SSGT	2 DEPA								
SSGT	ODONNELL WILLIAM WESLEY AIR FORCEREGAF					B. SOCIAL SECURITY NUMBER			
NOT AND STORY WHITE CONTRACTOR OF STREET	b. PAY GRADE E5	5. DATE OF BI 19770826	LIGATION TERMINATION DATE						
A. PLACE OF ENTRY INTO ACTIVE DE DALLAS TX		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or c DALLAS TX				ddress if known)			
a. LAST DUTY ASSIGNMENT AND MA 52 MAINTENANCE SQ (ACC)	AJOR COMMAND		b. STATION WHERE SE RANDOLPH AFB TX	PARATED					
. COMMAND TO WHICH TRANSFERF			10. SGLI COVERAGE AMOUNT: \$400,000		NONE				
 PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) PASSAD, INTGT AVN SYS JRNYMN, AIRBORNE SURVEILLANCE RADAR SYS, 3 YEARS AND 10 MONTHS 			12. RECORD OF SERVI	CE	YEAR(S)	MONTHS(S)	DAY(S)		
			a. DATE ENTERED AD	2003	NOV	20			
			b. SEPARATION DATE	2007	NOV	19			
			c. NET ACTIVE SERVICE	04	00	00			
			d. TOTAL PRIOR ACTIV	04	. 00	.00			
			e. TOTAL PRIOR INAC	02	10	28			
			f. FOREIGN SERVICE	00	- 00	00			
			g. SEA SERVICE	00	00	00			
			h. EFFECTIVE DATE O	2005	JAN 🥙	01			
b. HIGH SCHOOL GRADUATE OR EQ	QUIVALENT 7. MEMBER WAS PROV	VIDED COMPLET	E DENTAL EXAMINATIO	N AND ALL APPRO	OPRIATE	X YES	K NO		
b. HIGH SCHOOL GRADUATE OR EQ. DAYS ACCRUED LEAVE 17. PAID 0	QUIVALENT 7. MEMBER WAS PROV	VIDED COMPLET	DNAL ASSISTANCE PRO E DENTAL EXAMINATIO T WITHIN 90 DAYS PRIO	N AND ALL APPRO	OPRIATE N	X YES			
b. HIGH SCHOOL GRADUATE OR EQ. DAYS ACCRUED LEAVE 17. PAID 0	QUIVALENT 7. MEMBER WAS PROV DENTAL SERVICES A	IDED COMPLET	E DENTAL EXAMINATIO	N AND ALL APPRO	OPRIATE N	X YES	ES NO		
b. HIGH SCHOOL GRADUATE OR EQ. DAYS ACCRUED LEAVE PAID 0 REMARKS	QUIVALENT 7. MEMBER WAS PROV DENTAL SERVICES A	IDED COMPLET	E DENTAL EXAMINATIO T WITHIN 90 DAYS PRIO	N AND ALL APPRO	OPRIATE N	X YES	ES NO		
b. HIGH SCHOOL GRADUATE OR EQ. DAYS ACCRUED LEAVE PAID 0 REMARKS	QUIVALENT 7. MEMBER WAS PROV DENTAL SERVICES A	IDED COMPLET	E DENTAL EXAMINATIO T WITHIN 90 DAYS PRIO	N AND ALL APPRO	OPRIATE N	X YES	ES NO		
b. HIGH SCHOOL GRADUATE OR EQ. DAYS ACCRUED LEAVE PAID 0 REMARKS	QUIVALENT 7. MEMBER WAS PROV DENTAL SERVICES A	IDED COMPLET	E DENTAL EXAMINATIO T WITHIN 90 DAYS PRIO	N AND ALL APPRO	OPRIATE N	X YES	ES NO		
b. HIGH SCHOOL GRADUATE OR EQ. DAYS ACCRUED LEAVE PAID 0 REMARKS	QUIVALENT 7. MEMBER WAS PROV DENTAL SERVICES A	IDED COMPLET	E DENTAL EXAMINATIO T WITHIN 90 DAYS PRIO	N AND ALL APPRO	OPRIATE N	X YES	ES NO		
b. HIGH SCHOOL GRADUATE OR EQ. DAYS ACCRUED LEAVE 17. PAID 0 17. REMARKS	QUIVALENT 7. MEMBER WAS PROV DENTAL SERVICES A	IDED COMPLET	E DENTAL EXAMINATIO T WITHIN 90 DAYS PRIO	N AND ALL APPRO	OPRIATE N	X YES	ES NO		
b. HIGH SCHOOL GRADUATE OR EQ. DAYS ACCRUED LEAVE 17. PAID 0 REMARKS	QUIVALENT 7. MEMBER WAS PROV DENTAL SERVICES A	IDED COMPLET	E DENTAL EXAMINATIO T WITHIN 90 DAYS PRIO	N AND ALL APPRO	OPRIATE N	X YES	ES NO		
b. HIGH SCHOOL GRADUATE OR EQ. i. DAYS ACCRUED LEAVE PAID 0 REMARKS ember has completed first full term e information contained herein is subject poses and to determine eligibility for, a	of service. ct to computer matching and/or continued compliar	VIDED COMPLET AND TREATMEN NOTHING within the Departrace with, the requ	E DENTAL EXAMINATIO T WITHIN 90 DAYS PRIO G FOLLOWS	N AND ALL APPRO	N	X YES Y	ES NO		
b. HIGH SCHOOL GRADUATE OR EQ. DAYS ACCRUED LEAVE PAID 0 REMARKS ember has completed first full term e information contained herein is subject poses and to determine eligibility for, a malking address after SEPAR 69 CROSSHAVEN DRIVE	of service. ct to computer matching and/or continued compliar	VIDED COMPLET AND TREATMEN NOTHING within the Departrace with, the requ	ment of Defense or with arirements of a Federal ben b. NEAREST RELATIV BROOKE O'DONNEI 1669 CROSSHAVEN	ny other affected Feefit program. E (Name and addre	N deral or non-F	X YES Y	ES NO		
S. DAYS ACCRUED LEAVE 17.	of service. ct to computer matching and/or continued compliar RATION (Include ZIP Co	VIDED COMPLET AND TREATMEN NOTHING within the Departrace with, the requ	ment of Defense or with ar irements of a Federal ben b. NEAREST RELATIV BROOKE O'DONNEL 1669 CROSSHAVEN Lewisville, Texas 750	ny other affected Feefit program. E (Name and addre	N deral or non-F	YES Y	for verifica		
e information contained herein is subject poses and to determine eligibility for, a a. MAILING ADDRESS AFTER SEPAR 69 CROSSHAVEN DRIVE wisville, Texas 75077	CONTRACTOR OF CONTRACTOR OF SERVICES AS A CONTRACTOR OF SERVICE. CONTRACTOR OF SERVICES AS A CONTRACTOR OF SERVICE. CONTRACTOR OF SERVICES AS A CONTRACTOR OF SERVICE.	within the Department within the Department with, the required	ment of Defense or with ar irements of a Federal ben b. NEAREST RELATIV BROOKE O'DONNEL 1669 CROSSHAVEN Lewisville, Texas 750	ny other affected Fe efit program. E (Name and addre L I DRIVE	deral or non-F	YES YES Y	ES NO		

	SPECIAL AD	DITIONAL INFO	DRMATION	(For use	by authorized age	encies only)	100	***************************************		
23. TYPE OF SEPARATION DISCHARGED				24. CHARACTER OF SERVICE (Include HONORABLE			o upgrades)			7 12
25. SEPARATION AUTHORITY AFI 36-3208				26. SEP KBK	ARATION CODE		27. REENT	TRY CODE		
28. NARRATIVE REASON FOR SEI COMPLETION OF REQUIRED A	ACTIVE SERVICE	#/s		×						-
29. DATES OF TIME LOST DURING NONE				40	G.		30. MEMB (Initials)		STS COP	Ÿ 4