

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) SALCEDO, SYLVESTER LEE		2. DEPARTMENT, COMPONENT AND BRANCH NAVY, USNR		3. SOCIAL SECURITY NUMBER					
4a. GRADE, RATE OR RANK LCDR	b. PAY GRADE 04	5. DATE OF BIRTH (YYYYMMDD) 1956NOV25	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) NA						
7a. PLACE OF ENTRY INTO ACTIVE DUTY BOSTON, MA		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 199 MASSACHUSETTS AVE BOSTON, MA 02115							
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NR IVTU 101 NAS SOUTH WEYMOUTH, MA			b. STATION WHERE SEPARATED PERSUPP DET BRUNSWICK, ME 04011						
9. COMMAND TO WHICH TRANSFERRED NR IVTU 101 NAS SOUTH WEYMOUTH, MA				10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$ 200,000					
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 9635 - NAVAL ATTACHE(ASSISTANT), 06YRS,04MOS 9600 - INTELLIGENCE OFFICER, BASIC, 06YRS,04MOS X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X		12. RECORD OF SERVICE			YEAR(S)	MONTH(S)	DAY(S)		
		a. DATE ENTERED AD THIS PERIOD	97	APR	13				
		b. SEPARATION DATE THIS PERIOD	97	SEP	25				
		c. NET ACTIVE SERVICE THIS PERIOD	00	05	13				
		d. TOTAL PRIOR ACTIVE SERVICE	06	10	11				
		e. TOTAL PRIOR INACTIVE SERVICE	11	11	03				
		f. FOREIGN SERVICE	00	00	00				
		g. SEA SERVICE	00	00	00				
		h. EFFECTIVE DATE OF PAY GRADE	88	DEC	01				
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) JOINT SERVICE ACHIEVEMENT MEDAL; JOINT MERITORIOUS UNIT AWARD; MERITORIOUS UNIT COMMENDATION AWARD; NATIONAL DEFENSE SERVICE MEDAL; NAVY AND MARINE CORPS OVERSEAS SERVICE RIBBON(4) X X X X X X X X X X X X		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X							
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM			<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO			
b. HIGH SCHOOL GRADUATE OR EQUIVALENT			<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO			
16. DAYS ACCRUED LEAVE PAID 0.0	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION				<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	
18. REMARKS NONE X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X									
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 184 HARBOR VIEW AVE BRIDGEPORT, CT 06605				b. NEAREST RELATIVE (Name and address - include ZIP Code)					
20. MEMBER REQUESTS COPY 6 BE SENT TO CT			DIRECTOR OF VETERANS AFFAIRS			<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
21. SIGNATURE OF MEMBER BEING SEPARATED		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) T. R. ENTSMINGER, PNC(SW/AW), USN, AOIC, BYDIROIC							

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)			
23. TYPE OF SEPARATION RELEASED FROM ACDUTRA		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY SECNAVINST 1920.6A	26. SEPARATION CODE KBK	27. REENTRY CODE NA	
28. NARRATIVE REASON FOR SEPARATION COMPETED REQUIRED ACTIVE SERVICE			
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE			30. MEMBER REQUESTS COPY 4 (Initials) SLS