

NAME: \_\_\_\_\_



# FULL ISP HYT SEPARATION CHECKLIST

\_\_\_ ENDORSED ORDERS

\_\_\_ LOSS DOCUMENT

\_\_\_ MEDICAL/DENTAL RECORDS

\_\_\_ SEPARATION QUESTIONNAIRE (NPPSC 1900/1)

\_\_\_ REFRAD (DD FORM 2648)

\_\_\_ SEPARATION EVAL/FITREP (LOE TO EAOS/ BLK 47 RECOMMENDED)

\_\_\_ PROFILE SHEET & PRIMS PRINT OUT

\_\_\_ VMET (DD FORM 2586)

\_\_\_ ISP PG 13(2) AND AGREEMENT TO SERVE PG 13

\_\_\_ HYT REQUEST CHIT TO REENLIST & IMMEDIATE REENLISTMENT CONTRACT

\_\_\_ G-2 SEPARATION/RETIREMENT FORM TO INCLUDE AWARDS PRINTOUT

\_\_\_ DD 214 WORKSHEET

ADDITIONAL INFORMATION: \_\_\_\_\_

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