

PRE-SEPARATION Information Sheet

The information herein is For Official Use Only (FOUO) which must be protected under the Privacy Act of 1974, as amended. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in criminal and/or civil penalties.

1. **First Name:** _____ **MI:** _____ **Last Name:** _____
DOD ID Number (back of ID card): _____
2. **Do you have a security clearance of Secret or higher? (Circle or highlight one)** Yes No
3. **Rank:** _____ **Squadron/Unit:** _____
Unit Location (if NOT assigned to Joint Base Andrews) _____
4. **Anticipated Date of Separation/Retirement: (day, mo. and year) _____ (not permissive/terminal leave start date) If date not known at this time:**
 - Voluntary separatees & retirees: date requested on applications or expiration date of ID card
 - Involuntary separatees: (MEBs, Admin discharges) estimate 90 days from today if paperwork has been submitted or use the expiration date of ID card
5. **If your date of separation/retirement is less than 365 days from today, please select the reason below:**

<input type="checkbox"/> a. Mission requirements	<input type="checkbox"/> d. Legal separation
<input type="checkbox"/> b. Personal reasons	<input type="checkbox"/> e. Change in career decision
<input type="checkbox"/> c. Medical separation/discharge	<input type="checkbox"/> f. Other (Please provide a brief explanation):

6. **What are your post-transition goals? Select all that apply below:**

<input type="checkbox"/> a. Retirement
<input type="checkbox"/> b. Retirement with Higher education, employment, vocational development or business venture
<input type="checkbox"/> c. Higher Education
<input type="checkbox"/> d. Vocational Training
<input type="checkbox"/> e. Employment
<input type="checkbox"/> f. Entrepreneurship - training and small business
<input type="checkbox"/> g. Other

Please provide a brief explanation (if other): _____
7. **Do you have a disability that may impact your pursuit in a job or school?**
Yes No Pending
Explain _____
8. **I have Select One _____ to support my current lifestyle after I transition.**
Explain _____
9. **How interested are you in TAP assistance? Select One**
10. **My civilian career path Select One _____ to my AFSC.**
11. **I am seeking a Select one _____ demand career field. O*NET resources :www.mynextmove.org**

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12. I have already secured post-transition employment (have a job offer). Yes No
13. Are you planning on continuing your education?
 Not Currently Applying Currently applying Secured school
14. Do you have any interest in attending Employment / Vocational / Education / Entrepreneurship courses?
Yes No
15. I am Select One _____ with my decision to transition.
16. I have (a) Select One _____ network (friends / family / co-workers) as I transition.
17. Will your family member/caregiver/legal guardian/designee be present during the virtual briefing?
Yes No N/A
18. Are you or were you assigned to a Warrior Transition Unit (WTU)? Yes No
19. Do you consent to allow this form to be sent to Federal agencies for additional Transition assistance post-separation? Yes No
20. Do you consent to allow this form to be sent to Federal and other agencies who look for critical language skills and/or regional expertise that could be vital during times of need, crisis, and/or national emergencies?
Yes No
21. Do you elect to participate in the long term post-transition tracking study? Yes No
22. Do you allow this form to be sent to State Agencies for additional assistance post separation?
Yes No
23. Are you Q-Coded or have a family member enrolled in the Exceptional Family Member Program (EFMP)?
Yes No
24. Does the Service Member elect to receive additional information regarding their immigration status and expedited citizenship application? Yes No N/A