

## SEPARATION PROCESSING/FINAL PROCESSING CHECKLIST

Name: (Last, First, MI)			
SSN:		Rank:	Separation Date:
TERM LVE/PTDY:		Date Rec'd Logged In:	
Mailing Address After Separation:			
Home Telephone #	Unit Telephone #	SPD Code:	RE Code:
<b>CHAPTERS/REFRAD SECTION</b>			
Reviewed DD 214WS:			
Class "A" or "B" Uniform Required to Outprocess:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Orders Number:		Orders Date:	
Escort (If Applicable)	Rank:	Last Name:	
Unit:		Telephone #:	
<b>QUALITY ASSURANCE CHECKS</b>			
Preparer:			
First QA:	Second QA:	Final QA:	
Discharge Certificate: (If Applicable)	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<b>RECORDS FINAL OUTPROCESSING</b>			
Part 1: MPRJ Mailed/Date:		Part 2: Medical & Dental	
Ft Ben Harrison:		VARO Of:	
Alexandria, VA:		USAR or NG Unit:	
ROTC Unit:		St Louis, MO:	
USAR or NG Unit:		None:	
<b>Privacy Act</b>			
Authority:	10 USC 3012		
Purpose:	To maintain reference and location of assigned individual.		
Routine Use:	Normal office use. To obtain current information needed in performance of admin Operations.		
Disclosure:	Voluntary		