



REQUIRED FOR FINAL OUTPROCESSING

DEPARTMENT OF THE AIR FORCE PACIFIC AIR FORCE

Bring the ORIGINALS and 1 COPY of the following items to your Final Out

- Virtual Relocation Processing Checklist – Must be completely signed off
 - Please email (LeaveWeb screenshot) us your CC approved leave for your departure date change. Your leave dates are also needed to schedule your Pre-Final/Final out processing appointments.
 - Due to certain departure dates being so far out, organizations might not be able to open your checklist in vMPF. We recommend print your virtual checklist and have each organization's representative wet sign and date. We will check it off virtual checklist during your final out in their place.
- DD Form 214 Worksheet, Certificate of Release or Discharge From Active Duty **PRINTED**
- AF Form 2587, Security Termination Form – Obtain from YOUR Unit Security Monitor
- AF Form 988 signed by CC and Finance (only if leave is taken)
 - Provide applicable copies of your authorized AF Form 988 (s).
 - If you are taking authorized Permissive leave in conjunction with your terminal leave, please turn in both approved 988's at the same time.
- Dental Assessment Letter – Signed by Dental Clinic
- Medical Examination Letter – Wet signed by the Medical Standards Management Element
- Identification Card Memorandum (**completed at your DEERS/ID Card briefing**)
- Passport Memorandum and turn in any **No Fee Government** Passports
- SGLI – Retrieve form from PRDA (SGLV 8286)
- Terminal Leave Policy Letter
- Final Out-Processing Policy Letter
- DD Form 2958 – TAPS/CAPSTONE Form wet signed by TAPS counselor, CC, and member.
- Copy of Orders/Amendments

**We will NOT be able to complete your final-out processing
without all the applicable documents.**

You MUST be in uniform to out-process.



REQUIRED FOR FINAL OUTPROCESSING
DEPARTMENT OF THE AIR FORCE
PACIFIC AIR FORCES

MEMORANDUM FOR OUTPROCESSING MEMBERS

FROM: 673 FSS/FSMPD (RETIREMENTS AND SEPARATIONS)

SUBJECT: DD 214 BRIEF

1. AFPC has stopped mailing Official DD 214s to member's home of records. They are currently loaded on the day of separation/retirement in vMPF. As your CAC is expiring that day, you still might be able to log in and print it out. If not please call 1-800-525-0102 opt 1 and listen carefully to the automated message for instructions on how to obtain a temporary username and password.
2. 60 days after your separation/retirement the temporary username and password will expire. You will need to call 1-800-525-0102 to have it sent to a personal email address for print out. You could also use the E-Benefits account you created with the VA to access your official DD 214.

//SIGNED//

Career Development Technician



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MEMORANDUM FOR _____ Date: _____
(Member's Name and SSAN):

FROM: 673 FSS/FSMPD (CAREER DEVELOPMENT)
SUBJECT: Veterans Outpatient Dental Treatment for Discharged or Released Personnel

1. I acknowledge in accordance with Public Law 97-35, the Omnibus Budget Reconciliation Act of 1981, and Title 38 U. S. C., Section 1712, limits eligibility to Outpatient Dental Treatment currently provided by the Department of Veterans Affairs (DVA).
2. I acknowledge I'm eligible for Dental Treatment providing the following criteria are met.
 - a. If I have served at least 180 days of active duty.
 - b. If I apply to the DVA for required treatment within 90 days of discharge or release from active duty.
 - c. My DD Form 214, **Certificate of Release or Discharge from Active Duty**, contains a statement that a complete dental examination and appropriate dental services and treatment were not provided by the armed forces within 90 days prior to your discharge or release.
3. My signature below indicates I acknowledge receipt and understanding of Public Law 97-35, the Omnibus Budget Reconciliation Act of 1981, and Title 38 U. S. C., Section 1712, which limits eligibility to Outpatient Dental Treatment currently provided by the Department of Veterans Affairs (DVA).

(Member's Signature/Date)

1st Ind, 3 DENTAL SQUADRON

TO: 673 FSS/FSMPD (CAREER DEVELOPMENT)

Member **HAS/HAS NOT** been provided a complete dental examination and all appropriate dental services and treatment **WAS/WAS NOT** provided by the Armed Forces within 90 days prior to his/her discharge or release.

(Signature of Dental Representative)

2nd Ind, Separating Member

TO: 673 FSS/FSMPD (CAREER DEVELOPMENT)

I have been briefed on the eligibility criteria concerning DVA Outpatient Dental Treatment and understand the provisions mentioned in the memorandum.

(Member's Signature/Date)



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MEMORANDUM FOR

(Member's Name and SSAN):

FROM: 673 FSS/FSMPD (CAREER DEVELOPMENT)

SUBJECT: Medical Examination for Separation

1. I acknowledge that Air Force policy mandates a medical examination (physical) per AFM 48-123 before separation when certain conditions exist. **The medical facility will determine whether an examination is mandatory or optional.** In addition, an occupational health examination prior to separation may be required. Public Health personnel must determine the need for this examination based upon Air Force Occupational Safety and Health (AFOSH) standards.

2. I acknowledge there are instances when a physical examination is not mandatory, it may be administrated upon your request. If I have the option, I (do) (do not) desire a medical examination in conjunction with my scheduled separation. I understand if I elect not to undergo a medical examination the decision may be waived only by approval of HQ AFPC/DPAM upon presentation of substantial medical information to warrant changing separation processing.

3. I acknowledge and understand that I have been directed to visit the TRICAE Service Center (TSC) at my host medical treatment facility (MTF) to discuss continuation of TRICARE-Prime enrollment.

4. I acknowledge that I must return this memorandum to my servicing MPF Personnel Relocations Element after endorsement by the medical facility and prior to receiving my separation orders.

(Member's Signature/Date)

1st Ind, 673 FSS/FSMPD (CAREER DEVELOPMENT)

TO: Medical Standards Management Element

1. Request your activity review the member's health records to determine: if a physical examination is required and if an occupational health examination is required. After reviewing the member's health records: please provide endorsement below and instruct member to return this memorandum to the MPF Personnel Relocations Element.

2. Air Force members who are separating have been directed to visit the Tricare Service Center (TSC) at their host medical treatment facility (MTF) to discuss continuation of Tricare-Prime enrollment.

Medical Standards Management Element



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MEMORANDUM FOR 673 FSS/FSMPS (CUSTOMER SERVICE)

DATE: _____

FROM: 673 FSS/FSMPD (CAREER DEVELOPMENT)

SUBJECT: Identification Card Memorandum

1. _____ (Grade/Name) is retiring from the USAF effective _____ (DATE) and is scheduled to final out-process on _____ (DATE). Please prepare ID card applications for member and dependents, if applicable, as indicated below:
 - a. () Retirement. (Retiree ID card will be issued no earlier than your retirement date). Members Initials _____.
 - b. () Permanent Medical Retirement
 - c. () Temporary Disability Retirement List (TDRL).
 - d. () TAP (Transitional Assistance Program) Eligible.
2. Please complete the first endorsement and return to 673 FSS/FSMPD.

//SIGNED//

Career Development Technician

Attachment:

Separation/Retirement Order

1st Ind, 673 FSS/FSMPS (CUSTOMER SERVICE)

DATE: _____

TO: 673 FSS/FSMPD (CAREER DEVELOPMENT)

1. () Action requested above has been completed on _____ (DATE).
2. () Appropriate ID cards have been confiscated and returned to military control.
3. () Suspense file has been established to retrieve any ID cards which were not surrendered.

(Customer Service Rep, Printed Name and Signature)



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MEMORANDUM FOR _____ Date: _____
(Members Name and SSAN)

FROM: 673 FSS/FSMPD (RETIREMENTS AND SEPARATIONS)

SUBJECT: Terminal Leave and/or Permissive TDY (PTDY) Policy

1. IAW AFI 36-3003 members will not return to duty when terminal leave begins. Members will Final Out-process with separations section **in uniform** one duty day prior to the start of their terminal leave or permissive TDY. Separations cannot schedule your appointments until leave forms are turned in. Bring the original leave forms to your Finance appointment and your leave number(s) will be issued at that time. **After the leave numbers are issued by the finance office,** the Separations office will schedule your final out-processing appointment and update your Virtual Out-Processing Checklist. Unit commanders may recall members from leave due to military necessity or urgent, unforeseen circumstances.

2. Please acknowledge receipt and understanding below.

//SIGNED//
Career Development Technician

1st Ind, Separating Member

MEMORANDUM FOR 673 FSS/FSMPD (CAREER DEVELOPMENT)

I acknowledge receipt and understanding of terminal leave policy.

(Member's Signature/Date)



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MEMORANDUM FOR _____ Date: _____

(Members Name and SSAN)

FROM: 673 FSS/FSMPD (RETIREMENTS AND SEPARATIONS)

SUBJECT: Final Out-Processing Appointment Policy

1. I understand I must have my final out-processing appointment **Before** I start my Terminal Leave / Permissive TDY. I understand I must be finished with all out-processing actions and have all documents listed on my out-processing checklists to finish my final out-processing appointment with the Career Development Office. I understand I must be in uniform for my final out-processing appointment. I understand unit commanders may recall members from leave due to military necessity or urgent, unforeseen circumstances.

2. Please acknowledge receipt and understanding below.

//SIGNED//

Career Development Technician

1st Ind, Separating Member

MEMORANDUM FOR 673 FSS/FSMPD (CAREER DEVELOPMENT)

I acknowledge receipt and understanding of Final Out-Processing Appointment policy.

(Member's Signature/Date)



DEPARTMENT OF THE AIR FORCE
673D FORCE SUPPORT SQUADRON
JOINT BASE ELMENDORF-RICHARDSON, ALASKA

23 Jul 15

MEMORANDUM FOR 673 FSS/FSMPD

FROM: 673 FSS/FSMPS, Base Passports

SUBJECT: Authorized Use/Surrender of No-Fee/Official Passports

1. Retiring or Separating members who already have a valid No-fee/Official Passports in their possession are authorized to retain the passports for travel through Canada to their Home of Record (HOR)/Home of Selection (HOS). Within two (2) weeks of arrival at your HOR/HOS, you are required to mail all No-fee/Official passports to the Special Issuance Agency at the address listed below:

**U.S. Department of State
CA/PPT/SIA
1125 Special Place
Dulles, VA 20189-1125**

2. No-Fee/Official passports will not be issued or reissued specifically for separating/retiring members and/or their dependents to travel through Canada. Expired or damaged No-fee/Official passports must be turned in at your final out-processing appointment with our Separations & Retirements office. Information regarding travel through Canada may be obtained <http://www.cbsa-asfc.gc.ca/menu-eng.html>.

3. If a passport is required for travel through Canada, you, as the military sponsor, are responsible for obtaining a personal passport if needed through a local Passport Facility. Any cost incurred in processing this type of passport is not reimbursable. Information and processing locations may be found at the Department of State website at <http://www.travel.state.gov/content/travel/english.html>.

4. Please contact the Career Development office at DSN 317-552-8080 Option 2, Commercial at 907-552-8080 Option 2 if additional information is needed.

DENNIS V. YABIGIN, SSgt, USAF
NCOIC, Base Passports, Joint Base Elmendorf-Richardson, AK

1st Ind, Retiring/Separating Member

MEMORANDUM FOR 673 FSS/FSMPD

I understand that any No-Fee/Official passports in my possession must be mailed to the Department of State as indicated in paragraph 1 above.

RANK/NAME (Please Print)

SIGNATURE

DATE



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RETIREMENT CERTIFICATE REQUEST FORM

******Please fill everything below out legibly so that we can accurately complete and deliver your retirement certificates to you. ******

| | | | |
|--|-------|--------|------------|
| 1. Complete Org and Mailing Address of Retiree | | | |
| Organization and Wing | | | |
| Primary Address to Mail to | | | |
| City, State, Zip Code | | | |
| (if returned) Secondary Address to Mail to | | | |
| City, State, Zip Code | | | |
| 2. Rank/Name (or your preference) | | | |
| Rank | First | Middle | Last |
| 3. Spouse's Name (or your preference) | | | |
| First Middle Last | | | |
| 4. POC's Name (for ceremony)/Email/Phone | | | |
| Rank/Name/Phone # | | | |
| Email Address | | | |
| Organization | | | |
| 5. Date of Ret Ceremony | | | |
| 6. Relieved from Active Duty | | Day | Month Year |
| 7. Retired Effective | | Day | Month Year |
| As a last resort, if your addresses above fail, we will send it to the address listed in DEERS. Please provide your SSAN (____-____-____) so that we can open your DEERS record. | | | |



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MEMORANDUM FOR ALL SEPARATING AND RETIRING PERSONNEL

FROM: 673 CPTS/FMF
8517 20TH St. Suite. 103
Elmendorf AFB, AK 99506

SUBJECT: Finance Out-processing

1. A Finance one on one briefing is scheduled within two weeks from the start of Permissive/Terminal Leave. The meeting is located in Bldg 8517 room 103; which is located in the People Center on the 1st floor. Attendance is mandatory.

2. PLEASE BRING THE FOLLOWING ITEMS WITH YOU:

TWO COPIES OF ORDERS AND AMENDMENTS

COMPLETED PERMISSIVE/TERMINAL LEAVE FORMS APPROVED BY COMMANDER (IF APPLICABLE)

PRINTED NAME: _____ DOS: _____

FUTURE MAILING ADDRESS: _____

PHONE # WHERE YOU CAN BE CONTACTED AFTER SEPARATION: () _____

3. Your final pay will be sent to you current direct deposit account no later than three duty days after your date of separation. If you would like this payment deposited to an account other than your direct deposit account please provide the following information:

BANK NAME: _____

BANK ADDRESS: _____

ACCT NUMBER: _____

ROUTING NUMBER: _____

TYPE OF ACCOUNT: Checking or Savings (Circle one)

4. THE FOLLOWING CHECKLIST ITEMS NEED TO BE SIGNED OFF AT YOUR UNIT.

A. Does the member have a report of survey pending? Yes/No

Reason: _____ Amount: _____

ROS MONITOR: _____ DUTY PHONE: _____

SIGNATURE: _____ DATE: _____

B. Has the member's Government Travel Card been deactivated? Yes/No

GTC REP: _____ DUTY PHONE: _____

SIGNATURE: _____ DATE: _____



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5. ALL MEMBERS MUST GO TO MPS FORCE MANAGEMENT FOR THE FOLLOWING ITEMS:

A. Has the member had any Article 15 or court-martial action within the past 90 days?

FORCE MANAGEMENT REP: _____ DUTY PHONE: _____

SIGNATURE: _____ DATE: _____

THE FOLLOWING IS TO BE COMPLETED BY YOUR CSS NO EARLIER THAN 5 DUTY DAYS FROM YOUR FINANCE APPOINTMENT

Annotate any leave the member has taken in the past 120 days to include any corrections and cancellations.

LEAVE NUMBER: _____ DATES: _____ THRU: _____

LEAVE NUMBER: _____ DATES: _____ THRU: _____

LEAVE NUMBER: _____ DATES: _____ THRU: _____

MPE REP: _____ DUTY PHONE: _____

SIGNATURE: _____ DATE: _____

6. ALL MEMBERS MUST GO TO FINANCE/FMA - ROOM 307-F FOR THE FOLLOWING ITEMS:

A. Does the member have an open travel orders? Yes / No

Order # _____ Order # _____ Order # _____

FMA REP: _____ DUTY PHONE: _____

SIGNATURE: _____ DATE: _____

7. NOTE FOR DORM RESIDENTS: Ensure the Dorm Manager completes an AF Form 594 upon your termination from the dorms. Your BAH will not start until we receive this document for processing.

8. TO MEMBER: I understand that my final pay, to include pay and allowances, leave sell, etc., will not be released until after my Date of Separation. Payment could be as late as 10 duty days after my DOS based on any pending issues.

MEMBER SIGNATURE: _____ DATE: _____

NOTE: Per AFMAN 65-116 Up to 45 percent of the member's total projected final separation pay may be withheld for potential or anticipated debts if this checklist is not completed and returned to the Finance Office.