at the time of separation that supports the Department of Veterans Affairs (VA) disability compensation program and the Department of Defense (DoD) mandatory separation physical examination. The SHPE is a standardized health assessment with components that have been agreed upon by all three Military Services and the VA that allow for a comprehensive medical evaluation of each Service Member prior to separation from active duty service. SHPEs can be completed at any DoD military treatment facility.
3. Service members who plan on filing a disability claim with the VA can begin this process PRIOR to separation (pre-discharge) using the SHPE program. Pre-discharge disability claims may result in obtaining VA disability benefits sooner versus filing disability claims after separation. Service members filing pre-discharge disability claims may have their SHPE completed at the VA if they meet the requirements of the program. The goal is to eliminate multiple appointments by allowing DoD to use VA exam results in order to medical clear members for separation/retirement.
4. The first place to start is to contact your servicing Military Treatment Facility's (MTF) Base Operational Medicine Clinic (BOMC) office. They will provide you more information regarding your SHPE appointment options, the ability to file a pre-discharge VA disability claim, and instructions on how to obtain your exam at the VA. If you wish to file a pre-discharge disability claim and obtain your exam from the VA, you must contact the BOMC office as soon as your date of separation is finalized to determine if you meet VA program requirements. If you have not already made contact with your BOMC office, please do so within 3 days after receipt of this letter to discuss SHPE options in order to prevent any impact on terminal leave and to ensure an efficient separation examination process.
5. Air Force Reserve and Guard Service members are eligible to receive a SHPE if they meet the following requirements, (a) Currently serving on active duty orders for 180 days or more of continuous duty; or (b) Currently serving on active duty orders for greater than 30 days of continuous duty in support of a contingency operation. This examination is only required for Guard and Reserve Service members as a result of performing a period of active duty service. In addition, the SHPE must be completed prior to release from active duty orders. Guard and Reserve Service members should work with their local medical units to discuss program availability at this time.

6. Additional information regarding this separation exam and VA disability claims can be found on the Tricare Online website at <https://www.tricareonline.com>, and click on “Service Separation” web link after you successfully login unto the Tricare Online patient portal.

7. You must return this memorandum to your Military Personnel Flight’s (MPF) Career Development element after endorsement by the medical facility. You will not be allowed to complete your final out-processing appointment without obtaining the required endorsement below.

///signed///
(AFPC Retirement or Separation Representative)

1st Ind, _____
(GRADE, NAME)

(DATE)

MEMORANDUM FOR MTF

I acknowledge my requirement to ensure a SHPE is completed prior to my date of separation or final out date whichever comes first. I have contacted the MTF MSME office to begin the SHPE process. I understand I will not be allowed to out-process without obtaining a clearance and endorsement from the MTF listed below.

(Member’s signature)

2nd Ind, MTF

(DATE)

MEMORANDUM FOR MPF Career Development

The above individual has completed the requirements for the SHPE and is medically cleared for separation/retirement.

(Signature - Medical Representative)

FROM: 412 FSS/FSPD

(Date)

SUBJECT: Veterans Outpatient Dental Treatment

1. Public Law 97-35, The Omnibus Budget Reconciliation Act of 1981, and Title 38 U.S.C. *Veteran's Benefits, Section 1712, Dental care, drugs, and medications for certain disabled veterans; vaccines*, limits eligibility to outpatient dental treatment currently provided by the Department of Veterans Affairs (DVA). You will be eligible for VA dental treatment providing the following criteria are met:

- a. You served at least 180 days of active duty.
- b. You apply to the DVA for required treatment within 90 days of discharge.
- c. Your DD Form 214, **Certificate of Release or Discharge from Active Duty**, does contain a statement that a complete dental examination and all appropriate services and treatment were not provided by the Armed Forces within 90 days prior to your discharge or release.

2. Please acknowledge receipt and understanding in the 2nd endorsement below.

3. You **MUST** return this Dental letter to the 412 FSS/FSMPD at your final out-processing appointment.

//Signed//
NCOIC, Career Development

1st Ind., Member _____
(Members Grade and Name)

(Date)

I have been briefed on the eligibility criteria concerning DVA outpatient dental treatment and understand the provisions mentioned in this letter for applying for required treatment.

(Signature of Member)

1st Ind, 412th Dental Clinic

Member (has) (has not) been provided a complete dental examination and all appropriate dental services and treatment (were) (were not) provided by the armed forces within 90 days prior to his/her discharge or release.

(Signature – Dental Representative)

SECURITY TERMINATION STATEMENT

I am aware of my termination for access to _____

(Enter special access being terminated, for example, "NATO Secret," or "SIOP-ESI," or enter special access being terminated and "classified information" if both are being terminated at the same time; otherwise, enter "classified information." I acknowledge:)

1. I have read and understand the below provisions of the Espionage Act (18 U.S.C. 793, 794), the Atomic Energy Act (42 U.S.C. 2274-2277), and the Subversive Activities Control Act of 1950, as amended (50 U.S.C. 783). I understand that any unauthorized disclosure of information affecting the national defense is prohibited and punishable
2. I do not have in my possession or control any documents or material of a classified nature.
3. I shall not knowingly or willfully divulge, reveal, or transmit classified information orally or in writing or by any other means, to any unauthorized person or agency.
4. I shall report to the Federal Bureau of Investigation, to a security office of the Department of Defense, or to a security office of a U.S. Embassy or Consulate, without delay, any attempt made by an unauthorized person to solicit or obtain classified information.
5. I, have, have not (*Strike out inappropriate word or words*) received an oral security debriefing.

ESPIONAGE ACT AND OTHER CRIMINAL STATUTES

Sections 793 and 794 of Title 18, U.S. Code; Section 783 of Title 50, U.S. Code, and Sections 2274, 2275, 2276 and 2277 of Title 42, U.S. Code, identify and prescribe punishments for certain acts or the conspiracy to commit certain acts which one has reason to believe will injure the United States or secure an advantage to a foreign nation. These acts are:

1. Gathering, transmitting, delivering, communicating or disclosing information relating to national defense (*Including Restricted Data*) to an unauthorized person or causing these acts;
2. Losing information relating to national defense through gross negligence;
3. Failing to report to superiors the known loss or theft of information relating to national defense;
4. Communicating classified information to an agent or representative of a foreign government;
5. Failing to deliver on demand documents or information relating to the national defense to an officer or employee of the United States who is entitled to receive it; and
6. Gathering or delivering information relating to the national defense to aid a foreign government.

You have had access to information relating to the national defense (*Including Restricted Data*) which is protected by these statutes. These statutes make it a crime to unlawfully communicate information relating to the national defense to any person when there is reason to believe that the information will be used to the injury of the United States or to the advantage of a foreign government. The penalties prescribed for violations of these statutes, through willful acts or gross negligence, vary according to the statute, the circumstances, and the information involved. They range in severity from a fine of not more than \$2,500 to life-imprisonment or death. Your signature on this form is your acknowledgement that you have been informed of the criminal statutes applicable to espionage and the punishments provided for violation of these statutes. The full text of the applicable section of each of these statutes is available for your review prior to signing this termination statement.

DATE	TYPED OR PRINTED NAME & ORGN OF PERSON BEING DEBRIEFED	SIGNATURE
DATE	TYPED OR PRINTED NAME OF DEBRIEFER	SIGNATURE

MEMORANDUM FOR MPF, CUSTOMER SUPPORT

FROM: AFPC/DPSOR

SUBJECT: Identification Card Requirements for Separating or Retiring Personnel

1. _____, is separating or retiring from
Grade / Name

the USAF effective _____. Reenlistment Code (RE) is _____. Please prepare ID card applications for member and dependents, if applicable, as indicated below:

- a. Involuntary Separation (Temporary ID cards for 90 days).
- b. Prior to ETS Separation. ID cards are to expire on date of separation as indicated in paragraph 1 above.
- c. Temporary Disability Retirement List (TDRL).
- d. Retirement. (For retirees who plan to continue TRICARE-Prime coverage and want to pre-enroll before retirement, they must obtain their retired ID Cards first). Obtain retiring members initials of acknowledgement. _____.
- e. TAP Eligible.
- f. Transfer to a Reserve Component. Expiration of Reserve obligation.
- g. Appellate Review Leave. Temporary ID cards for 1 year.

2. Please complete the first endorsement and return to MPS Relocations.

//Signed//
AFPC Retirement/Separation Representative

Attachment:
Separation or Retirement Order

1st Ind, Customer Service _____
(date)

SUBJECT: Identification Card Requirements for Separating or Retiring

Personnel TO: MPF, Career Development

- 1. Action requested above has been completed on _____.
- 2. Appropriate ID cards have been confiscated and returned to military control.
- 3. Suspense file has been established to retrieve any ID cards which were not surrendered.

(Signature, Customer Service Representative)

Attachment 15

Individual Ready Reserve Agreement – Conditional for Enlisted Separation Pay

"This contains FOR OFFICIAL USE ONLY (FOUO) information which must be protected under the Privacy Act and AFI 33-332."

AUTHORITY: Title 10 U.S.C., Section 1174

PURPOSE: To process separation pay

DISCLOSURE IS VOLUNTARY: If you do not furnish your SSN and address, we cannot process your separation pay.

- a. As a condition to receiving separation pay, I agree to serve in the Individual Ready Reserve for a period of not less than 3 years following my separation from active duty.
- b. I understand that if I have not completed my military service obligation (MSO) at the time of my separation from active duty, the 3-year period I have agreed to serve in the Ready Reserve will begin on the day after I have completed my MSO.
- c. I understand the Air Force is not under any obligation to offer me an enlistment in the Individual Ready Reserve and I understand that I may not be enlisted in the Individual Ready Reserve. I understand that I will not be enlisted in the Individual Ready Reserve if I am separated for reasons that make me ineligible for enlistment.
- d. I understand that if I qualify for military retired or retainer pay in accordance with Title 10 or Title 14, United States Code, and/or the Department of Veterans Affairs disability compensation pursuant to the laws administered by the Secretary of Veterans Affairs after receiving Involuntary Separation Pay (known as ISP), I will be subject to a deduction from such retired or retainer pay, or from disability compensation in the amount of any ISP paid, as prescribed under Section 1174 of Title 10, United States Code.

Name/Grade/SSN

Date

Signature

(1) I do not agree to serve in the Individual Ready Reserve for a period of 3 years following my separation from active duty.

(2) I understand that I will not receive separation pay and further understand I am not eligible for permissive TDY.

Name/Grade/SSN

Signature

Date

MEMORANDUM FOR ALL MEMBERS SEPARTING

FROM: 412 FSS/FSPD

SUBJECT: DD Form 214

DD FORM 214, CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY – The DD form 214 is an extremely important document showing your AF work experience and training. You must accomplish it via the vMPF. It contains information very important to you if you apply for benefits based on your military service under programs administered by the VA or the Dept of Labor. This information will be useful to educational institutions. You will not receive your final DD Form 214 until the day after your date of separation. This form is delivered electronically to your e-benefits account. An original copy will also be filed in your Master Personnel Record Group. In the future, if your DD Form 214 is accidentally destroyed, you may request a copy or address any other inquiries pertaining to your records as follow:

	90 days or more after separation	Within 90 days of separation
Discharged Member	NPRC (Military Personnel Records) 9700 Page Blvd. St. Louis MO 63132-5000	AFPC/DPRSR1 550 C West, Suite 21 Randolph AFB TX 78150-6001
Reserve Member	ARPC/DSMPR 6760 E. Irvington Place # 1700 Denver CO 80280-5000	Same as 90 or more days after separation

NOTE: If you feel your records are in error, you may apply for a correction by submitting a DD Form 149, Application for Correction of Military Records under the provisions of U.S.C. 1552. AFI 36-2604 is the governing directive and provides for a period of three years from the date the error or injustice was discovered to submit your application directly to the appropriate board. You may obtain a DD Form 149 at any Military Personnel Flight Customer Service Section.