

REQUEST FOR DISCHARGE

INDIVIDUAL AND ORGANIZATION

NAME (Last, First, MI):	SSAN:	GRADE:	BRANCH / MOSC:	DATE:
ORGANIZATION / UNIT:	LOCATION (STREET, CITY)			

IT IS REQUESTED THAT THE ABOVE LISTED PERSON BE DISCHARGED FROM THE OHIO MILITARY RESERVE EFFECTIVE _____, FOR THE FOLLOWING REASON(S):

AUTHORITY:

SIGNATURE

STATEMENT OF UNIT COMMANDER

- A. PERSONNEL RECORDS (201 FILE) ATTACHED. YES NO
B. I CERTIFY THAT ALL STATE PROPERTY (CLOTHING AND EQUIPMENT) HAS BEEN TURNED-IN.
C. REMARKS

NAME (TYPED):	GRADE:	SIGNATURE
UNIT:	BRANCH:	
DATE:	_____	

1ST ENDORSEMENT (BATTALION COMMANDER)

- A. RECOMMEND DISCHARGE. YES NO
B. REMARKS:

NAME (TYPE):	GRADE:	SIGNATURE
UNIT:	BRANCH:	
DATE:	_____	

2ND ENDORSEMENT (BRIGADE COMMANDER)

- A. RECOMMEND DISCHARGE. YES NO
B. REMARKS:

NAME (TYPED):	GRADE:	SIGNATURE
UNIT:	BRANCH:	
DATE:	_____	

DISCHARGE AUTHORITY

THE ABOVE LISTED PERSON IS DISCHARGED FROM THE OHIO MILITARY RESERVE EFFECTIVE _____ DAY OF _____
19 _____ (HQ AUTHORITY) ORDER NO. _____

SIGNATURE OF AUTHORITY