			AIR FORCE DISCHAR	GE REVIEW BO	DARD H	EARIN	G RECOR	D			
NAME	OF SERV	ICE MEMBER (LA	ST, FIRST MIDDLE INITIAL)	_	G	RADE		AFSI	N/SSAN		
					A	Ъ		:			
ТҮРЕ (GEN	PER	SONAL APPEARANCE		· X		RECORD R	REVIEW			
COU	NSEL	NAME OF COUNSEL AN	ND OR ORGANIZATION	· · · · · · · · · ·	ADD	RESS AND	DR ORGANIZATI	DN OF COUNSEL			
YES	No										
ļ]	X						NO	FE OF THE BO	ABD	· • • • • • • • • • • • • • • • • • • •	
		N	1EMBER SITTING			HON	GEN	UOTHC	OTHER	DENY	
							GEN	oome			
_										X	
										X	
										X	
										x	
-			·						L	x	
•			i						THE DOLLER		
ISSUES	A94.	55	INDEX NUMBER A67.10			OPDE		UBMITTED TO	THE BOARD)	
			A42.00		2	1 ORDER APPOINTING THE BOARD 2 APPLICATION FOR REVIEW OF DISCHARGE					
					3		R OF NOTIFI			· · ·	
					4		OF PERSONN				
								SE TO THE BO. BITS SUBMITT)F	
						PERSC	NAL APPEAR	ANCE			
						TAPE	RECORDING	OF PERSONAL	APPEARANC:	E HE	
HEARING	G DATE		CASE NUMBER								
	n 2007		FD-2006-00085								
APPLICA	NT'S ISSUE	AND THE BOARD'S DECIS	SIONAL RATIONAL ARE DISCUSSED ON THE #	ATTACHED AIR FORCE D	ISCHARGE RE	EVIEW BOA	RD DECISIONAL R	ATIONALE			
Case I	neard in	Washington, D) .C.								
Advis	e annlic	ant of the decis	tion of the Board, the right to	o a personal an	nearan <i>ce</i>	with/	vithout cou	nsel and the	s right to si	ıhmit an	
		the AFBCMR	son of the Board, the fight of	o a personai ap	pearanee	/ vv 1(11/ v	villout cou	insei, and th	- fight to st		
Name	s and vo	otes will be mad	de available to the applicant	at the applicant	t's reque	st.					
;	<u> </u>	<u>a.</u> .									
<u> </u>	17		INDORSEMENT					DATE: 1/31/200	7		
то:	\mathcal{O}	1 •		FROM:		OFTIC			Net to tender	(ndatskáří – s	
	SAF/MR 550 C ST	BR REET WEST, SUITE	E 40	A	AIR FORCE D	ISCHARGE	REVIEW BOARD WING, 3RD FLOOI				
		PH AFB, TX 78150-			ANDREWS AF						
AFF	IQ FOF	RM 0-2077, JAN	00 (EF-V	/2)			Previous ed	lition will be	used		

AIR FORCE DISCHARGE REVIEW BOARD DECISIONAL RATIONALE

FD-2006-00085

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: Upgrade of discharge is denied

The Board finds that neither the evidence of record nor that provided by the applicant substantiates an inequity or impropriety that would justify a change of discharge.

ISSUES: Applicant received a General Discharge for Personality Disorder and Minor Disciplinary Infractions.

Applicant contends that his discharge is invalid. He states he was discharged for inadaptability to military life due to migraines induced by job-related stress which caused him to miss work. He contends that his condition has not changed and he still has migraines regularly and his requests for an MRI or CAT scan to check for medical problems were declined. He believes reason for discharge to be invalid. The records indicate the applicant received two Article 15s, a vacation and a Letter of Reprimand for misconduct. Misconduct included two incidents of AWOL: three incidents of making false official statements on leave forms and to a superior officer; and misusing his government charge card to make cash withdrawals for unauthorized purposes. Medical records indicate that applicant did suffer with migraines but was controlled with medication. His inadaptability was determined through a mental health evaluation conducted because of concerns regarding his fitness for duty and suitability for continued service. The evaluation concluded that applicant suffered from Adjustment Disorder with Anxiety and Depressed Mood, Personality Disorder-Dependent and Avoidant Features and Migraines. There was no evidence to warrant disposition through medical channels. He was mentally responsible for his behavior and possessed sufficient mental capacity to understand his actions. The evaluation stated that his disorder was so severe that the member's ability to function effectively in the military environment was significantly impaired. The Board reviewed the records and found no inequity or impropriety and concluded that the characterization of the discharge received by the applicant to be appropriate.

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.

In view of the foregoing findings the Board further concludes that there exists no legal or equitable basis for upgrade of discharge, thus the applicant's discharge should not be changed.

Attachment: Examiner's Brief

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

(Former AB) (HGH A1C)

۰.			
•			
ъ.	 	 	

1. MATTER UNDER REVIEW: Appl rec'd a GEN Disch fr USAF Eglin AFB, FL on 30 Mar 00 UP AFI 36-3208, para 5.11.1 and 5.49 (Personality Disorder and Minor Disciplinary Infractions). Appeals for Honorable Discharge.

2. BACKGROUND:

a. DOB: 3 Feb 77. Enlmt Age: 21 6/12. Disch Age: 23 1/12. Educ: HS DIPL. AFQT: N/A. A-95, E-88, G-86, M-65. PAFSC: 1N031 - Intel Applications Apprentice. DAS: 5 Jul 99.

b. Prior Sv: (1) AFRes 25 Aug 98 - 9 Nov 98 (2 months 15 days) (Inactive).

3. SERVICE UNDER REVIEW:

a. Enlisted as AB 10 Nov 98 for 6 yrs. Svd: 01 Yrs 04 Mo 21 Das, of which AMS is 01 Yr 04 Months 16 days (excludes 5 days lost time).

- b. Grade Status: AB 20 Jan 00 (Vacation of Article 15, 8 Feb 00) Amn - 20 Jan 00 (Article 15, 20 Jan 00) A1C - Unknown
- c. Time Lost: 24 Nov 99 thru 27 Nov 99 & 24 Dec 99 thru 26 Dec 99 (5 days).
- d. Art 15's: (1) 29 Feb 02, Eglin AFB, FL Article 86. You did, on or about 23 Dec 99, without authority, absent yourself from your place of duty at which you were required to be, to wit: Building 1306, located at Eglin AFB, FL, and did remain so absent until on or about 27 Dec 99. Article 107. You did, on or about 28 Jan 00, with intent to deceive, sign an official document, to wit: AF Form 988, which document was false in that the first day of chargeable leave was incorrect, and was then known by you to be so false. Suspended forfeiture of \$300.00 pay per month for 2 months. Forty five days extra duty. (No appeal) (No mitigation)
 - (2) 08 Feb 00, Vacation, Eglin AFB, FL Article 107. You did, on or about 21 Jan 00, with intent to deceive, make to 1Lt an official statement, to wit: that on 24 Dec 99 you traveled to Panama City, Florida, then to Tallahassee, Florida, and returned to Eglin AFB, Florida, on 27 Dec 99, before traveling to Hanson, Kentucky, or words to that effect, which statement was totally false, and was then known by you to be so false.

Reduction to AB. (No appeal) (No mitigation)

- (3) 20 Jan 00, Eglin AFB, FL Article 86. You did, on or about 25 Nov 99, without authority, absent yourself from your place of duty at which you were required to be, to wit: Building 1306, located at Eqlin AFB, Florida, and did remain so absent until on or about 28 Nov 99. Article 92. You, who knew of your duties within the continental United States, on divers occasions between on or about 14 Nov 99 and on or about 27 Nov 99, were derelict in the performance of those duties in that you willfully failed to refrain from using your government travel charge card to make cash withdrawals for other than official government travel expenses, as it was your duty to do. Article 107. You did, on or about 29 Nov 99, with intent to deceive, sign an official document, to wit: AF Form 988, which document was false in that the last day of chargeable leave was incorrect, and was then known by you to be so false. Reduction to AB (below the grade of Airman suspended). Thirty days extra duty. (No appeal) (No mitigation)
- e. Additional: LOR, 21 JAN 00 Abusing leave policy by not starting and ending your leave at work or place of residence.
- f. CM: None.
- g. Record of SV: None.
- h. Awards & Decs: AFTR.
- i. Stmt of Sv: TMS: (01) Yrs (07) Mos (00) Das TAMS: (01) Yrs (04) Mos (16) Das
- 4. BASIS ADVANCED FOR REVIEW: Appln (DD Fm 293) dtd 13 Oct 05. (Change Discharge to Honorable)

ISSUES ATTACHED TO BRIEF.

ATCH

- 1. Applicant's Issues.
- 2. DD Form 214.
- 3. Medical Documentation.

4APR06/ia

...

FD2006-000 85

FROM TH	HE ARMED		OF DISCHARGE E UNITED STATES completing this applic	_		Form Approved OMB No. 0704-0004 Expires Aug 31, 2006
The public reporting burden for this collect gethering and maintaining the data needed of information, including suggestions for re- that notwithstanding any other provision o control number. PLEASE DO NOT RE BACK OF THIS PAGE.	t, and completing iducing the burd	g and reviewing the collectio ien, to the Department of Def in shall be subject to any per FORM TO THE ABOVE	n of Information. Send comm lense, Executive Services and mainy for failing to comply wit ORGANIZATION. RETUI	nents regarding this Communications D	burden estim irectorate (07	ate or any other sepect of this collection 04-0004). Respondents should be away
AUTHORITY: 10 U.S.C. 1553; PRINCIPAL PURPOSE(6): To ap ROUTINE USE(8): None. DISCLOSURE: Voluntary; howo Social Security Number is strict	pply for a ch ever, failure tly to assure	ange in the characteri to provide identifying proper identification o	information may impe of the individual and ap	de processing (ppropriate reco	of this app rds.	lication. The request for
1. APPLICANT DATA (The per			···	· · · · · · · · · · · · · · · · · · ·		
a. BRANCH OF SERVICE (X one)	ARMY	MARINE CORPS	HAVY			COAST GUARD
p. . NAME. (Lost. First. Middie. Initial). '			6. GRADEVRANK AT D	NSCHARGE	d. SOCIAL	L SECURITY NUMBER
2. DATE OF DISCHARGE OR SE	DAGATION				E DOAD	
2. UATE OF DISCHARGE ON SE (YYYYMMDD) (If data is more the		4. DISCHANGE CHA	NUNCI CRUCATION ARU		and the second s	D ACTION REQUESTED (X on NGE TO HONORABLE
ego, submit a DD Form 149)			HONORABLE CONDITION			NGE TO GENERAL/UNDER
20000530			HONORABLE CONDITION		HONO	ORABLE CONDITIONS
3. UNIT AND LOCATION AT DI	SCHARCE		Special court-martiel only			NGE TO UNCHARACTERIZED
OR SEPARATION		UNCHARACTERIZ				epplicable for Air Force) NGE NARRATIVE REASON FOR
33 OSS Colin AFA, FL	-	OTHER (Explain)				RATION TO:
Page 3.1 It was disch Statig that i had side Sime of was because of mis	- related	steer which .	was consing the	to have	regle	migmine Headed
7. (X if applicable) AN APPL AND THIS FORM IS SUB AND THIS FORM IS SUB in SUPPORT OF THIS APPLIX if military documents or medical if military documents or medical if military documents or medical if military documents if and/or a sub- if a sub-	LICATION W MITTED TO CATION, THI records are re ED (X one) OF MY DISCI (counsel/repr ve) WISH TO DITAN AREA. Ve) WISH TO VE (If any) NJ	AS PREVIOUSLY SUE ADD ADDITIONAL IS E FOLLOWING ATTAC Herent to your case, plea HARGE BASED ON MY A Repear AT A HEARING APPEAR AT A HEARING APPEAR AT A HEARING AME (Last, First, Middle	SMITTED ON (YYYYAM SUES, JUSTIFICATION CHED DOCUMENTS A see send copies.) ALLITARY PERSONNEL FIL PPEAR BEFORE THE BOA AT NO EXPENSE TO THE AT NO EXPENSE TO THE (NOTE: The N	ICO) N, OR EVIDENC RE SUBMITTEL LE AND ANY AD RD. E GOVERNMENT Very Discharge A b. TELEPHON 0. E-MAIL	DE. DAS EVID DITIONAL D BEFORE TH BEFORE A Leview Board E NUMBER	OCUMENTATION IE BOARD IN THE TRAVELING PANEL CLOSEST TO d does not have a traveling pane (Include Area Code)
7. (X if applicable) AN APPL AND THIS FORM IS SUB AND THIS FORM IS SUB TYPE OF REVIEW REQUESTE CONDUCT A RECORD REVIEW SUBMITTED BY ME. I AND/OR I AND/OR (counsel/representet/ (mashinaton, D.C. METROPO I AND/OR (counsel/representet/ (enter city and state) See Item 10 of the Instruction (See Item 10 of the Instruction DEATH OR INCOMPETENCY	LICATION W MITTED TO CATION, THI records are re ED (X one) OF MY DISCI (counselfreprive) WISH TO DUITAN AREA. Ve) WISH TO VE (If any) NJ re about course (TEM 13.s.	AS PREVIOUSLY SUE ADD ADDITIONAL IS E FOLLOWING ATTAC HARGE BASED ON MY A rosentative) WILL NOT A APPEAR AT A HEARING APPEAR AT A HEARING AME (Last, First, Middle nee//representative.) BELOW. If the record	SMITTED ON (YYYYAM SUES, JUSTIFICATION CHED DOCUMENTS A see send copies.) AILITARY PERSONNEL FIL PPEAR BEFORE THE BOA AT NO EXPENSE TO THE (NOTE: The A Initial) AND ADDRESS I in question is that of ICATION. If the spoild	ICD) N, OR EVIDENC RE SUBMITTEL E SUBMITTEL E GOVERNMENT E GOVERNMENT E GOVERNMENT b. TELEPHON c. E-MAIL d. FAX NUM B deceased or retion is signed	DEFORE A BEFORE A Include	ENCE: (Continue in Item 17. ENCE: (Continue in Item 17. OCUMENTATION IE BOARD IN THE TRAVELING PANEL CLOSEST TO d does not have a traveling panel (Include Area Code) Area Code) Area Code) Int person, LEGAL PROOF OF then the applicant, indicate
7. (X if applicable) AN APPL AND THIS FORM IS SUB AND THIS FORM IS SUB IN SUPPORT OF THIS APPLIX If military documents or medical CONDUCT A RECORD REVIEW SUBMITTED BY ME. I AND/OR I AND/OR (counsel/representative) (antor city and state) I. AND/OR (counsel/representative) (See Item 10 of the Instruction I AND/OR (counsel/representative) (See Item 10 of the Instruction I AND/OR (counsel/representative) (See Item 10 of the Instruction I AND/OR (counsel/representative) (See Item 10 of the Instruction I AND/OR (counsel/representative) (See Item 10 of the Instruction I AND/OR (counsel/representative) (See Item 10 of the Instruction I AND/OR (counsel/representative) Section 10 of the Instruction I AND/OR (counsel/representative)	LICATION W MITTED TO CATION, THI records are re ED (X one) OF MY DISCI (counsel/epr ve) WISH TO DUITAN AREA. Ve/ WISH TO VE (If any) NJ ns about coun ITEM 13.s. Y MUST ACC WIDOWER	AS PREVIOUSLY SUE ADD ADDITIONAL IS E FOLLOWING ATTAC Servent to your case, plea HARGE BASED ON MY A Secretative) WILL NOT A APPEAR AT A HEARING APPEAR AT A HEARING AME (Last, First, Middle ase() to presentative.) BELOW. If the record COMPANY THE APPL NEXT OF KIN	SMITTED ON (YYYYAM SUES, JUSTIFICATION CHED DOCUMENTS A see send copies.) AILITARY PERSONNEL FIL PPEAR BEFORE THE BOA AT NO EXPENSE TO THI AT NO EXPENSE TO THI (NOTE: The A Initial) AND ADDRESS I In question is that of ICATION. If the applic and relationship LEGAL REPRESEN	ICO) N, OR EVIDENC RE SUBMITTEL E SUBMITTEL E GOVERNMENT E GOVERNMENT & E GOVERNMENT & E MAIL d. FAX NUMI a deceased or setion is signed by marking a ITATIVE	DITIONAL D DITIONAL D BEFORE TH BEFORE A leview Board E NUMBER BER (Include Incompete by other t box below. THER (Spec	ENCE: (Continue in Item 17, ENCE: (Continue in Item 17, OCUMENTATION RE BOARD IN THE TRAVELING PANEL CLOSEST 11 d does not have a traveling pene (Include Area Code) Area Code) Area Code) Area Code) whit person, LEGAL PROOF Of then the applicant, indicate
7. (X if applicable) AN APPL AND THIS FORM IS SUB AND THIS FORM IS SUB in SUPPORT OF THIS APPLIX if military documents or medical if another and the second Review SUBMITTED BY ME. I AND/OR if AND/OR (counsel/representative) if AND/OR (counsel/representative) if another and state) if another and state) if another and state if another an	LICATION W MITTED TO CATION, THI records are re ED (X one) OF MY DISCI (counsel/repr ve) WISH TO DUITAN AREA. Ve/ WISH TO VE (If any) NJ re about coun ITEM 13.s. Y MUST ACC WIDOWER ESS OF APP	AS PREVIOUSLY SUE ADD ADDITIONAL IS E FOLLOWING ATTAC Sevent to your case, plea HARGE BASED ON MY A opentative) WILL NOT A APPEAR AT A HEARING APPEAR AT A HEARING APPEAR AT A HEARING AME (Last, First, Middle ase(/representative.) BELOW. If the record COMPANY THE APPL NEXT OF KIN LICANT OR PERSON	SMITTED ON (YYYYAM SUES, JUSTIFICATION CHED DOCUMENTS A see send copies.) AILITARY PERSONNEL FIL PPEAR BEFORE THE BOA AT NO EXPENSE TO THI AT NO EXPENSE TO THI (NOTE: The A Initial) AND ADDRESS I In question is that of ICATION. If the applic and relationship LEGAL REPRESEN	ICD) N, OR EVIDENC RE SUBMITTEL E SUBMITTEL E GOVERNMENT E GOVERNMENT E GOVERNMENT Very Discharge A b. TELEPHON c. E-MAIL d. FAX NUMH a deceased or setion is signed by marking a b. TELEPHON	DITIONAL D DITIONAL D BEFORE TH BEFORE A leview Board E NUMBER BER (Include Incompete by other t box below. THER (Spec	ENCE: (Continue in Item 17. OCUMENTATION IE BOARD IN THE TRAVELING PANEL CLOSEST TO d does not have a traveling panel (Include Area Code) Area Code) Area Code) ent person, LEGAL PROOF OF then the applicant, Indicate
7. (X if applicable) AN APPL AND THIS FORM IS SUB AND THIS FORM IS SUB in SUPPORT OF THIS APPLIX if military documents or medical if anticary documents or medicary if anticary documents if anticary documents or medicary if anticary documents or medicary if anticary documents if anticary documents if anticary documents if anticary documents if anticary docu	LICATION W MITTED TO CATION, THI records are re ED (X one) OF MY DISCI (counsel/repr ve) WISH TO DUITAN AREA. Ve/ WISH TO VE (If any) NJ re about coun ITEM 13.s. Y MUST ACC WIDOWER ESS OF APP	AS PREVIOUSLY SUE ADD ADDITIONAL IS E FOLLOWING ATTAC Sevent to your case, plea HARGE BASED ON MY A opentative) WILL NOT A APPEAR AT A HEARING APPEAR AT A HEARING APPEAR AT A HEARING AME (Last, First, Middle ase(/representative.) BELOW. If the record COMPANY THE APPL NEXT OF KIN LICANT OR PERSON	SMITTED ON (YYYYAM SUES, JUSTIFICATION CHED DOCUMENTS A see send copies.) AILITARY PERSONNEL FIL PPEAR BEFORE THE BOA AT NO EXPENSE TO THI AT NO EXPENSE TO THI (NOTE: The A Initial) AND ADDRESS I In question is that of ICATION. If the applic and relationship LEGAL REPRESEN	ICD) N, OR EVIDENC RE SUBMITTEL E SUBMITTEL E GOVERNMENT E GOVERNMENT E GOVERNMENT E GOVERNMENT E GOVERNMENT E GOVERNMENT C. E-MAIL d. FAX NUMI a Gecessed or cation is signed by marking a ITATIVE	DITIONAL D DITIONAL D BEFORE TH BEFORE A leview Board E NUMBER BER (Include Incompete by other t box below. THER (Spec E NUMBER	ENCE: (Continue In Item 17, ENCE: (Continue In Item 17, OCUMENTATION IE BOARD IN THE TRAVELING PANEL CLOSEST To d does not have a traveling panel (Include Area Code) Area Code) Area Code) Area Code) In person, LEGAL PROOF OF then the applicant, Indicate Sty) (Include Area Code)
7. (X if applicable) AN APPL AND THIS FORM IS SUB AND THIS FORM IS SUB AND THIS FORM IS SUB in SUPPORT OF THIS APPLIX if military documents or medical if anotory and state if anotory and state) if anotory and state if of the instruction if anotory and state if anotory anotory and the instruction of any clipse anotory and tool, provide that an lip	LICATION W MITTED TO CATION, THI records are re ED (X one) OF MY DISCI (counsel/epr ve) WISH TO UTAN AREA. ve) VE (VE) VE) VE VE VE VE VE VE VE VE VE VE VE VE VE V	AS PREVIOUSLY SUE ADD ADDITIONAL IS E FOLLOWING ATTAC Newant to your case, plead HARGE BASED ON MY A soentative) WILL NOT A APPEAR AT A HEARING APPEAR AT A HEARING APPEAR AT A HEARING AME (Last, First, Middle are//representative.) BELOW. If the record COMPANY THE APPL NEXT OF KIN LICANT OR PERSON case.)	SMITTED ON (YYYYAM SUES, JUSTIFICATION CHED DOCUMENTS A see send copies.) AILITARY PERSONNEL FIL PPEAR BEFORE THE BOA AT NO EXPENSE TO THE (NOTE: The A INITIAL OF A SECONDEL FIL (NOTE: THE A INITIAL OF A SECONDEL	ICD) N, OR EVIDENC RE SUBMITTEL E SUBMITTEL E SUBMITTEL E GOVERNMENT E GOVERNMENT E GOVERNMENT E GOVERNMENT B COVERNMENT I DISCHARGE OF COVERNMENT I DISCHARGE OF COVERNMENT I DISCHARGE OF COVERNMENT I DISCHARGE OF COVERNMENT I DISCHARGE OF COVERNMENT I DISCHARGE OF CO DISCHARGE OF CO D	DITIONAL D DITIONAL D BEFORE TH BEFORE TH BEFORE A leview Board E NUMBER BER (Include Incompete by other t box below. THER (Spec E NUMBER BER (Include	ENCE: (Continue In Item 17. ENCE: (Continue In Item 17. OCUMENTATION IE BOARD IN THE TRAVELING PANEL CLOSEST TO d does not have a traveling panel (Include Area Code) Area Code) Area Code) Mart person, LEGAL PROOF OF then the applicant, Indicate SHY) (Include Area Code)
7. (X if applicable) AN APPL AND THIS FORM IS SUB AND THIS FORM IS SUB TYPE OF REVIEW REQUESTE CONDUCT A RECORD REVIEW SUBMITTED BY ME. I AND/OR CONDUCT A RECORD REVIEW SUBMITTED BY ME. I AND/OR CONDUCT A RECORD REVIEW SUBMITTED BY ME. I AND/OR I AND/OR (counsel/representet/ (anter city and state) I AND/OR (counsel/representet/ (enter city and state) I.AND/OR (counsel/representet/ (forward notification of any cl (Forward notification of any cl I.A. CERTIFICATION. I make to penalties Involved for withful	LICATION W MITTED TO CATION, THI records are re- ED (X one) OF MY DISCI (counsel/epr ve) WISH TO DUITAN AREA. Ve/ WISH TO DUITAN AREA. Ve/ WISH TO VE (If any) NJ re about count ITEM 13.s. Y MUST ACC WIDOWER ESS OF APP hange in addre the foregoing a nd/vidual sha	AS PREVIOUSLY SUE ADD ADDITIONAL IS E FOLLOWING ATTAC Sevent to your case, plea- blevent to your case, plea- MARGE BASED ON MY A resentative) WILL NOT A APPEAR AT A HEARING APPEAR	SMITTED ON (YYYYAM SUES, JUSTIFICATION CHED DOCUMENTS A see send copies.) AILITARY PERSONNEL FIL PPEAR BEFORE THE BOA AT NO EXPENSE TO THE (NOTE: The A INITIAL OF A SECONDEL FIL (NOTE: THE A INITIAL OF A SECONDEL	ICD) N, OR EVIDENC RE SUBMITTEL E SUBMITTEL E GOVERNMENT E GOVERNMENT E GOVERNMENT E GOVERNMENT C. E-MAIL d. FAX NUME a deceased or ration is signed by marking a INATIVE	DITIONAL D DITIONAL D BEFORE TH BEFORE TH BUILDER BER (Include Incompete by other t by o	ENCE: (Continue in item 17. ENCE: (Continue in item 17. OCUMENTATION IE BOARD IN THE TRAVELING PANEL CLOSEST TO does not have a traveling penel (Include Area Code) Area Code) Area Code) (Include Area Code) (Include Area Code) (Include Area Code) (Area Code) (Area Code)

FD 2006-00085

14. CONTINUATION OF ITEM 8, 1880/08/ 111 opplicable) So if this JUB-related Stress wis carsing them i wouldn't Shill be having them. I asked nonerors times to have an MAI or cat sion be done to deck to see if smething was realizedly wong and was declined anytime. recently have give to a Neurologist who woulds to salulake a MKI, minging me to believe that boin dischard for their resson is completely municid.

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

16. REMARKS (If applicable)

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://arbs.army.pentagon.mil)

AIR FORCE

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

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

COAST GUARD

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

DD FORM 293, MAR 2004

Page 2 of 4 Pages

FD 2006-000 85



DEPARTMENT OF THE AIR FORCE HEADQUARTERS 33D FIGHTER WING (ACC)

EGLIN AIR FORCE BASE, FLORIDA

MAR 2 2 2000

MEMORANDUM FOR AB 33 OSS (ACC)

FROM: 33 OSS/CC

SUBJECT: Notification Memorandum

1. I am recommending your discharge from the United States Air Force for conditions that interfere with military service (mental disorders) and misconduct (minor disciplinary infractions). The authority for this action is AFPD 36-32 and AFI 36-3208, chapter 5, section B, paragraph 5.11.1, and section H, paragraph 5.49. If my recommendation is approved, your service will be characterized as honorable, general, or under other than honorable conditions. I am recommending that your service be characterized as general.

2. My reasons for this action are:

a. On 14 Jan 00, Major ______, Chief of the Eglin Mental Health Clinic, diagnosed you with an adjustment disorder on DSM IV Axis I and a personality disorder not otherwise specified (NOS) on Axis II. In his assessment, Major _______ stated that you disorder is so severe that you ability to function effectively in the military environment is significantly impaired. Major _______ further opined that "as a result of your extremely poor and apathetic attitude that you are temperamentally and emotionally unsuited for continued service in the United States Air Force." I believe that your mental disorders have had an adverse affect on your ability to function as an Air Force member—such as your security clearance being revoked, which prevents you from performing your assigned duties, and also delays in your upgrade training and the manpower burden that has fallen upon the other workers in your section.

b. You committed three offenses for which you received an Article 15, dated 29 Feb 00. The two separate incidents of misconduct include the following:

(1) On or about 23 Dec 99, you, without authority, absented yourself from your place of duty and did remain absent until on or about 27 Dec 99.

(2) On or about 28 Jan 00, you, with intent to deceive, signed an official document, an AF Form 988, which document was false in that the first day of chargeable leave was incorrect, and was then know by you to be false.

Global Power For America

FD2006-00085

d. You committed three offenses for which you received an Article 15, dated 20 Jan
00. The three separate incidents of misconduct include the following:

(1) On or about 25 Nov 99, you, without authority, absented yourself from your place of duty and remained absent until on or about 28 Nov 99.

(2) On divers occasions between on or about 14 Nov 99 and on or about 27 Nov 99, you were derelict in the performance of your duties when you willfully failed to refrain form using your government travel charge card to make cash withdrawals for other than official government travel expenses.

(3) On or about 29 Nov 99, you, with the intent to deceive, signed an official document, an AF Form 988, which was false in that the last day of chargeable leave was incorrect.

3. Copies of the documents to be forwarded to the separation authority in support of this recommendation are attached. The commander exercising SPCM jurisdiction or a higher authority will decide whether you will be discharged or retained in the Air Force and, if you are discharged, how your service will be characterized. If you are discharged, you will be ineligible for reenlistment in the Air Force. Special pay, bonuses, or education assistance funds may be subject to recoupment.

4. You have the right to consult counsel. Military legal counsel has been obtained to assist you. I have made an appointment for you to consult Capt at building 451, ext. 882-4185, on <u>23 MAR 00</u> at <u>1400</u> hours. You may consult civilian counsel at your own expense.

5. You have the right to submit statements in your own behalf. Any statements you want the separation authority to consider must reach me within **3 workdays** from today unless you request and receive an extension for good cause shown. I will send them to the separation authority.

6. If you fail to consult counsel or to submit statements on your own behalf, your failure will constitute a waiver of your right to do so.

F02006-00085

7. You will complete a medical examination with the 96th Medical Group on 27 Mar 00, at 0715 hours.

8. You have been scheduled for an appointment with the 96th Mission Support Squadron, separations section, on 23 Mar 00, at 1000 hours.

9. Immediately after completion of your 96th Mission Support Squadron separations section briefing report to the 96th Traffic Management Office with your completed AFDTC Form 4134 or LGTT Office Form B133.

10. You are required to receive a briefing from the Family Support Center prior to your separation. You have been scheduled to receive your Transition Assistance Management Program (TAMP) briefing on 28 Mar 00, at 0800 hours.

11. Any personal information you furnish in rebuttal is covered by the Privacy Act of 1974. A copy of AFI 36-3208 is available for your use in your unit orderly room.

Commander, 33 OS

Attachments:

- 1. Supporting Documents
- 1a. 96 MDOS/SGOHC Memo, dated 20 Mar 00
- 1b. 33 OSS/CC memorandum, dated 12 Mar 00
- 1c. 96 MDOS/SGOHC Ltr, dated 14 Jan 00
- 1d. Article 15, dated 29 Feb 00
- 1e. LOR, dated 21 Jan 00
- 1f. Vacation Action, dated 8 Feb 00
- 1g. Article 15, dated 20 Jan 00
- 2. Airman's Acknowledgment