

**AIR FORCE DISCHARGE REVIEW BOARD HEARING RECORD**

NAME OF SERVICE MEMBER (LAST, FIRST MIDDLE INITIAL)

[REDACTED]

GRADE

SrA

AFSN/SSAN

[REDACTED]

TYPE GEN

PERSONAL APPEARANCE

X

RECORD REVIEW

COUNSEL

NAME OF COUNSEL AND OR ORGANIZATION

ADDRESS AND OR ORGANIZATION OF COUNSEL

YES

No

X

MEMBER SITTING

VOTE OF THE BOARD

HON	GEN	UOTHC	OTHER	DENY
X				
X				
X				
X				
X				

ISSUES  
A94.06  
A93.22  
A92.20

INDEX NUMBER  
A49.00

EXHIBITS SUBMITTED TO THE BOARD

- 1 ORDER APPOINTING THE BOARD
- 2 APPLICATION FOR REVIEW OF DISCHARGE
- 3 LETTER OF NOTIFICATION
- 4 BRIEF OF PERSONNEL FILE
- COUNSEL'S RELEASE TO THE BOARD
- ADDITIONAL EXHIBITS SUBMITTED AT TIME OF PERSONAL APPEARANCE
- TAPE RECORDING OF PERSONAL APPEARANCE

HEARING DATE

15 Jul 2005

CASE NUMBER

FD-2005-00004

APPLICANT'S ISSUE AND THE BOARD'S DECISIONAL RATIONALE ARE DISCUSSED ON THE ATTACHED AIR FORCE DISCHARGE REVIEW BOARD DECISIONAL RATIONALE

Case heard at Washington, D.C.

Advise applicant of the decision of the Board, the right to a personal appearance with/without counsel, and the right to submit an application to the AFBCMR.

Names and votes will be made available to the applicant at the applicant's request.

INDORSEMENT

DATE: 7/15/2005

TO:

SAF/MRBR  
550 C STREET WEST, SUITE 40  
RANDOLPH AFB, TX 78150-4742

FROM:

SECRETARY OF THE AIR FORCE PERSONNEL COUNCIL  
AIR FORCE DISCHARGE REVIEW BOARD  
3DS COMMAND DR, 3RD FLOOR  
ANDREWS AFB, MD 20762-7002

**AIR FORCE DISCHARGE REVIEW BOARD DECISIONAL RATIONALE**

CASE NUMBER

**FD-2005-00004**

**GENERAL:** The applicant appeals for upgrade of discharge to honorable, change the reason and authority for the discharge, and change the reenlistment code.

The applicant was offered a personal appearance before the Discharge Review Board (DRB) but declined to exercise this right.

The attached brief contains available pertinent data on the applicant and the factors leading to the discharge.

**FINDINGS:** The Board grants partial relief. The discharge is upgraded to Honorable. The reason and authority for discharge and the reenlistment code will not be changed.

The Board finds that neither the evidence of record nor that provided by applicant substantiates an impropriety that would justify a change of discharge. However, based upon the record and evidence provided by applicant, the Board finds the applicant's reason and authority for discharge inequitable.

**ISSUE:** Applicant does not contest her discharge; She states that she feels that she is able to contribute her expertise to our military and would like to rejoin. She also states that she lost her civilian job upon returning from Desert Shield/Desert Storm. The majority of the applicant's military records are missing. From what the Board does have, it indicates the applicant served satisfactory for eight (8) years and then hurt her back, as documented in the available medical records, then missed her UTAs and was subsequently demoted from SSgt to SrA on 15 Dec 92. The Board applauds the applicant for her desire to reenter the military, however, since she is currently 51 years of age and only has eight good years for retirement purposes which means she cannot obtain the remaining twelve years of service for a retirement prior to reaching age 60, her reentry to the military is not possible. The issue concerning the loss of her civilian job does not fall under the purview of the DRB. At the time of this occurrence, the applicant should have contacted the Employer Support of the Guard and Reserve (ESGR) and they would have helped her under the Uniform Services Employment and Reemployment Rights Act (USERRA). The DRB opined that due to the applicant's eight good years served, noting that she signed up for six years and extended for 36 months in order to deploy to Desert Shield/Desert Storm, that her overall characterization should be classified as Honorable.

**CONCLUSIONS:** The Discharge Review Board concludes that the discharge was consistent with the procedural and substantive requirements of the discharge regulation and was within the discretion of the discharge authority and that the applicant was provided full administrative due process.

However, in view of the foregoing findings, the Board further concludes that the overall quality of applicant's service is more accurately reflected by an Honorable under the provisions of Title 10, USC 1553.

Attachment:  
Examiner's Brief

DEPARTMENT OF THE AIR FORCE  
 AIR FORCE DISCHARGE REVIEW BOARD  
 ANDREWS AFB, MD

[REDACTED]  
 [REDACTED]  
 (Former SrA) (HGH SSGT)

MISSING DOCUMENTS

1. **MATTER UNDER REVIEW:** Appl rec'd a GEN Disch fr Jacksonville IAP, FL on 30 Apr 93 UP ANGR 39-10, para 5-8a (Unsatisfactory Participation). Appeals for Honorable Discharge, and to Change the RE Code, Reason and Authority for Discharge.

2. **BACKGROUND:**

a. DOB: 14 Jun 54. Enlmt Age: 30 4/12. Disch Age: 38 10/12. Educ: HS DIPL. AFQT: N/A. A-67, E-40, G-70, M-39. PAFSC: 50250 - Passenger Movement Specialist. DAS: Unknown.

b. Prior Sv: None.

3. **SERVICE UNDER REVIEW:**

a. Enlisted as AB 30 Oct 84 for 6 years. Extended 1 Sep 90 for 36 months. Svd: 08 Yrs 08 Mo 00 Das, of which AMS is 10 Mo 28 Das.

b. Grade Status: SrA - 15 Dec 92 (Demotion Order, 13 Jan 93)  
 SSgt - 01 Feb 88  
 SrA - 01 Sep 86  
 A1C - 01 Mar 86  
 Amn - 11 Aug 85

c. Time Lost: None.

d. Art 15's: (1) Unknown.

e. Additional: Unknown.

f. CM: None.

g. Record of SV: Unknown.

h. Awards & Decs: AFOUA, AFMSM W/1 BOLC, NDSM, AFLSA W/1 BOLC, AFTR, FLORIDA COMM MEDAL, FLORIDA SVC RBN.

i. Stmt of Sv: TMS: (08) Yrs (08) Mos (00) Das  
 TAMS: (00) Yrs (10) Mos (28) Das

4. **BASIS ADVANCED FOR REVIEW:** Appln (DD Fm 293) dtd 29 Dec 04  
 (Change Discharge to Honorable, and Change the RE Code, Reason and Authority for Discharge.)

Issue 1: ISSUES ATTACHED TO BRIEF.

ATCH

1. Applicant's Issues.

23FEB05/day

03 JAN 2005

APR 20/EF

FD 2005-00004

APPLICATION FOR THE REVIEW OF DISCHARGE FROM THE ARMED FORCES OF THE UNITED STATES

(Please read instructions on Pages 3 and 4 BEFORE completing this application.)

Form Approved OMB No. 0704-0004 Expires Aug 31, 2006

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Service and Communications Directorate (0704-0004). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE APPROPRIATE ADDRESS ON BACK OF THIS PAGE.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1553; E.O. 9397. PRINCIPAL PURPOSE(S): To apply for a change in the characterization or reason for military discharge issued to an individual. ROUTINE USE(S): None. DISCLOSURE: Voluntary; however, failure to provide identifying information may impede processing of this application. The request for Social Security Number is strictly to assure proper identification of the individual and appropriate records.

1. APPLICANT DATA (The person whose discharge is to be reviewed). PLEASE PRINT OR TYPE INFORMATION.

a. BRANCH OF SERVICE (X one) ARMY MARINE CORPS NAVY AIR FORCE COAST GUARD b. NAME (Last, First, Middle, Initial) c. GRADE/RANK AT DISCHARGE d. SOCIAL SECURITY NUMBER

2. DATE OF DISCHARGE OR SEPARATION (YYYYMMDD) (If date is more than 15 years ago, submit a DD Form 149) 3. UNIT AND LOCATION AT DISCHARGE OR SEPARATION 4. DISCHARGE CHARACTERIZATION RECEIVED (X one) 5. BOARD ACTION REQUESTED (X one)

6. ISSUES: WHY AN UPGRADE OR CHANGE IS REQUESTED AND JUSTIFICATION FOR THE REQUEST (Continue in Item 14. See instructions on Page 3.)

I would like to have an upgrade because I feel I am able to contribute my expertise to our proud military. I am now healthy healthy and able bodied

7. (X if applicable) AN APPLICATION WAS PREVIOUSLY SUBMITTED ON (YYYYMMDD) AND THIS FORM IS SUBMITTED TO ADD ADDITIONAL ISSUES, JUSTIFICATION, OR EVIDENCE.

8. IN SUPPORT OF THIS APPLICATION, THE FOLLOWING ATTACHED DOCUMENTS ARE SUBMITTED AS EVIDENCE: (Continue in Item 17. If military documents or medical records are relevant to your case, please send copies.)

9. TYPE OF REVIEW REQUESTED (X one) CONDUCT A RECORD REVIEW OF MY DISCHARGE BASED ON MY MILITARY PERSONNEL FILE AND ANY ADDITIONAL DOCUMENTATION SUBMITTED BY ME. I AND/OR (counsel/representative) WILL NOT APPEAR BEFORE THE BOARD. I AND/OR (counsel/representative) WISH TO APPEAR AT A HEARING AT NO EXPENSE TO THE GOVERNMENT BEFORE THE BOARD IN THE WASHINGTON, D.C. METROPOLITAN AREA. I AND/OR (counsel/representative) WISH TO APPEAR AT A HEARING AT NO EXPENSE TO THE GOVERNMENT BEFORE A TRAVELING PANEL CLOSEST TO (enter city and state) (NOTE: The Navy Discharge Review Board does not have a traveling panel.)

10.a. COUNSEL/REPRESENTATIVE (if any) NAME (Last, First, Middle Initial) AND ADDRESS b. TELEPHONE NUMBER (Include Area Code) c. E-MAIL d. FAX NUMBER (Include Area Code)

11. APPLICANT MUST SIGN IN ITEM 13.a. BELOW. If the record in question is that of a deceased or incompetent person, LEGAL PROOF OF DEATH OR INCOMPETENCY MUST ACCOMPANY THE APPLICATION. If the application is signed by other than the applicant, indicate the name (print) and relationship by marking a box below.

12.a. CURRENT MAILING ADDRESS OF APPLICANT OR PERSON ABOVE (Forward notification of any change in address.) b. TELEPHONE NUMBER (Include Area Code) c. E-MAIL d. FAX NUMBER (Include Area Code)

13. CERTIFICATION. I make the foregoing statements, as part of my claim, with full knowledge of the penalties involved for willfully making a false statement or claim. (U.S. Code, Title 18, Sections 287 and 1001, provide that an individual shall be fined under this title or imprisoned not more than 5 years, or both.)

a. SIGNATURE - REQUIRED (Applicant or person in Item 11 above) b. DATE SIGNED - REQUIRED (YYYYMMDD) CASE NUMBER (Do not write in this space.)

14. CONTINUATION OF ITEM 6, ISSUES (If applicable)

to serve our country again. I was deployed during Desert Storm 24 Feb 91. I have never been so proud. Upon return, I returned to my civilian job. My position as administrative assistant had been filled. I was put in an unfamiliar position as asst. restaurant manager. I fell and hurt my back. It required approximately 2 years for complete healing. I informed the medical personnel on base. I was

15. CONTINUATION OF ITEM 8, SUPPORTING DOCUMENTS (If applicable)

unable at that time to continue my post with the Air National Guard.

I am now completely healed and would once again love to serve our country. I feel with all that is occurring globally, that somewhere in the U.S. military, there is a place for me.

16. REMARKS (If applicable)

It is unfair for this to be held against me due to the fact that I lost my civilian job upon deployment. If not for deployment (upon which I have no regrets, only pride) then I would never have been put in a position to in my civilian job. I would love to help our country once again. With due consideration,



MAIL COMPLETED APPLICATIONS TO APPROPRIATE ADDRESS BELOW.

**ARMY**

Army Review Boards Agency  
Support Division, St. Louis  
9700 Page Avenue  
St. Louis, MO 63132-5200  
(See <http://arba.army.pentagon.mil>)

**NAVY AND MARINE CORPS**

Naval Council of Personnel Boards  
720 Kennon Street, S.E.  
Room 309 (NDRB)  
Washington Navy Yard, DC 20374-5023

**AIR FORCE**

Air Force Review Boards Agency  
SAF/MRBR  
550-C Street West, Suite 40  
Randolph AFB, TX 78150-4742

**COAST GUARD**

U.S. Coast Guard  
Commandant (G-WPM)  
2100 Second Street, S.W. Room 5500  
Washington, DC 20593