

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