

AIR FORCE DISCHARGE REVIEW BOARD HEARING RECORD

NAME OF SERVICE MEMBER (LAST, FIRST MIDDLE INITIAL) ██████████		GRADE AIC	AFSN/SSAN ██████████			
TYPE GEN	PERSONAL APPEARANCE	X	RECORD REVIEW			
COUNSEL		ADDRESS AND OR ORGANIZATION OF COUNSEL				
YES	No					
	X					
MEMBER SITTING		VOTE OF THE BOARD				
		HON	GEN	UOTHC	OTHER	DENY
		X				
		X				
		X				
		X				
ISSUES	INDEX NUMBER	EXHIBITS SUBMITTED TO THE BOARD				
A94.06	A49.00	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	CASE NUMBER					
21 Jul 2005	FD-2005-00071					
APPLICANT'S ISSUE AND THE BOARD'S DECISIONAL RATIONALE ARE DISCUSSED ON THE ATTACHED AIR FORCE DISCHARGE REVIEW BOARD DECISIONAL RATIONALE						
<p>Case heard at Washington, D.C.</p> <p>Advise applicant of the decision of the Board.</p> <p>Names and votes will be made available to the applicant at the applicant's request.</p>						
INDORSEMENT			DATE: 7/21/2005			
TO:		FROM:				
SAF/MRBR 550 C STREET WEST, SUITE 40 RANDOLPH AFB, TX 78150-4742		SECRETARY OF THE AIR FORCE PERSONNEL COUNCIL AIR FORCE DISCHARGE REVIEW BOARD 1535 COMMAND DR, EE WING, 3RD FLOOR ANDREWS AFB, MD 20762-7002				

AIR FORCE DISCHARGE REVIEW BOARD DECISIONAL RATIONALE

CASE NUMBER

FD-2005-00071

GENERAL: The applicant appeals for upgrade of discharge to honorable.

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 the requested relief.

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 contends discharge was inequitable because it was too harsh. The records indicated the applicant received a Letter of Reprimand and a Record of Individual Counseling for unsatisfactory performance on his CDC test and unsatisfactory progress in the Weight Management Program. In addition, he was terminated from his CDC enrollment. The characterization of the discharge received by the applicant was found to be too harsh.

CONCLUSIONS: The Discharge Review Board concludes that the discharge was not consistent with the procedural and substantive requirements of the discharge regulation and that the applicant was not provided full administrative due process.

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 discharge 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]
(Former A1C) (HGH A1C)

1. **MATTER UNDER REVIEW:** Appl rec'd a GEN Disch fr Jacksonville IAP FL ON 6 May 01 UP AFI 36-3209, para 3.18 (Unsatisfactory Performance). Appeals for Honorable Discharge.

2. **BACKGROUND:**

a. DOB: 22 Feb 79. Enlmt Age: 17 8/12. Disch Age: 21 6/12. Educ: HS DIPL. AFQT: N/A. A-74, E-68, G-68, M-63. PAFSC: 2A634 - Aircraft Fuels Systems Apprentice. DAS: 21 Nov 97.

b. Prior Svc: None.

3. **SERVICE UNDER REVIEW:**

a. Enlisted ANG as AB 1 Jul 97 for 6 years. Svd: 03 Yrs 10 Mo 06 Das, of which AMS is 00 Yrs 06 Mo 24 Das.

b. Grade Status: A1C - 1 Jan 99

c. Time Lost: None.

d. Art 15's: None.

e. Additional: LOR, 09 SEP 00 - Unsatisfactory progress in Weight Management Program.
ROC, 09 SEP 00 - Unsatisfactory on CDC Testing.
CDC Failure, 16 Jan 01 - Termination of CDC enrollment.

f. CM: None.

g. Record of SV: None.

h. Awards & Decs: AFTR, AFOUA.

i. Stmt of Sv: TMS: (03) Yrs (10) Mos (06) Das
TAMS: (00) Yrs (06) Mos (24) Das

4. **BASIS ADVANCED FOR REVIEW:** Appln (DD Fm 293) dtd 2 Feb 05.
(Change Discharge to Honorable.)


Issue 1: Block #23 of NGB Form 22 only lists 3.18 without the appropriate subparagraph. According to Air Force Instruction 36-3209 the appropriate reason (i.e., 3.18.1, 3.18.2, 3.18.3, etc.) must be given & counseling for that subparagraph must have been given. My Discharge should be upgraded because

currently my NGB 22 Form is prejudicial because it is impossible to tell upon which basis my discharge was based.

ATCH

1. Copy of AFI 36-3209, page 75 and 76.
2. DD Form 214.
3. FLANG Memorandum for member.
4. NGB Form 22, two copies.
5. Discharge Order, Special Order A-284, 17 May 01.
6. General Discharge Certificate.

23MAR05/day



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS 125TH FIGHTER WING (ACC)
14300 FANG DRIVE
JACKSONVILLE, FLORIDA 32218-7933

10 February 2001

MEMORANDUM FOR [REDACTED]

FROM: 125th MS/CC
14300 FANG Drive
Jacksonville, FL 32218-7933

SUBJECT: Notification of Discharge Recommendation (Non-Board Eligible)

1. I am recommending you, [REDACTED], for a General discharge due to substandard performance, in accordance with AFI 36-3209, paragraph 3.18.8 and 3.18.3. Copies of all supporting documents will be forwarded upon request.
2. My reason for this action is due to failure to make satisfactory progress in the Weight Management Program and failure to progress in training, second time CDC failure.
3. This action may result in your receiving a General discharge. I am recommending your service be characterized as General.
4. If you have received advanced educational assistance moneys or special pay or bonuses, you may be required to repay the U.S. for these moneys under the authority of Title 10 U.S.C., Section 2005.
5. You have the right to:
 - a) Consult legal counsel. Military legal counsel is available to assist you. You may contact [REDACTED] at the 125th Fighter Wing Legal Office, [REDACTED], to make an appointment. You may consult civilian legal counsel at your own expense, or request military legal counsel of your choice, if reasonably available.
 - b) Submit statements at any time prior to the decision of the Separation Authority to be considered in the disposition of this case. Any statements you want the separation authority to consider should reach me no later than when your selection of rights response is due.
 - c) You have the right to waive the above rights.

Copy of AFI 36-3209 is available for your use. You may obtain a copy of this instruction from the 125th FW Information Management Office, the Military Personnel Flight (MPF), or the Base Legal Office.

- 7. You must execute and return, within 24 hours of your receipt of this letter, the attached Acknowledgement of Receipt of this letter and attachments.
- 8. You must also execute and return, within 15 days of your receipt of this letter, the attached Election of Rights. Failure to return the Acknowledgement of Receipt or the Election of Rights within 15 days after receipt of the letter constitutes a waiver of all rights, with the result that the case will be processed on the information available, and without further notice to you.
- 9. You may request an extension of time to respond if additional time is needed. You (or your counsel) must submit a written request stating the reasons and amount of time needed. A request for extension of time must be received by me no later than 15 days upon your receipt of this letter.



3 Attachment:

- 1. Airman's Acknowledgement
- 2. Privacy Act Statement
- 3. Airman's Election of Rights

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>[Redacted]</p> <p>2. Article Number (Copy from service label)</p> <p>[Redacted]</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>5/7</u></p> <p>C. Signature _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
---	---