

ACTIVE DUTY REPORT

 ARNGUS
 USAR

 ARNGUS
 AFRes

DATE

21 AUG 1987

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 275

PRINCIPAL PURPOSE: Used to report items of information for individuals reporting for active duty. Also used to compute date of rank for officers and warrant officers ordered to active duty for 12 or more months.

ROUTINE USES: Information is used to report periods of active duty and physical condition upon entry and release from active duty. Medical statement is used to identify defects or conditions which have arisen since the member was last medically examined. If any significant changes are noted, the member is given a medical examination. The SSN is used to identify the member.

DISCLOSURE: Completing the form is voluntary. If an individual refuses to complete either Statement No. 1 or Statement No. 2, he is scheduled for a medical examination.

TO: THE ADJUTANT GENERALS DEPT.
STATE OF CONNECTICUT
360 BROAD ST
HARTFORD, CT 06115

FROM: CHIEF
TRAINEE MILPO USAIC
ATTN: ATZB-AG-TM (Bldg 4043)
FT BENNING, GA. 31905-5010

1. LAST NAME - FIRST NAME - MIDDLE INITIAL
PINTO ANTONIO P

2. SSN

3. GRADE

4. BRANCH

5. RYE

PV1

DAY

MONTH

YEAR

6. EFFECTIVE DATE OF ENTRY ON ACTIVE DUTY (Determined by personnel officer at first duty station IAW criteria outlined in AR 37-104 or AFM 35-3)

02

07

87

7. REPORTING DATE (Date specified in orders or the actual reporting date if subsequent thereto)

02

07

87

8. DATE DEPARTED FROM DUTY STATION FOR HOME

21

08

87

9. DATE TOUR OF DUTY TERMINATED (Include allowable travel time for return to home)

22

03

87

10. AUTHORITY

ORDERS 86-4

PAR.

DATED 870429

HQ MEPS NEW HAVEN, CT

11. LENGTH OF TOUR (Less than 90 days if ARNGUS or USAR)
00-01-21

12. STATEMENT OF PHYSICAL CONDITION

STATEMENT NO. 1 (In lieu of medical examination) 1. THE UNDERSIGNED, UNDERWENT A COMPLETE MEDICAL EXAMINATION FOR

MILITARY SERVICE ON OR ABOUT _____ WHICH WAS ACCOMPLISHED AT _____

AND SINCE THAT TIME -

 I HAVE NOT BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS OR OTHER PRACTITIONERS. I HAVE BEEN TREATED BY _____ DURING THE PERIOD FROM _____

TO _____ FOR _____

 I WAS HOSPITALIZED IN _____ HOSPITAL. ATTENDING PHYSICIAN WAS _____

DIAGNOSIS WAS _____

 I DO/DO NOT BELIEVE THAT I AM NOW MEDICALLY QUALIFIED TO PERFORM SATISFACTORY MILITARY SERVICE.

DATE _____

SIGNED: _____

OFFICER

STATEMENT NO. 2 (Upon release from active duty) DURING MY TOUR OF DUTY FROM _____ TO _____ THERE HAS BEEN NO CHANGE IN MY PHYSICAL CONDITION, AND TO THE BEST OF MY KNOWLEDGE, I AM NOT SUFFERING ANY DISABILITY, DEFECT OR ILLNESS, WHICH WAS NOT PRESENT UPON ENTRY OR ACQUIRED DURING THIS TOUR OF DUTY.

DATE _____

SIGNED: _____

13. (ARMY USE ONLY) UPON MOBILIZATION THIS ITEM WILL BE FILLED IN FOR MEMBERS OF UNITS OF RESERVE COMPONENTS OF THE ARMY AND COPIES OF ORDERS WILL NOT BE ATTACHED TO THIS FORM.

ENTERED ON AD AS A MEMBER OF _____

(Unit and Unit Home Station)

ORDERED TO AD FROM (Home of Record or Home Address) _____

DD FORM 220
1 JAN 78

EDITION OF 1 MAR 66 IS OBSOLETE AND REPLACES DD FORM 220 -
PRIVACY ACT STATEMENT, 26 SEP 75, WHICH IS OBSOLETE.

189 (ARMY USE ONLY) DA FORM 67-5 (Officer Efficiency Report) OR DA FORM 1059 (Academic Report) PREPARED AND FOR-

FORWARDED

YES - FORWARDED TO

NO - REPORT WILL BE FORWARDED ON OR ABOUT (date)

NOT APPLICABLE

15. (ARMY USE ONLY) DATE OF RANK (for officers and

warrant officers deferred to AD for 12 or more months

after computation below)

SEE (BELOW) (OFFICER WILL NOT BE PROMOTED TO THIS GRADE)

16. (AIR FORCE USE ONLY) DATE OF RANK

AF FORM 352 (Computation of Date of Rank upon entry on LEAD) PREPARED (See AFR 35-54)

17. REMARKS (explain reason for delay, if any, in complying with orders)

SEE (BELOW) (OFFICER WILL NOT BE PROMOTED TO THIS GRADE)

18. TYPED NAME AND GRADE

MONTE D. CAPPS
CW2, USAR
ASST. AG

SIGNATURE (Adjutant or other officer representing)



19. INCLS (Check when included)

COPY OR EXTRACT OF PERTINENT ORDERS AND ANY AMENDMENTS THERETO
 REPORT OF MEDICAL EXAMINATION

RIFLE M-16: EX QUAL BADGE: 870729

HAND GREN: SS QUAL BADGE: 870811

DD FORM 1 JUL 79 **214**

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle) **PINTO, ANTONIO PAULO** 2. DEPARTMENT, COMPONENT AND BRANCH **ARMY/ARNG** 3. SOCIAL SECURITY NO. [REDACTED]

4. GRADE, RATE OR RANK **PV2** 4a. PAY GRADE **E-2** 5. DATE OF BIRTH **690817** 6. PLACE OF ENTRY INTO ACTIVE DUTY **NEW HAVEN CT**

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **CO E 3RD BN 32ND INF 1ST ITB USAITC, TRADOC, TC** 8. STATION WHERE SEPARATED **PORT BENNING, GEORGIA**

9. COMMAND TO WHICH TRANSFERRED **CO B 1/102ND INF WATERBURY CT 06702** 10. SGLI COVERAGE AMOUNT \$ 50 .000 NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles covering periods of one or more years) 11C10 Indirect Fire Infantryman//00 Yrs and 00 Mos//NOTHING FOLLOWS	12. RECORD OF SERVICE			
		YEAR (//)	MON (//)	DAY (//)
	a. Date Entered AD This Period	88	07	21
	b. Separation Date This Period	88	09	12
	c. Next Active Service This Period	00	01	22
	d. Total Prior Active Service	00	02	21
	e. Total Prior Inactive Service	01	01	01
	f. Foreign Service	00	00	00
	g. Sea Service	00	00	00
	h. Effective Date of Pay Grade	88	01	02
i. Reserve Oblig. Term. Date	95	04	28	

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
EXPERT (M-16)//SHARPSHOOTER (HAND GRENADE)//EXPERT (SIMM)//ARMY SERVICE RIBBON//NOTHING FOLLOWS

14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed)
NOTHING FOLLOWS

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM YES NO 16. HIGH SCHOOL GRADUATE OR EQUIVALENT YES NO 17. DAYS ACCRUED LEAVE PAID **5**

18. REMARKS
NOTHING FOLLOWS

19. MAILING ADDRESS AFTER SEPARATION **64 PIEDMONT STREET WATERBURY CT 06706** 20. MEMBER REQUESTS COPY & BE SENT TO CT DIR OF VET AFFAIRS YES NO

21. SIGNATURE OF MEMBER BEING SEPARATED *Antonio P Pinto* 22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN **C.H. JONES, MSG USA, NCOIC-TRNE PROC CTR**

MEMBER-1



DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
REPORT OF SEPARATION AND RECORD OF SERVICE

REPORT OF SEPARATION AND RECORD OF SERVICE IN THE 1 ARMY NATIONAL GUARD OF CONNECTICUT AND AS A RESERVE OF THE 2 XXXX

1. Insert either Army or Air 2. Enlisted personnel only - insert only Army or Air Force

1. LAST NAME - FIRST NAME MIDDLE NAME PINTO ANTHONY PAULO	2. DEPARTMENT, COMPONENT AND BRANCH ARNGUS/ CTARNG	3. SOCIAL SECURITY NUMBER [REDACTED]
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4. DATE OF ENL	YR	MO	DA	5a. RANK	5b. PAY GRADE	6. DATE OF RANK	YR	MO	DA	7. DATE OF BIRTH	YR	MO	DA
87	04	29		SPC	E-4	89	06	02		69	08	17	

8a. STATION OR INSTALLATION AT WHICH EFFECTED CO A 242D ENGR CBT BN (C) STRATFORD CT 06497-1702	8b. EFFECTIVE DATE
	YR MO DA 93 04 28

9. COMMAND TO WHICH TRANSFERRED USAR CONTROL GROUP (AT) ST LOUIS MO 63132-5200	10. RECORD OF SERVICE
	YRS MOS DAYS
	(a) NET SERVICE THIS PERIOD 06 00 00
	(b) PRIOR RESERVE COMPONENT SERVICE 00 00 00
	(c) PRIOR ACTIVE FEDERAL SERVICE 00 00 00

11. TERMINAL DATE OF RESERVE/MILITARY SERVICE OBLIGATION	YR	MO	DA	11. (d) TOTAL SERVICE FOR PAY
	95	04	28	06 00 00

12. MILITARY EDUCATION <i>(Course Title, number of weeks, month and year completed)</i> INDIRECT FIRE INFANTRYMAN/ 8 WKS/ 0988	13. PRIMARY SPECIALITY NUMBER, TITLE AND DATE AWARDED <i>(Additional speciality numbers and titles)</i> P 11C10/ INDIRECT FIRE INFANTRYMAN/ 880909
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14. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED SECONDARY/HIGH SCHOOL <u>12</u> YRS(Gr 1-12) COLLEGE _____ YRS	15. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED THIS PERIOD <i>(State Awards may be included)</i>
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16. SERVICEMAN'S GROUP LIFE INSURANCE COV <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO AMT \$ <u>100,000.00</u>	17. PERSONNEL SECURITY INVESTIGATION a. TYPE b. DATE COMPLETED NA NA	ARMY-SVC-RBN/ NTL-DEF-SVC-MDL/ AR-COMP-ACHVMT-MDL.
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18. REMARKS **IADT: 880721-880912**

INDIVIDUAL DISCHARGED WITHOUT PERSONAL NOTICE, PER CHAP 8 OF NGR 600-200. NGB FORM 22 AND 55a WERE MAILED TO LAST KNOWN ADDRESS AS SHOWN IN ITEM #19. INDIVIDUAL ASSIGNED TO USAR CONTROL GROUP (AT) FOR COMPLETION OF 02 YEARS, 00 MONTHS, AND 00 DAYS STATUTORY OBLIGATION. SRIP PARTICIPANT (11C). NO RECOUPMENT NECESSARY.

19. MAILING ADDRESS AFTER SEPARATION <i>(Street, RFD, City, County, State and Zip Code)</i> 64 PIEDMONT STREET WATERBURY CT 06706	20. SIGNATURE OF PERSON BEING SEPARATED SOLDIER NOT AVAILABLE FOR SIGNATURE
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21. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER ALBERT P. JACOBUCCI, CW4, BRANCH CHIEF	22. SIGNATURE OF OFFICER AUTHORIZED TO SIGN
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NGB FORM **22** 1 FEB 83 *(Replaces NGB Form 22, dated 15 Oct 76 and NGB Form 22-1, dated 1 Jun 78, which are obsolete)* INDIVIDUAL COPY (1)

23. AUTHORITY AND REASON NGR 600-200 PARA 8-27f EXPIRATION OF ACTIVE GUARD COMMITMENT		
24. CHARACTER OF SERVICE HONORABLE	25. TYPE OF CERTIFICATE USED NGR FORM 55a	26. REENLISTMENT ELIGIBILITY REI
27. <input type="checkbox"/> REQUEST <input type="checkbox"/> DECLINE COPIES OF MY NGB FORM 22 INITIALS _____		

NGB FORM **22** 1 FEB 83 *(Replaces NGB Form 22, dated 15 Oct 76 and NGB Form 22-1, dated 1 Jun 78, which are obsolete)* INDIVIDUAL COPY IF REQUESTED (2)