DEPARTMENT OF THE NAVY
BUREAU OF NAVAL PERSONNEL
5720 INTEGRITY DRIVE
MILLINGTON TN 38055-0000

5720
PERS 00J6/20210268
April 13, 2021

Ms. Richelle Anderson
5501 Eagle Rock Avenue, NE
Unit C-2
Albuquerque, NM 87113

Dear Ms. Anderson:

SUBJECT: YOUR FREEDOM OF INFORMATION ACT (FOIA) REQUEST

This is in response to your Freedom of Information Act (FOIA) request of March 26, 2021. You seek Navy Official Military Personnel File (OMPF) documentation, including discharge documentation, pertaining to Elijah Mirabal. This command received your request on March 30, 2021. Your FOIA request number is 2021-005010 and FOIA correspondence file number is 20210268. You have provided proof that Mr. Mirabal is deceased.

A releasable copy of available responsive OMPF documentation that may be disclosed to you is enclosed. The redacted portions of the released documentation are exempt from disclosure under FOIA exemption 6 [5 U.S.C. § 552(b)(6)]. Release of such information would constitute a clearly unwarranted invasion of the personal privacy of Navy personnel and other identified citizens. Mr. Mirabal's social security number has been redacted as it may be used by other living individuals seeking government benefits. Administrative separation documentation could not be located in the applicable OMPF, in our Enlisted Separations Branch records, or in Naval Support Activity (NSA) Millington base records.

I am the official responsible for the partial denial of your request. You have the right to an appeal. Should you wish to submit an appeal, it must be received within 90 calendar days from the date of this letter. Please provide a letter requesting an appeal and include a copy of your initial request and a copy of this partial denial letter. You are encouraged (though not required) to provide an explanation why you believe the redactions were inappropriate. Also, please provide a copy of your appeal letter to us at Bureau of Naval Personnel, PERS Code 00J6, 5720 Integrity Drive, Millington, TN 38055.

There are two ways to file an appeal—through FOIAonline or by mail.

1. Through FOIAonline. This will work only if you set up an account on FOIAonline before you make the request that you would like to appeal. To set up an account, go to FOIAonline (this is a website that will appear as the top hit if you search the internet for "FOIAonline"), click "Create Account" (a link located within the blue banner at the top in the upper right corner), enter your data into the field that subsequently appears, and click "Save" (at the bottom left of the screen). With your account thereby created, you will have the power to file an appeal on FOIAonline to any request you file on FOIAonline thereafter. To do so, locate your request (enter a keyword or the request tracking number in the "Search for" field on the "Search" tab), click on it, then the "Create Appeal" tab in the left-hand column. Complete the subsequent field, click "Save," and FOIAonline will submit your appeal.

2. By mail. Address your appeal to:

The Judge Advocate General (Code 14)
1322 Patterson Avenue SE
Suite 3000
Washington Navy Yard, DC 20374-5066

[Note: the preceding address is the default address. Alternatively, it may be sent to the Department of the Navy General Counsel if appropriate (the Office of the General Counsel generally handles issues outside of those of the uniformed service). That address is as follows:

Department of the Navy
Office of the General Counsel
1000 Navy Pentagon, Room 5A532
Washington, DC 20350-1000

If you have any questions, please contact me at david.german@navy.mil or (901) 874-3165. You may also contact the DON FOIA Public Liaison, Christopher Julka, at christopher.a.julka@navy.mil, (703)697-0031. In addition, the Office of Government Information Services (OGIS) provides a voluntary mediation process for resolving disputes between

persons making FOIA requests and the Department of the Navy (DON). For more information, go to https://www.archives.gov/ogis/about-ogis/contact-information.

Sincerely,

David P. German

D. P. GERMAN
FOIA/PA Officer

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES | THIS IS AN IMPORTANT RECORD. SAFEGUARD IT. | ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME *(Last, First, Middle)*	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NUMBER
MIRABAL, ELIJAH T	NAVY-USN	(b)(6)

4a. GRADE, RATE OR RANK	b. PAY GRADE	5. DATE OF BIRTH *(YYYYMMDD)*	6. RESERVE OBLIGATION TERMINATION DATE *(YYYYMMDD)*
MASA	E02	19980124	NA

7a. PLACE OF ENTRY INTO ACTIVE DUTY	b. HOME OF RECORD AT TIME OF ENTRY *(City and state, or complete address if known)*
ALBUQUERQUE NM	10505 EASY PL NW ALBUQUERQUE NM 87114

8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	b. STATION WHERE SEPARATED
NSA MID SOUTH TN SEC DET	PERSUPPDET MEMPHIS

9. COMMAND TO WHICH TRANSFERRED	10. SGLI COVERAGE ☐ NONE
NA	AMOUNT: $400,000

11. PRIMARY SPECIALTY *(List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)*

0000 MA - 0000 0YRS 0MOS X X X
X X X X X X
X X X X X X
X X X X X
X X X X X
X X X X X

12. RECORD OF SERVICE	YEAR(S)	MONTH(S)	DAY(S)
a. DATE ENTERED AD THIS PERIOD	2017	05	02
b. SEPARATION DATE THIS PERIOD	2018	03	06
c. NET ACTIVE SERVICES THIS PERIOD	00	10	05
d. TOTAL PRIOR ACTIVE SERVICE	00	00	00
e. TOTAL PRIOR INACTIVE SERVICE	00	00	00
f. FOREIGN SERVICE	00	00	00
g. SEA SERVICE	00	00	00
h. INITIAL ENTRY TRAINING	00	03	00
i. EFFECTIVE DATE OF PAY GRADE	2018	02	16

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED *(All periods of service)*

NATIONAL DEFENSE SERVICE MEDAL (1);GW-TERRORISM SERVICE MEDAL (1); X X
X X X X X X
X X X X X X
X X X X X

14. MILITARY EDUCATION *(Course title, number of weeks, and month and year completed)*

LIFESKILLS, 1 WKS, JUN17; RECRUIT BASIC MILITARY TNG, 12 WKS, JUN17; MA CLASS A/LAW ENFORCEMNT SPEC, 9 WKS, AUG17 X X X X
X X X X X X
X X X X X X

15a. COMMISSIONED THROUGH SERVICE ACADEMY	YES		X NO
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP *(10 USC Sec. 2107b)*	YES		X NO
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM *(10 USC Chap. 109) (If Yes, year of commitment:)*	YES		X NO

16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION	YES	NO
17.5		X	

18. REMARKS

SERIAL NUMBER: N2018030600001-0;TRANSACTION CODE: A;SERVICE MEMBER POST SEPARATION EMAIL ADDRESS/PHONE: ELIJAH93EC@GMAIL.COM; 505-221-3835.; X X X X X
X X X X X X X X X X X X
X X X X X X X X X X X
X X X X X X X X X X X

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.

19a. MAILING ADDRESS AFTER SEPARATION *(Include ZIP Code)*	b. NEAREST RELATIVE
(b)(6)	(b)(6)

20. MEMBER REQUESTS COPY 6 BE SENT TO *(Specify state/locality)* NM OFFICE OF VETERANS AFFAIRS	X YES	NO
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)	X YES	NO

21a. MEMBER SIGNATURE	b. DATE *(YYYYMMDD)*	22a. OFFICIAL AUTHORIZED TO SIGN *(Typed name, grade, title, signature)*	b. DATE *(YYYYMMDD)*
Signature Unobtainable	20180226	WALDRON.MELISSA.BETH (b)(6) Digitally signed by WALDRON.MELISSA.BETH.(b)(6) Date: 2018.02.26 15:30:06 -06'00'	20180226

SPECIAL ADDITIONAL INFORMATION *(For use by authorized agencies only)*

23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE *(Include upgrades)*	
Discharged	UNDER HONORABLE CONDITIONS (GENERAL)	

25. SEPARATION AUTHORITY	26. SEPARATION CODE	27. REENTRY CODE
MILPERSMAN 1910-142	HKQ	4

28. NARRATIVE REASON FOR SEPARATION

MISCONDUCT - COMMISSION OF SERIOUS OFFENSE

29. DATES OF TIME LOST DURING THIS PERIOD *(YYYYMMDD)*	30. MEMBER REQUESTS COPY 4 *(Initials)*
TL - NONE	ETM

HISTORY OF ASSIGNMENTS

DATE GAINED	TYPE GAIN	ACTIVITY	UIC	DATE OF LOSS	TYPE LOSS
05/02/2017		S CRU TRCOM GTLK	30646	06/25/2017	TRF
06/25/2017	TEMDU	S NTTC LACKLAND	35419	08/24/2017	TRF
09/08/2017	DUTY	NSA MID S TN SEC	40547		

NAME (LAST, FIRST MIDDLE)	SOCIAL SECURITY NUMBER	RANK/RATE
MIRABAL,ELIJAH T	(b)(6)	MASA

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AWARDS RECORD

AWARD NAME	AWARD NUMBER	DATE OF AWARD	AUTHORITY	ADV POINTS
National Defense Service Medal	1st	05/02/2017 - 05/02/2017	SECNAVINST1650.1(SER	0.00

NAME (LAST, FIRST MIDDLE)	SOCIAL SECURITY NUMBER	BRANCH AND CLASS
MIRABAL,ELIJAH T	(b)(6)	USN

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TRAINING EDUCATION AND QUALIFICATION HISTORY

CIVILIAN EDUCATION

YEARS EDUCATION	EDUCATION CERTIFICATION
12	L High School Diploma

DEGREE	SCHOOL	MAJOR	COMPLETED

SPECIAL QUALIFICATION TEST SCORES

NAPT CD	NAPT SCORE	AFQT	DLAB	SONAR	RADAR	ETST
	0	54	666	0	0	0

RECORD OF OFF-DUTY EDUCATION, VOC/TECH TRAINING AND CORRESPONDENCE COURSES

TITLE	SCHOOL/NAVEDTRA NUMBER	COMPLETED	GRADE	LENGTH

NAVY SERVICE SCHOOLS/MILITARY TRAINING EDUCATION COURSES

TITLE	SCHOOL	COMPLETED	GRADE	LENGTH		NEC
MA CLASS A/LAW ENFORCEMNT SP	A-830-0011	08/24/2017	P	45	Days	
RECRUIT BASIC MILITARY TNG	A-950-0001	06/24/2017	P	59	Days	
BLENDED RETIREMENT SYS OPT-I	JKDDC-BRS-OPT-IN-1.0	06/24/2017	P	59	Days	
LIFESKILLS	A-500-0613	06/22/2017	P	4	Days	

OTHER TRAINING COURSES/INSTRUCTIONS COMPLETED

TITLE	LOCATION	COMPLETED	LENGTH	
THE ACTIVE SHOOTER	CNIC-TRTAS-1.1	11/20/2017	1	Days
ANTITERRORISM LVL I AWARENES	CENSECFOR-AT-010-1.0	11/14/2017	1	Days
DON ANNUAL PRIVACY TRAINING	DON-PRIV-1.0	11/14/2017	1	Days
UNCLE SAMS OPSEC	NIOC-USOPSEC-2.0	10/17/2017	1	Days
DOD CYBER AWARENESS CHALLENG	DOD-IAA-V14.0	10/17/2017	1	Days
HEARING CONSERVATION TRAININ	ESAMS-0110	10/06/2017	1	Days
SIGHT CONSERVATION TRAINING	ESAMS-0111	10/06/2017	1	Days
BLOODBORNE PATHOGEN TRAINING	ESAMS-0098	10/06/2017	1	Days
LEAD AWARENESS	ESAMS-0322	10/06/2017	1	Days
EVOC INITIAL/REFRESHER	ESAMS-0113	09/29/2017	4	Days
THE ACTIVE SHOOTER	CNIC-TRTAS-1.1	05/22/2017	1	Days

PQS

DATE	PQS STATION#	PQS TITLE

NAME (Last, First Middle)	SOCIAL SECURITY NUMBER	BRANCH AND CLASS
MIRABAL,ELIJAH T	(b)(6)	USN

NAVPERS 1070/881 (REV 8-2010)

FOR OFFICAL USE ONLY - PRIVACY SENSITIVE
Official NSIPS/ESR Form printed this date: 03/06/2018

MEMBER DATA SUMMARY

MEMBER INFORMATION

Br/Cls	USN	**Rank/Rate**	MASA
PEBD	05/02/2017	**ADSD**	05/02/2017
ACBD		**SSED**	
Pay Grade	E02	**Special Prog. Ind**	
Off/Enl	Enlisted	**Designator**	
PNEC	0000	**Primary AQD**	
SNEC		**Enlisted Designator**	Not Qualified for any Desig

SECURITY

Eligibility	Secret	**Investigation Date**	02/22/2017
Investigation Type		**Clearance Date**	04/07/2017
Security Clearance	Secret	**Agency**	

CURRENT ASSIGNMENT

UIC	40547 NSA MID S TN SEC
Report Date	09/08/2017
PRD	09/01/2020
Sea Shore Code	Shore Duty
Homeport	Shore Duty
ACC	100 FORDU - Permanent Assignment for Duty
SDCD/SHDCD	09/01/2017
BSC	0

PERSONAL INFORMATION

Sex	Male		
DOB	01/24/1998	**Age :**	20 Yrs
Marital Status	Single		
Citizenship	U.S. Citizen by Birth		
Race	White(E)		
Ethnic Group	Other Hispanic Descent		
Religion	Christian, no denominational		
HOR - City	ALBUQUERQUE		
HOR - State	NM	**Country :** US	**Zip:** 87114

DEPENDENTS INFORMATION

No. of Depn.	0
Primary	No primary dependents
Secondary	No dependent parents
Arrival Date	
On Station Nbr	0 Command Sponsored
Fmly Care Plan	
Res. In Hsehold	0

EDUCATION

Education Certif	High School Diploma
Education Years	12
ASVAB Test ID	ASVAB 09E
AFQT Score	54

GS/GI:	53	**NO/AR:**	57	**MC :**	60	**AI :**	0
AR/NO:	62	**CS/SP:**	0	**EI/GS:**	55	**SONAR:**	0
WK/AD:	44	**AS/MK:**	55	**VE/SI:**	47	**RADAR:**	0
PC/WK:	52	**MK/EI:**	50	**DLAB :**	666	**ETST :**	0

NAME (Last, First Middle)	SOCIAL SECURITY NUMBER	BRANCH AND CLASS
MIRABAL,ELIJAH T	(b)(6)	11

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Official NSIPS/ESR Form printed this date: 03/06/2018

MEMBER DATA SUMMARY

UNIVERSITY DATA

College Name	Degree Attained	Major	Months Attended	Last Yr Attended

SERVICE SCHOOLS

Course Code	Course Title	Course Length		Completion Date
1981	MA CLASS A/LAW ENFORCEMNT SP	45	Days	08/24/2017
Z0B7	BLENDED RETIREMENT SYS OPT-I	59	Days	06/24/2017
6387	RECRUIT BASIC MILITARY TNG	59	Days	06/24/2017
10MA	LIFESKILLS	4	Days	06/22/2017

SERVICE COLLEGE

College Cd Jr/Sr	Brd. Selected Jr/Sr	Yr Elig Jr/Sr	Status Cd Jr/Sr	Program Code

PERSONNEL QUALIFICATION STANDARDS

Station#	Title	Completion Date

FOREIGN LANGUAGE PROFICIENCY

Foreign Language : ENGLISH
Proficiency Source : ENGLISH
Evaluation Method : Self-Appraisal
Evaluation Date : 05/01/2017

Listening
Speaking
Reading
Writing

CONTRACT INFORMATION

CED : 05/02/2017
EAOS : 05/01/2021
EREN :
EDLN Reason Cd :
ENCORE CREO Dt :
Soft EAOS : 05/01/2021
Soft EREN :
EDLN :
FORMAN Appr Dt :

NEC HISTORY

NEC	Effective Date	Grade Limit	Priority

WARFARE QUALIFICATIONS HISTORY

Designator	Effective Date	Platform	Qual/Revoke

DESIGNATOR HISTORY

Designator	Effective Date

SUBSPECIALTY HISTORY

Subspecialty

BSC HISTORY

BSC	BSC Date	UIC

AQD HISTORY

AQD	Effective Date

NAME (Last, First Middle)	SOCIAL SECURITY NUMBER	BRANCH AND CLASS
MIRABAL,ELIJAH T	(b)(6)	11

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Official NSIPS/ESR Form printed this date: 03/06/2018

MEMBER DATA SUMMARY

ADDITIONAL DUTY BSC HISTORY

ADDU BSC	Report Date	Detach Date	UIC

PREVIOUS MILITARY SERVICE

Service Branch	:
Service Branch 2	:
Service Branch 3	:
Service From Date	:
Service High Gr/Rank	:
Service Months	: 0

PROMOTION HISTORY

Rank/Rate	Grade	Rank Date	Rate Change Authority	TIR Date	Rate Chg Type
MASR	E01	05/02/2017	Designate As Striker	05/02/2017	Lateral Chang
SR	E01	05/02/2017		05/02/2017	
MASA	E02	02/16/2018	Other Rate/Rating Change	02/01/2018	Advancement

SPOT Promotion Grd	:			DOR-SPOT Promotion	:
Permanent Grd	:			Promotion Status	:
Promotion Stat FY1	:	Promotion Stat FY2	:	Promotion Stat FY3	:
Precedence Grp	:			Precedence Yr Grp	:
Precedence No.	:			Prec. No.- Inactive	:
Cmd Screen Results	:				

NAME (Last, First Middle)	SOCIAL SECURITY NUMBER	BRANCH AND CLASS
MIRABAL,ELIJAH T	(b)(6)	11

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AWARDS RECORD

AWARD NAME	AWARD NUMBER	DATE OF AWARD	AUTHORITY	ADV POINTS
National Defense Service Medal	1st	05/02/2017 - 05/02/2017	SECNAVINST1650.1(SER	0.00

NAME (LAST, FIRST MIDDLE)	SOCIAL SECURITY NUMBER	BRANCH AND CLASS
MIRABAL,ELIJAH T	(b)(6)	USN

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TRAINING EDUCATION AND QUALIFICATION HISTORY

CIVILIAN EDUCATION

YEARS EDUCATION	EDUCATION CERTIFICATION
12	L High School Diploma

DEGREE	SCHOOL	MAJOR	COMPLETED

SPECIAL QUALIFICATION TEST SCORES

NAPT CD	NAPT SCORE	AFQT	DLAB	SONAR	RADAR	ETST
	0	54	666	0	0	0

RECORD OF OFF-DUTY EDUCATION, VOC/TECH TRAINING AND CORRESPONDENCE COURSES

TITLE	SCHOOL/NAVEDTRA NUMBER	COMPLETED	GRADE	LENGTH

NAVY SERVICE SCHOOLS/MILITARY TRAINING EDUCATION COURSES

TITLE	SCHOOL	COMPLETED	GRADE	LENGTH		NEC
MA CLASS A/LAW ENFORCEMNT SP	A-830-0011	08/24/2017	P	45	Days	
RECRUIT BASIC MILITARY TNG	A-950-0001	06/24/2017	P	59	Days	
BLENDED RETIREMENT SYS OPT-I	JKDDC-BRS-OPT-IN-1.0	06/24/2017	P	59	Days	
LIFESKILLS	A-500-0613	06/22/2017	P	4	Days	

OTHER TRAINING COURSES/INSTRUCTIONS COMPLETED

TITLE	LOCATION	COMPLETED	LENGTH	
THE ACTIVE SHOOTER	CNIC-TRTAS-1.1	11/20/2017	1	Days
ANTITERRORISM LVL I AWARENES	CENSECFOR-AT-010-1.0	11/14/2017	1	Days
DON ANNUAL PRIVACY TRAINING	DON-PRIV-1.0	11/14/2017	1	Days
UNCLE SAMS OPSEC	NIOC-USOPSEC-2.0	10/17/2017	1	Days
DOD CYBER AWARENESS CHALLENG	DOD-IAA-V14.0	10/17/2017	1	Days
HEARING CONSERVATION TRAININ	ESAMS-0110	10/06/2017	1	Days
SIGHT CONSERVATION TRAINING	ESAMS-0111	10/06/2017	1	Days
BLOODBORNE PATHOGEN TRAINING	ESAMS-0098	10/06/2017	1	Days
LEAD AWARENESS	ESAMS-0322	10/06/2017	1	Days
EVOC INITIAL/REFRESHER	ESAMS-0113	09/29/2017	4	Days
THE ACTIVE SHOOTER	CNIC-TRTAS-1.1	05/22/2017	1	Days

PQS

DATE	PQS STATION#	PQS TITLE

NAME (Last, First Middle)	SOCIAL SECURITY NUMBER	BRANCH AND CLASS
MIRABAL,ELIJAH T	(b)(6)	USNR

NAVPERS 1070/881 (REV 8-2010)

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Official NSIPS/ESR Form printed this date: 03/06/2018

HISTORY OF ASSIGNMENTS

DATE GAINED	TYPE GAIN	ACTIVITY	UIC	DATE OF LOSS	TYPE LOSS
05/02/2017		S CRU TRCOM GTLK	30646	06/25/2017	TRF
06/25/2017	TEMDU	S NTTC LACKLAND	35419	08/24/2017	TRF
09/08/2017	DUTY	NSA MID S TN SEC	40547	03/06/2018	DIS

NAME (LAST, FIRST MIDDLE)	SOCIAL SECURITY NUMBER	RANK/RATE
MIRABAL,ELIJAH T	(b)(6)	MASA

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MEMBER DATA SUMMARY

MEMBER INFORMATION

Br/Cls	: USNR	Rank/Rate	: MASA
PEBD	: 05/02/2017	ADSD	:
ACBD	:	SSED	:
Pay Grade	: E02	Special Prog. Ind	:
Off/Enl	: Enlisted	Designator	:
PNEC	: 0000	Primary AQD	:
SNEC	:	Enlisted Designator	: Not Qualified for any Desig

SECURITY

Eligibility	: Secret	Investigation Date	: 02/22/2017
Investigation Type	:	Clearance Date	: 04/07/2017
Security Clearance	: Secret	Agency	:

CURRENT ASSIGNMENT

UIC	: 40547 NSA MID S TN SEC
Report Date	: 09/08/2017
PRD	: 09/01/2020
Sea Shore Code	: Shore Duty
Homeport	: Shore Duty
ACC	:
SDCD/SHDCD	:
BSC	: 0.00

PERSONAL INFORMATION

Sex	: Male		
DOB	: 01/24/1998	Age :	20 Yrs
Marital Status	: Single		
Citizenship	: U.S. Citizen by Birth		
Race	: White(E)		
Ethnic Group	: Other Hispanic Descent		
Religion	: Christian, no denominational		
HOR - City	: ALBUQUERQUE		
HOR - State	: NM	Country : US	Zip: 87114

DEPENDENTS INFORMATION

No. of Depn.	: 0
Primary	: No primary dependents
Secondary	: No dependent parents
Arrival Date	:
On Station Nbr	: 0 Command Sponsored
Fmly Care Plan	:
Res. In Hsehold	: 0

EDUCATION

Education Certif	: High School Diploma
Education Years	: 12
ASVAB Test ID	: ASVAB 09E
AFQT Score	: 54

GS/GI:	53	NO/AR:	57	MC :	60	AI :	0
AR/NO:	62	CS/SP:	0	EI/GS:	55	SONAR:	0
WK/AD:	44	AS/MK:	55	VE/SI:	47	RADAR:	0
PC/WK:	52	MK/EI:	50	DLAB :	666	ETST :	0

NAME (Last, First Middle)	SOCIAL SECURITY NUMBER	BRANCH AND CLASS
MIRABAL,ELIJAH T	(b)(6)	32

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Official NSIPS/ESR Form printed this date: 03/06/2018

MEMBER DATA SUMMARY

UNIVERSITY DATA

College Name	Degree Attained	Major	Months Attended	Last Yr Attended

SERVICE SCHOOLS

Course Code	Course Title	Course Length		Completion Date
1981	MA CLASS A/LAW ENFORCEMNT SP	45	Days	08/24/2017
Z0B7	BLENDED RETIREMENT SYS OPT-I	59	Days	06/24/2017
6387	RECRUIT BASIC MILITARY TNG	59	Days	06/24/2017
10MA	LIFESKILLS	4	Days	06/22/2017

SERVICE COLLEGE

College Cd Jr/Sr	Brd. Selected Jr/Sr	Yr Elig Jr/Sr	Status Cd Jr/Sr	Program Code

PERSONNEL QUALIFICATION STANDARDS

Station#	Title	Completion Date

FOREIGN LANGUAGE PROFICIENCY

Foreign Language : ENGLISH
Proficiency Source : ENGLISH
Evaluation Method : Self-Appraisal
Evaluation Date : 05/01/2017

Listening	Reading
Speaking	Writing

CONTRACT INFORMATION

CED	: 05/02/2017		
EAOS	:	Soft EAOS	:
EREN	: 05/01/2021	Soft EREN	: 05/01/2021
EDLN Reason Cd	:	EDLN	:
ENCORE CREO Dt	:	FORMAN Appr Dt	:

NEC HISTORY

NEC	Effective Date	Grade Limit	Priority

WARFARE QUALIFICATIONS HISTORY

Designator	Effective Date	Platform	Qual/Revoke

DESIGNATOR HISTORY

Designator	Effective Date

SUBSPECIALTY HISTORY

Subspecialty

BSC HISTORY

BSC	BSC Date	UIC

AQD HISTORY

AQD	Effective Date

NAME (Last, First Middle)	SOCIAL SECURITY NUMBER	BRANCH AND CLASS
MIRABAL,ELIJAH T	(b)(6)	32

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Official NSIPS/ESR Form printed this date: 03/06/2018

MEMBER DATA SUMMARY

ADDITIONAL DUTY BSC HISTORY

ADDU BSC	Report Date	Detach Date	UIC

PREVIOUS MILITARY SERVICE

Service Branch	:
Service Branch 2	:
Service Branch 3	:
Service From Date	:
Service High Gr/Rank	:
Service Months	: 0

PROMOTION HISTORY

Rank/Rate	Grade	Rank Date	Rate Change Authority	TIR Date	Rate Chg Type
MASR	E01	05/02/2017	Designate As Striker	05/02/2017	Lateral Chang
SR	E01	05/02/2017		05/02/2017	
MASA	E02	02/16/2018	Other Rate/Rating Change	02/01/2018	Advancement

SPOT Promotion Grd	:			DOR-SPOT Promotion	:
Permanent Grd	:			Promotion Status	:
Promotion Stat FY1	:	Promotion Stat FY2	:	Promotion Stat FY3	:
Precedence Grp	:			Precedence Yr Grp	:
Precedence No.	:			Prec. No.- Inactive	:
Cmd Screen Results	:				

NAME (Last, First Middle)	SOCIAL SECURITY NUMBER	BRANCH AND CLASS
MIRABAL,ELIJAH T	(b)(6)	32

The data contained herein is protected by the Privacy Act of 1974. All measures required to protect this information should be taken.
Official NSIPS/ESR Form printed this date: 03/06/2018

(b)(6)

ENLISTMENT/REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 3331; 10 U.S.C. 113, 136, 502, 504, 505, 506, 507, 508, 509, 510, 513, 515, 516, 518, 519, 972, 978, 2107, 2107a, 3253, 3258, 3262, 5540, 8252, 8253, 8257, 8258, 12102, 12103, 12104, 12105, 12106, 12107, 12108, 12301, 12302, 12304, 12305, 12405; 14 USC 351, 632; 32 U.S.C. 301, 302, 303, 304; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

A. ENLISTEE/REENLISTEE IDENTIFICATION DATA

1. NAME *(Last, First, Middle)* MIRABAL ELIJAH T	**2. SOCIAL SECURITY NUMBER** (b)(6)
3. HOME OF RECORD *(Street, City, County, State, Country, ZIP Code)* 10505 EASY PL NW, ALBUQUERQUE, (BERNALILLO), NM, US, 87114-0000	**4. PLACE OF ENLISTMENT/REENLISTMENT** *(Mil. Installation, City, State)* ALBUQUERQUE MEPS ALBUQUERQUE, NM 87123-0000

5. DATE OF ENLISTMENT/ REENLISTMENT *(YYYYMMDD)*	6. DATE OF BIRTH *(YYYYMMDD)*
20160919	19980124

7. PREV MIL SVC UPON ENL/REENLIST	YEARS	MONTHS	DAYS
a. TOTAL ACTIVE MILITARY SERVICE			
b. TOTAL INACTIVE MILITARY SERVICE			

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States *(list branch of service)* NAVAL RESERVE this date for 8 years and 0 weeks beginning in pay grade E-1 of which 4 years and 0 weeks is considered an Active Duty Obligation, and 4 years and 0 weeks will be served in the Reserve Component of the Service in which I have enlisted. If this is an initial enlistment, I must serve a total of eight (8) years, unless I am sooner discharged or otherwise extended by the appropriate authority. This eight year service requirement is called the Military Service Obligation. The additional details of my enlistment/ reenlistment are in Section C and Annex(es) *(list name of Annex(es) and describe)*
A

a. **FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):**
I understand that I am joining the DEP. I understand that by joining the DEP I am enlisting in the Ready Reserve component of the United States *(list branch of service)* NAVY for a period not to exceed 365 days, unless this period of time is otherwise extended by the Secretary concerned. While in the DEP, I understand that I am in a nonpay status and that I am not entitled to any benefits or privileges as a member of the Ready Reserve, to include, but not limited to medical care, liability insurance, death benefits, education benefits, or disability retired pay if I incur a physical disability. I understand that the period of time while I am in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that the period of time while I am in the DEP is counted toward fulfillment of my military service obligation described in paragraph 10, below. While in the DEP, I understand that I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, qualifications, and mailing address. I understand that I WILL be ordered to active duty unless I report to the place shown in item 4 above by *(list date (YYYYMMDD))* 20170502 0600 for enlistment in the Regular component of the United States *(list branch of service)* NAVY for not less than 4 years and 0 weeks.

b. **REMARKS:** *(If none, so state.)* NONE

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. **ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.**
(Initials of Enlistee/Reenlistee) Biometrically Signed

(Continued on Page 2)

(b)(6)

(b)(6)

C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

9. FOR ALL ENLISTEES OR REENLISTEES:
I understand that many laws, regulations, and military customs will govern my conduct and require me to do things under this agreement that a civilian does not have to do. I also understand that various laws, some of which are listed in this agreement, directly affect this enlistment/reenlistment agreement. Some examples of how existing laws may affect this agreement are explained in paragraphs 10 and 11. I understand that I cannot change these laws but that Congress may change these laws, or pass new laws, at any time that may affect this agreement, and that I will be subject to those laws and any changes they make to this agreement. I further understand that:

a. My enlistment/reenlistment agreement is more than an employment agreement. It effects a change in status from civilian to military member of the Armed Forces. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment/reenlistment document.

10. MILITARY SERVICE OBLIGATION, SERVICE ON ACTIVE DUTY AND STOP-LOSS FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.

a. FOR ALL ENLISTEES: If this is my initial enlistment, I must serve a total of eight (8) years, unless I am sooner discharged or otherwise extended by the appropriate authority. This eight year service requirement is called the Military Service Obligation. Any part of that service not served on active duty must be served in the Reserve Component of the service in which I have enlisted. If this is a reenlistment, I must serve the number of years specified in this agreement, unless I am sooner discharged or otherwise extended by the appropriate authority. Some laws that affect when I may be ordered to serve on active duty, the length of my service on active duty, and the length of my service in the Reserve Component, even beyond the eight years of my Military Service Obligation, are discussed in the following paragraphs.

b. I understand that I can be ordered to active duty at any time while I am a member of the DEP. In a time of war, my enlistment may be extended without my consent for the duration of the war and for six months after its end (10 U.S.C. 506, 12103(c)).

c. As a member of a Reserve Component of an Armed Force, in time of war or of national emergency declared by the Congress, I may, without my consent, be ordered to serve on active duty, for the entire period of the war or emergency and for six (6) months after its end (10 U.S.C. 12301(a)). My enlistment may be extended during this period without my consent (10 U.S.C. 12103(c)).

d. As a member of the Ready Reserve (to include Delayed Entry Program), in time of national emergency declared by the President, I may, without my consent, be ordered to serve on active duty, and my military service may be extended without my consent, for not more than 24 consecutive months (10 U.S.C. 12302). My enlistment may be extended during this period without my consent (see paragraph 10g).

e. As a member of the Ready Reserve, I may, at any time and without my consent, be ordered to active duty to complete a total of 24 months of active duty, and my enlistment may be extended so I can complete the total of 24 months of active duty, if:

(1) I am not assigned to, or participating unsatisfactorily in, a unit of the Ready Reserve; and

(2) I have not met my Reserve obligation; and

(3) I have not served on active duty for a total of 24 months (10 U.S.C. 12303).

f. As a member of the Selected Reserve or as a member of the Individual Ready Reserve mobilization category, when the President determines that it is necessary to augment the active forces for any operational mission or for certain emergencies, I may, without my consent, be ordered to active duty for not more than 365 days (10 U.S.C. 12304). My enlistment may be extended during this period without my consent (see paragraph 10g).

g. During any period members of a Reserve component are serving on active duty pursuant to an order to active duty under authority of 10 U.S.C. 12301, 12302, or 12304, the President may suspend any provision of law relating to my promotion, retirement, or separation from the Armed Forces if he or his designee determines I am essential to the national security of the United States. Such an action may result in an extension, without my consent, of the length of service specified in this agreement. Such an extension is often called a "stop-loss" extension (10 U.S.C. 12305).

h. I may, without my consent, be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserves, my enlistment may be extended until I perform that additional duty, but not for more than six months (10 U.S.C. 10148).

11. FOR ENLISTEES/REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD: I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

12. FOR ALL MALE APPLICANTS: Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

(Initials of Enlistee/Reenlistee) Biometrically Signed

(b)(6)

(b)(6)

NAME OF ENLISTEE/REENLISTEE (Last, First, Middle)	SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE
MIRABAL ELIJAH T	(b)(6)

D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I certify that I have carefully read this document, including the partial statement of existing United States laws in Section C and how they may affect this agreement. Any questions I had were explained to my satisfaction. I fully understand that only those agreements in Section B and Section C of this document or recorded on the attached annex(es) will be honored. I also understand that any other promises or guarantees made to me by anyone that are not set forth in Section B or the attached annex(es) are not effective and will not be honored.

b. SIGNATURE OF ENLISTEE/REENLISTEE	c. DATE SIGNED (YYYYMMDD)
Biometrically Signed	20160919 12:01:48

14. SERVICE REPRESENTATIVE CERTIFICATION

a. On behalf of the United States (list branch of service) NAVY, I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT/COMMAND NAME
URBINA SETH M	E-6	NAVY RECRUITING DISTRICT
e. SIGNATURE (b)(6)	f. DATE SIGNED (YYYYMMDD)	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)
Biometrically Signed	20160919 12:01:48	PHOENIX AZ 85002-5368

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I, ELIJAH T MIRABAL, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____, _____ in the _____ National Guard and as a Reserve of the United States (list branch of service) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18.a. SIGNATURE OF ENLISTEE/REENLISTEE	b. DATE SIGNED (YYYYMMDD)
Biometrically Signed	20160919 12:23:35

19. ENLISTMENT/REENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT/COMMAND NAME
HOFFER WILLIAM J	O-3	ALBUQUERQUE MEPS
e. SIGNATURE (b)(6)	f. DATE SIGNED (YYYYMMDD)	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)
Biometrically Signed	20160919 12:23:35	ALBUQUERQUE NM 87123-1845

(Initials of Enlistee/Reenlistee) Biometrically Signed

(b)(6)

NAME OF ENLISTEE/REENLISTEE (Last, First, Middle)	SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE
MIRABAL ELIJAH T	(b)(6)

F. DISCHARGE FROM/DELAYED ENTRY/ENLISTMENT PROGRAM

20a. I request to be discharged from the Delayed Entry/Enlistment Program (DEP) and enlisted in the Regular Component of the United States (list branch of service) NAVY for a period of 4 years and 0 weeks. No changes have been made to my enlistment options OR if changes were made they are recorded on Annex(es) A

which replace(s) Annex(es)

b. SIGNATURE OF DELAYED ENTRY/ENLISTMENT PROGRAM ENLISTEE	c. DATE SIGNED (YYYYMMDD)
Biometrically Signed	20170502 09:02:56

G. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE

21. SERVICE REPRESENTATIVE CERTIFICATION

a. This enlistee is discharged from the Reserve Component shown in Item 8 and is accepted for enlistment in the Regular Component of the United States (list branch of service) NAVY in pay grade E-1

b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT/COMMAND NAME
URBINA SETH M	E-6	NAVY RECRUITING DISTRICT
e. SIGNATURE (b)(6)	f. DATE SIGNED (YYYYMMDD)	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)
Biometrically Signed	20170502 09:02:56	PHOENIX AZ 85002-5368

H. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:

I, ELIJAH T MIRABAL, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

b. SIGNATURE OF ENLISTEE/REENLISTEE	c. DATE SIGNED (YYYYMMDD)
Biometrically Signed	20170502 09:44:06

23. ENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)	c. PAY GRADE	d. UNIT/COMMAND NAME
COFFEE, PATRICK R	O-3	ALBUQUERQUE MEPS
e. SIGNATURE (b)(6)	f. DATE SIGNED (YYYYMMDD)	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)
Biometrically Signed	20170502 09:44:06	ALBUQUERQUE NM 87123-1845

(Initials of Enlistee/Reenlistee) Biometrically Signed

Enlistment Guarantees

COMNAVCRUITCOMINST 1130.8J

Name (LAST, FIRST, MIDDLE, JR., ETC.)
MIRABAL, ELIJAH T

Social Security Number
(b)(6)

1. ACKNOWLEDGEMENT: In connection with my enlistment into the United States Navy (**Active**) Component I hereby acknowledge that I am enlisting for a total Military Service Obligation (MSO) of 8 years. I fully understand and acknowledge that my MSO consists of an active duty obligation of **4** years as indicated in the options listed below with the remaining **48** months of my MSO served in the Individual Ready Reserve (IRR). I understand my contract has the following guaranteed options which require the indicated active duty service obligation(s):

Option1	**MASTER-AT-ARMS (MA/SG) CLASS "A" SCHOOL GUARANTEE** requires **4** years active duty obligation and a voluntary extension of **N/A** months to meet the rating, school, and program guarantee active duty obligation requirement and a voluntary extension of **N/A** months to meet the enlistment bonus requirement.
Option 2	**N/A** **N/A**
Option 3	**N/A** **N/A**
Option 4	**N/A**

2. I understand that I must be fully qualified at all times throughout my obligated service for all security, professional, military, physical, psychological, and academic requirements of the options guaranteed in the above section, and that my eligibility will be rechecked during recruit training and periodically throughout my enlistment.

3. The Navy will enroll me in the guaranteed options specified above. If, during the periodic reviews of my eligibility, I am found no longer eligible for the options listed above because of information I provided in my enlistment application; because of a physical or psychological disqualification; or because of some reason that is not due to my fault, negligence, or conduct, I may choose to be reclassified for an enlistment training program for which I'm qualified and a vacancy exists. In any event, the Navy may, at its option, choose to discharge me.

4. If I am not enrolled in the guaranteed options specified above because of some reason that is due to my fault, negligence, or conduct or if I am disenrolled for any other reason not specified in paragraph 3, then I lose that guarantee and, at the Navy's option, remain subject to continued Naval service. I also understand that if I am retained, I may be required to serve the rest of my enlistment. If given accelerated advancement, post-apprentice training, or any enlistment incentive, I may incur additional service as required by regulation. The Navy may, at its option, discharge me in accordance with law and regulation.

5. Place your initials in the applicable blocks:

I have read and received a copy of the Classifier Rating/Program Fact Sheet for the Rating/Program for which I am enlisting and the Statement(s) of Understanding required.	ETM
I understand that in order to receive the enlistment bonus option that I must remain qualified and serve in the rating/program listed in Option 1.	**N/A**
I understand that I may waive my homeport option while at recruit training and become eligible for assignment at the needs of the Navy. If I accept reclassification to another enlistment training program for any reason, then I understand the homeport guarantee option becomes null and void.	**N/A**

Sep 19, 2016
Signature of Classifier

Elijah T Mirabal Sep 19, 2016
Signature of Enlistee

PRIVACY ACT NOTIFICATION This document contains information covered under the Privacy Act of 1974, 5 USC 552a and its various implementing regulations and must be protected in accordance with those provisions. You, the recipient/user, are obliged to maintain it in a safe, secure and confidential manner. Re-disclosure without consent or as permitted bylaw is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality subjects you to application of appropriate sanctions. If you have received this correspondence in error, please notify the sender immediately and destroy any copies you have made.

Annex **A** **to DD Form 4 dated** **Sep 19, 2016**

NAVCRUIT 1133/52 **(Rev 09-2014)**

(b)(6)

FOR OFFICIAL USE ONLY

RECORD OF EMERGENCY DATA

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).
PRINCIPAL PURPOSES: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. *For civilian personnel*, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.
ROUTINE USES: None.
DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiance), and to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. **This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death.** It does not have a legal impact on other forms you may have completed with the DoD or your employer.

IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.

SECTION 1 - EMERGENCY CONTACT INFORMATION

1. NAME *(Last, First, Middle Initial)*: MIRABAL ELIJAH T
2. SSN: (b)(6)

3a. SERVICE/CIVILIAN CATEGORY: [ ] ARMY [X] NAVY [ ] MARINE CORPS [ ] AIR FORCE [ ] DoD [ ] CIVILIAN [ ] CONTRACTOR

b. REPORTING UNIT CODE/DUTY STATION: N30645

4a. SPOUSE NAME *(If applicable) (Last, First, Middle Initial)*:

[X] SINGLE [ ] DIVORCED [ ] WIDOWED

b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER:

5. CHILDREN

a. NAME *(Last, First, Middle Initial)*	b. RELATIONSHIP	c. DATE OF BIRTH *(YYYYMMDD)*	d. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER
None			
None			
None			
None			
None			

6a. FATHER NAME *(Last, First, Middle Initial)*: (b)(6)

b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER: (b)(6) (b)(6) (b)(6)

7a. MOTHER NAME *(Last, First, Middle Initial)*: (b)(6)

b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER: (b)(6) (b)(6) (b)(6)

8a. DO NOT NOTIFY DUE TO ILL HEALTH: NONE

b. NOTIFY INSTEAD:

9a. DESIGNATED PERSON(S) *(Military only)*: (b)(6)

b. ADDRESS *(Include ZIP Code)* AND TELEPHONE NUMBER: (b)(6) (b)(6) (b)(6)

10. CONTRACTING AGENCY AND TELEPHONE NUMBER *(Contractors only)*:

DD FORM 93, JAN 2008

PREVIOUS EDITION IS OBSOLETE.

(b)(6)

FOR OFFICIAL USE ONLY

(b)(6)

SECTION 2 - BENEFITS RELATED INFORMATION

11a. BENEFICIARY(IES) FOR DEATH GRATUITY (Military only)	b. RELATIONSHIP	c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	d. PERCENTAGE
(b)(6)	(b)(6)	(b)(6) (b)(6)	100 %

12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES (Military only) NAME AND RELATIONSHIP	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	c. PERCENTAGE
(b)(6) (b)(6)	(b)(6) (b)(6)	100 %

13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) (Military only) NAME AND RELATIONSHIP	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
(b)(6) (b)(6)	(b)(6) (b)(6)

14. CONTINUATION/REMARKS

15. SIGNATURE OF SERVICE MEMBER/CIVILIAN (Include rank, rate, or grade if applicable)	16. SIGNATURE OF WITNESS (Include rank, rate, or grade as appropriate)	17. DATE SIGNED (YYYYMMDD)
20170502 07:56:32		20170502 07:56:32

DD FORM 93 (BACK), JAN 2008

(b)(6)

DRUG / ALCOHOL and HIV TESTING ACKNOWLEDGMENT FORM

PRIVACY ACT STATEMENT AUTHORITY: Sections 505, 508, 510, and 3012 of Title 10 U.S. Code and Executive Order 9397. PRINCIPAL PURPOSE: The requested information on this form will be used to properly process and identify the individual requesting an examination at a military entrance processing station (MEPS). ROUTINE USE: Record is maintained with other enlistment processing records. DISCLOSURE: Voluntary; refusal to provide required data could result in denial of enlistment.

General Information:

1. By my signature below, I acknowledge that I have been informed that all statements herein apply to medical/administrative processing as performed by USMEPCOM or other USMEPCOM-designated organization or agency. Examination processing includes drug testing consistent with Department of Defense (DoD) and USMEPCOM policy, and may include, without limitation, testing for alcohol, amphetamines, marijuana and cocaine. Testing for other drug(s) may be performed as specified by policy. Medical examinations also include various blood testing in accordance with DoD and USMEPCOM policy, including tests (protein antibody, viral antigen or nucleic acid) for the presence of the Human Immunodeficiency Virus (HIV). If I am processing for a position outside of the DoD, I understand that other processing rules or standards may apply.

2. I hereby consent: to submit to a breathalyzer and lab testing, including without limit, urine drug testing, urinalysis, pregnancy testing, and other lab testing, including HIV testing; to the collection and forwarding of any specimen(s) to the applicable testing laboratory; and, to the reporting/release of results to all parties as defined in USMEPCOM policy. If I fail or refuse to provide the necessary sample(s), I understand that this may cause a delay and/or cessation of further processing.

3. I understand that I am required to verify accuracy of information on testing documents and my unique identifying number. If I sign documents or initial specimens with incorrect information without challenging them or leave the Military Entrance Processing Station (MEPS) without filing a formal complaint with the MEPS Commander or other MEPS officer(s), I acknowledge that I accept the results without further rebuttal.

4. I understand that I may be notified by mail of the positive test result(s), and I am responsible for providing an accurate, current mailing address for receipt of such notification. If I am a minor, I understand that positive test results will be forwarded to my parent or guardian in accordance with USMEPCOM policy. If I am currently a member of the Armed Forces, the MEPS Commander will notify my chain of command of test results.

5. I understand that if I do not receive notification by mail of positive test results, I cannot assume that my test results are negative; also, due to the nature of the testing sensitivity and protocols, a negative test does not necessarily mean that no drug or drug metabolite was found or that the Human Immunodeficiency Virus is not present.

6. All test results are recorded on my medical examination and in MEPS computer records. MEPS will not remove drug/alcohol or HIV results from computer records or medical forms, regardless of circumstances.

Drug / Alcohol Testing General Information

7. As a part of my processing, I must provide a sample under direct observation by a MEPS employee. I understand that if I cannot provide a sample today, I must provide a sample within three (3) MEPS working days or I will be temporarily disqualified for 180 days.

8. If I am processing for a position with the DoD, and if I were to test positive for any drug or drugs, I understand that a positive test constitutes use of that substance and that:
1. I will be found disqualified for military service in accordance with DoD and USMEPCOM policies; the Services may elect to enforce stricter disqualification policies.
2. I will have actions taken on my file based upon the positive results, even if a specimen were collected when not specifically required.
3. I will be disallowed to continue processing for any Service for a specified period of time or permanently in accordance with DoD and Service standards; my sponsoring Service may inform me if and when I may become eligible to provide subsequent specimen(s) for drug testing.

HIV Testing General Information:

9. The HIV test is not a test for AIDS (Acquired Immune Deficiency Syndrome). A positive HIV test indicates that a person has been exposed to the HIV (virus); only the person's doctor can determine if the person has illnesses and findings of AIDS.

10. If I have an initial Positive or Indeterminate HIV result, I understand that my name, biographic data and test result will be reported to the State Health Department (based upon my home state of record). If I have an initial HIV Positive or HIV Indeterminate result, I will be offered additional repeat testing. If the repeat test result is negative, the State Health Department also will be notified of the repeat result. Note: An HIV Indeterminate result means that your test was not HIV Positive, nor was it HIV Negative; the result is considered inconclusive and a repeat test is strongly recommended.

11. If a needle stick injury (or other bloodborne pathogen exposure) occurs while my blood is being collected and processed, I authorize USMEPCOM to test my blood for Hepatitis B virus (HBV), Hepatitis C virus (HCV) and Human Immunodeficiency Virus (HIV) at a local laboratory at government expense. I understand that I will be required to provide a second blood specimen to continue examination processing.

I understand that this document applies to any specimen(s) provided from this date forward. I acknowledge that I have carefully read this document and fully understand its contents. I acknowledge that my signing of this form is voluntary and without any coercion by anyone. My signature indicates that I understand the drug/alcohol and HIV testing requirements, use of all results, and consequences of positive results.

ELIJAH T MIRABAL	(b)(6) (b)(6)
Print First, Middle, and Last Name	Social Security Number
Elijah T Mirabal	20160914
Signature	Date

USMEPCOM FORM 40-8-1-E, JUL 2013 (b)(6)

Replaces USMEPCOM Form 40-8-R-E, NOV 2009, which is obsolete

DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA

MEMBER INFORMATION

SSN: (b)(6) NAME: MIRABAL,ELIJAH T
RANK/RATE: SR BR/CL: USN UIC: 30646 RELIGION: NC
SHIP OR STATION: S CRU TRCOM GTL INITIAL/CHANGE: I
EFFECTIVE DATE: 05/02/2017 TOTAL NUMBER OF DEPENDENTS: 0
PREVIOUSLY MARRIED: NO MARRIAGE DISSOLVED BY:
DISSOLVED ON: PLACE DISSOLVED:
SEX: M

SPOUSE INFORMATION

NAME: DEPENDENT:
DATE OF BIRTH: CITIZENSHIP: RELATIONSHIP:
DATE MARRIED: PLACE OF MARRIAGE:
ADDRESS:
PREVIOUSLY MARRIED: MARRIAGE DISSOLVED BY:
DISSOLVED ON: PLACE DISSOLVED:
MEMBER OF UNIFORMED SERVICES: DUTY AFFILIATION:
BRANCH: COMPONENT:
SEX:

SPOUSE NEXT OF KIN

NAME: RELATIONSHIP:
ADDRESS:

FATHER INFORMATION

NAME: (b)(6) DEPENDENT: SUPPORT:N/A
ADDRESS:

MOTHER INFORMATION

NAME: (b)(6) DEPENDENT:NO SUPPORT:N/A
ADDRESS:

OTHER PERSON, NOT ALREADY NAMED TO BE NOTIFIED OF PERSONAL CASUALTY

NAME: NONE RELATIONSHIP
ADDRESS:

FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE

SSN: (b)(6) NAME: MIRABAL,ELIJAH T

BENEFICIARY(IES) FOR UNPAID PAY AND ALLOWANCES

NAME: (b)(6)
ADDRESS:

RELATIONSHIP: (b)(6)

PERCENTAGE: 100%

PERSON(S) TO RECEIVE ALLOTMENT IF IN A MISSING STATUS, SUBJECT TO SECNAV DETERMINATION

NAME: (b)(6)
ADDRESS:

RELATIONSHIP: (b)(6)

PERCENTAGE: 80%

BENEFICIARY(IES) FOR GRATUITY PAY

NAME: (b)(6)
ADDRESS:

RELATIONSHIP: (b)(6)

PERCENTAGE: 100%

LIFE INSURANCE INFORMATION

COMPANY: NONE
ADDRESS:

POLICY NUMBER:

LOCATION OF WILL

ADDRESS: NONE

LOCATION OF OTHER VALUABLE PAPERS

ADDRESS: NONE

PNOK (Name - Relationship - Phone - Address)

(b)(6)

IS BENEFICIARY DESIGNATION OF SGLI ON FILE? YES DESIGNATION DATE: 05/10/2017

REMARKS

PADD: (b)(6)
ADDRESS:

RELATIONSHIP: (b)(6)

Phone:

FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE

SSN: (b)(6) [redacted]

NAME: MIRABAL,ELIJAH T

(b)(6) [redacted]

SNOK NONE
200/06 TLL

CERTIFICATION: I HAVE REVIEWED THE DATA ON THIS FORM AND CERTIFY THAT IT IS CORRECT. I UNDERSTAND THAT ANY CHANGE IN MY FAMILY MEMBER STATUS MUST BE REPORTED AS A CHANGE TO THE DEFENSE ENROLLMENT ELIGIBILITY REPORTING SYSTEM (DEERS) WITHIN 60 DAYS. THIS INCLUDES SERVICE MEMBERS IN A JOINT SERVICE MARRIAGE (MILITARY MARRIED TO MILITARY), EVEN THOUGH EACH SPOUSE IS ALREADY ENROLLED IN DEERS IN HIS OR HER OWN RIGHT AS A MILITARY MEMBER.

SIGNATURE OF DESIGNATOR: ELIJAH T MIRABAL WITNESSED: MICHELLE C DELANEY

DATE: 5/10/2017 TITLE: IN-PROCESSING LEAD C

Official NSIPS/ESR form printed this date 10-MAY-2017

FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE

Print Form | Save Completed Form | Clear Form

Prudential

Office of Servicemembers' Group Life Insurance

Servicemembers' Group Life Insurance Election and Certificate

1. About You

ELIJAH T MIRABAL	E-1	(b)(6)
Print Name (First, Middle, Last)	Rank, title or grade	Social Security Number
RTC GREAT LAKES	NAVY	400,000
Duty Location	Branch of Service	Current Amount of SGLI

2. About Your Coverage (This form replaces all prior designations)

I am completing this form to: *(Check all that apply)*

- [X] Name or update my SGLI beneficiary. *You must complete sections 3 & 5.*
- [ ] Increase or restore my SGLI coverage to $ _____. *You must complete sections 3, 4, & 5. (Increasing SGLI does not automatically increase FSGLI, if FSGLI was < $100,000.)*
- [ ] Reduce my SGLI coverage to $ _____. *You must complete sections 3 & 5.*
- [ ] Decline or cancel SGLI coverage. Write below "I do not want insurance at this time." *You must complete section 5 only.*

"_____"

Coverage is available in increments of $50,000 up to a maximum of $400,000

3. About Your Beneficiaries *(Please always complete this section unless you are declining coverage. If you do not specifically name beneficiaries, your insurance will be paid by law. Please read the information on page 3 before selecting your beneficiaries.)*

Primary Name and Address	Social Security Number *(If available)*	Relationship to you	**Share to each** *(% or $ amounts. The sum of the shares must equal 100% or the full dollar amount of your insurance.)* ***(Each share must be greater than $0.00 or 0%)***	**Payment Option** *(Lump sum* or 36 equal monthly payments)*
1. (b)(6)		(b)(6)	100%	36 pmts
2.				
3.				
4.				
Secondary				
1. NONE				
2.				
3.				
4.				

[ ] **Have more beneficiaries?** Check this box if 1.) you have additional beneficiaries and are completing the Supplemental SGLI Beneficiary Form, SGLV 8286S or, 2.) You are attaching additional documentation to complete your beneficiary designation noted above.

* If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account®, by check, or Electronic Funds Transfer (EFT). Alliance Account is not available for payments less than $5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

The Bank of New York Mellon is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by The Bank of New York Mellon. **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** The Bank of New York Mellon is not a Prudential Financial company.

4. About Your Health *Complete this section ONLY if you are restoring or increasing coverage.*

Your date of birth (MM, DD, YYYY) | Your weight | Your height | Your gender ☐ Female ☐ Male

Have you had, been treated for, or had known indications of:

	Yes	No
a. A heart condition?	☐	☐
b. High blood pressure?	☐	☐
c. A neurological disorder?	☐	☐
d. Diabetes?	☐	☐
e. Cancer or tumors?	☐	☐
f. Have you ever been diagnosed as having a disease of the immune system?	☐	☐
g. Do you have any known physical impairments, deformities, or ill health not covered above?	☐	☐

Did you answer "YES" to any question? If so, reference the question by letter and list date, duration and details below. Please attach additional documentation if necessary.

If you answered "yes" to any question above, a request to increase coverage does not take effect until approved by the Office of Servicemembers' Group Life Insurance (OSGLI). If you answered "no" to all the questions above, your request for increased coverage takes effect immediately.

5. Your Signature *You must complete this section.*

I have read the information on page 3 and instructions on page 4 and understand that:

- This form replaces any prior beneficiary or payment instructions.
- I can have SGLI and Veterans' Group Life Insurance (VGLI) coverage at the same time, but the combined amount cannot be more than $400,000.
- Reducing or declining SGLI coverage can affect the amount of my family coverage, traumatic injury coverage and post-separation coverage (see instructions on page 4).

Please take note:

If my spouse is...	and...	then...
also a member of the uniform services	we married on or after January 2, 2013	spouse SGLI coverage is not automatic, but I may apply for spouse coverage by completing SGLV 8286A.
not a member of the uniformed services	I am married, or get married after completing this form, and have not declined SGLI,	spouse SGLI automatically covers my spouse. I must register my spouse in DEERS so my branch of service can deduct premiums from my pay. Failure to do so will result in a debt for unpaid premiums. I can decline spouse coverage by completing SGLV 8286A.

- I am free to name anyone I want as my beneficiary. I understand if I am married and have designated someone other than my spouse or child as my beneficiary, the person I have named is the person I intend to receive my insurance proceeds. I also understand that my spouse may be notified that he/she (or my child) is not my designated beneficiary.

I certify that, to the best of my knowledge and belief, the above statements are complete and true. Any deception or false statement, either by reference, omission, or otherwise can result in loss of coverage or denial of a claim for benefits.

Service Member Signature | (b)(6) Social Security Number | 05-10-2017 Date (MM, DD, YYYY)

FUNCTIONAL SERVICE CENTER (FSC) GREAT LAKES IL 60088

Address

Submit this form to your Unit Personnel Clerk.

For Branch of Service Use Only	For OSGLI Use Only
Name of Personnel Clerk: TRACEY L LORENZEN	Representative
Rank, title or grade: CIV/CTR	Approve ☐
Contact telephone/email: (b)(6)	Disapprove ☐
Date: 05-10-2017	Date
Address: 2605 KANSAS ST BLDG 1405, GREAT LAKES IL 60088	

ORIGINAL

MONTGOMERY GI BILL ACT OF 1984 (MGIB)
(Chapter 30, Title 38, U.S. Code)
BASIC ENROLLMENT

DIV: 200 SKIP: 06

PRIVACY ACT STATEMENT

AUTHORITY: Chapter 30, Title 38, U.S. Code, Sections 3011, 3012, 3018A, and 3018B; and Public Law 110-252.

PRINCIPAL PURPOSE(S): To document the understanding of members about their eligibility or lack of eligibility for benefits under the Montgomery GI Bill Act of 1984 (MGIB) and document a member's election to decline enrollment for benefits under the MGIB.

ROUTINE USE(S): To the Department of Veterans' Affairs to ascertain an individual's eligibility to claim benefits under the MGIB.

DISCLOSURE: Voluntary; however, failure to provide the requested information will result in the individual being automatically enrolled in the MGIB program.

1. SERVICE MEMBER DATA

a. NAME *(LAST, First, Middle Initial)*	b. DoD ID NUMBER
MIRABAL, ELIJAH, T.	(b)(6)

2. STATEMENT OF UNDERSTANDING FOR INELIGIBLE MEMBERS

I am **NOT** eligible for the MGIB because (a) I am a service academy graduate, or (b) I am an ROTC scholarship graduate who received more than the current minimum amount allowed for enrollment in MGIB, or (c) I am a prior service member who disenrolled during my previous term of active duty.

a. SERVICE MEMBER SIGNATURE	b. RANK/GRADE	c. DATE SIGNED *(YYYYMMDD)*

3. STATEMENT OF UNDERSTANDING FOR ALL ELIGIBLE MEMBERS

(1) I am automatically enrolled unless I exercise the option to **DISENROLL** by signing Item 5 below.

(2) **UNLESS I DISENROLL** from the MGIB, my basic pay will be reduced $100 per month, or the current monthly rate, until $1,200 has been deducted. This basic pay reduction is required for eligibility under the MGIB.

(3) If I decide to convert my eligibility to the Post-9/11 GI Bill after attaining eligibility for that program and before the entire $1,200 is reduced, I may elect to have the pay reduction stopped effective the month following the election. By doing so, I will lose all MGIB eligibility. This decision is irrevocable. I will be eligible for a refund of the pay reduction if I exhaust entitlement to that program. The refund will be added to the monthly stipend allowance paid in the last month of eligibility under the Post-9/11 GI Bill. If I do not exhaust entitlement under the Post-9/11 GI Bill, I will not receive a refund of the pay reduction.

(4) If I decide to convert my eligibility to the Post-9/11 GI Bill after attaining eligibility for that program and after the entire $1,200 is reduced whose pay was reduced under the provisions of sections 3011(b) or 3012(c) of Reference (b), will receive a refund of that pay reduction subject to the following:
(a) a full refund for an individual who used no months of benefit under the MGIB.
(b) a refund reduced by a proportion calculated by the number of months of MGIB benefits remaining at the time of election divided by 36.
(c) The refund will be added to the monthly stipend allowance paid in the last month of eligibility under the Post-9/11 GI Bill. If I do not exhaust entitlement under the Post-9/11 GI Bill, I will not receive a refund of the pay reduction.

(5) I must complete 36 months of active duty service (24 months if my enlistment is for less than 36 months) before I am entitled to the current rate of monthly benefits. The MGIB provides benefits for a period of 36 months.

(6) I understand I am eligible for an increased monthly benefit by contributing an additional amount, not to exceed $600 while on active duty. Once I separate, I cannot contribute. This benefit may only be used with this program. If I convert to Post-9/11, I WILL NOT receive a refund of the $600.

(7) I must receive an **HONORABLE** discharge for service establishing entitlement to the MGIB. This **DOES NOT** include "under honorable conditions".

(8) I must complete the requirements of a secondary school diploma or equivalency certification, or successfully complete the equivalent of 12 semester hours in a program of education leading to a standard college degree before applying for benefits with the Department of Veterans' Affairs.

(9) I have 10 years from date of last discharge from active duty to use MGIB benefits.

(10) If I die while on active duty, or within one year after discharge or release from active duty if service related, my designated beneficiary(ies) will receive the unused balance of the money reduced from my basic pay for the MGIB. This death benefit will be paid by the Department of Veterans' Affairs (DVA).

(11) I cannot receive any combination of DVA educational benefits in excess of 48 months.

(12) I must complete at least 24 months of a 3 year active duty service obligation and if my obligation is 2 years I may join and serve honorably in the Selected Reserve for a minimum of 48 months to qualify for the current active duty benefit rate. A (one) period of service **CANNOT** qualify me for both active and reserve MGIB benefits.

a. SERVICE MEMBER SIGNATURE	b. RANK/GRADE	c. DATE SIGNED *(YYYYMMDD)*
Elijah T Mirabal	SR / E-1	20170505

4. SERVICE UNIQUE EDUCATION ASSISTANCE OPTIONS

MGIB

5. STATEMENT OF DISENROLLMENT

I **DO NOT** desire to participate in MGIB. I understand the benefits of the MGIB program and that I **WILL NOT** be able to enroll at a later date.

a. DATE SIGNED *(YYYYMMDD)*	b. RANK/GRADE	c. SERVICE MEMBER SIGNATURE
	SR / E-1	

6. CERTIFYING OFFICIAL

a. TYPED OR PRINTED NAME *(LAST, First, Middle Initial)*	b. RANK/GRADE	c. SIGNATURE	d. DATE SIGNED *(YYYYMMDD)*
BRITT, MATTHEW, J.	GM1/E-6		20170505

EVALUATION REPORT & COUNSELING RECORD (E1-E6)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix)	2. Rate	3. Desig	4. SSN
MIRABAL, ELIJAH T	MASA		(b)(6)

5. ACT	FTS	INACT	AT/ADSW/ 265	6. UIC	7. Ship/Station	8. Promotion Status	9. Date Reported
X				00639	NSA MID-SOUTH	REGULAR	17SEP08

Occasion for Report: 10. Periodic [ ] 11. Detachment of Individual [X] 12. Promotion/Frocking [ ] 13. Special [ ]

Period of Report: 14. From: 17AUG24 15. To: 18MAR06

16. Not Observed Report [ ] Type of Report: 17. Regular [X] 18. Concurrent [ ]

20. Physical Readiness: P

21. Billet Subcategory (if any): NA

22. Reporting Senior (Last, FI MI)	23. Grade	24. Desig	25. Title	26. UIC	27. SSN
WATHEN, M S	CAPT	1310	CO	00639	[redacted]

28. Command employment and command achievements:

Operational and logistic support for 64 tenant commands and activities with 6,500 military and civilian personnel.

29. Primary/Collateral/Watchstanding duties. (Enter primary duty abbreviation in box.)

SENTRY U/I PRI: Sentry U/I-6. Responsible for the daily operations and safety of an installation of 6,500 military/civilian employees encompassing 64 commands and approximately 1,500 acres, serving 40,000 local retirees. PFA: 17-2. LV/TT: 25AUG17-07SEP17.

For Mid-term Counseling Use. (When completing EVAL, enter 30 and 31 from counseling worksheet and sign 32.)	30. Date Counseled	31. Counselor	32. Signature of Individual Counseled
	NOT REQ		

PERFORMANCE TRAITS: 1.0 - Below standards/not progressing or UNSAT in any one standard; 2.0 - Does not yet meet all 3.0 standards; 3.0 - Meets all 3.0 standards; 4.0 - Exceeds most 3.0 standards; 5.0 - Meets overall criteria and most of the specific standards for 5.0. Standards are not all inclusive.

PERFORMANCE TRAITS	1.0* Below Standards	2.0 Pro-gressing	3.0 Meets Standards	4.0 Above Standards	5.0 Greatly Exceeds Standards
33. PROFESSIONAL KNOWLEDGE: Technical knowledge and practical application. NOB [ ]	-Marginal knowledge of rating, specialty or job. -Unable to apply knowledge to solve routine problems. -Fails to meet advancement/PQS requirements. [ ]	[ ]	-Strong working knowledge of rating, specialty and job. -Reliably applies knowledge to accomplish tasks. -Meets advancement/PQS requirements on time. [X]	[ ]	-Recognized expert, sought out by all for technical knowledge. -Uses knowledge to solve complex technical problems. -Meets advancement/PQS requirements early/with distinction. [ ]
34. QUALITY OF WORK: Standard of work; value of end product. NOB [ ]	-Needs excessive supervision. -Product frequently needs rework. -Wasteful of resources. [ ]	[ ]	-Needs little supervision. -Produces quality work. Few errors and resulting rework. -Uses resources efficiently. [X]	[ ]	-Needs no supervision. -Always produces exceptional work. No rework required. -Maximizes resources. [ ]
35. COMMAND OR ORGANIZATIONAL CLIMATE/EQUAL OPPORTUNITY: Contributing to growth and development, human worth, community. NOB [ ]	-Actions counter to Navy's retention/reenlistment goals. -Uninvolved with mentoring or professional development of subordinates. -Actions counter to good order and discipline and negatively affect Command/Organizational climate. -Demonstrates exclusionary behavior. Fails to value differences from cultural diversity. [X]	[ ]	-Positive leadership supports Navy's increased retention goals. Active in decreasing attrition. -Actions adequately encourage/support subordinates' personal/professional growth. -Demonstrates appreciation for contributions of Navy personnel. Positive influence on Command climate. -Values differences as strengths. Fosters atmosphere of acceptance/inclusion per EO/EEO policy [ ]	[ ]	-Measurably contributes to Navy's increased retention and reduced attrition objectives. -Proactive leader/exemplary mentor. Involved in subordinates' personal development leading to professional growth/sustained commitment. -Initiates support programs for military, civilian, and families to achieve exceptional Command and Organizational climate. -The model of achievement. Develops unit cohesion by valuing differences as strengths. [ ]
36. MILITARY BEARING/CHARACTER: Appearance, conduct physical fitness, adherance to Navy Core Values. NOB [ ]	-Consistently unsatisfactory appearance. -Poor self-control; conduct resulting in disciplinary action. -Unable to meet one or more physical readiness standards. -Fails to live up to one or more Navy Core Values: HONOR, COURAGE, COMMITMENT. [X]	[ ]	-Excellent personal appearance. -Excellent conduct conscientiously complies with regulations. -Complies with physical readiness program. -Always lives up to Navy Core Values: HONOR, COURAGE, COMMITMENT. [ ]	[ ]	-Exemplary personal appearance. -Model of conduct, on and off duty. -A leader in physical readiness. -Exemplifies Navy Core Values: HONOR, COURAGE, COMMITMENT. [ ]
37. PERSONAL JOB ACCOMPLISHMENT/INITIATIVE: Responsibility, quantity of work. NOB [ ]	-Needs prodding to attain qualification or finish job. -Prioritizes poorly. -Avoids responsibility. [ ]	[ ]	-Productive and motivated. Completes tasks and qualifications fully and on time. -Plans/prioritizes effectively. -Reliable, dependable, willingly accepts responsibility. [X]	[ ]	-Energetic self-starter. Completes tasks or qualifications early, far better than expected. -Plans/prioritizes wisely and with exceptional foresight. -Seeks extra responsibility and takes on the hardest jobs. [ ]

EVALUATION REPORT & COUNSELING RECORD (E1-E6) (cont'd)

RCS BUPERS 1610-1

1. Name (Last, First MI Suffix)	2. Rate	3. Desig	4. SSN
MIRABAL, ELIJAH T	MASA		(b)(6)

PERFORMANCE TRAITS	1.0* Below Standards	2.0 Progressing	3.0 Meets Standards	4.0 Above Standards	5.0 Greatly Exceeds Standards
38. TEAMWORK: Contributions to team building and team results. NOB ☐	- Creates conflict, unwilling to work with others, puts self above team. - Fails to understand team goals or teamwork techniques. - Does not take direction well. ☐	-	- Reinforces others' efforts, meets commitments to team. - Understands goals, employs good teamwork techniques. - Accepts and offers team direction. X	-	- Team builder, inspires cooperation and progress. - Focuses goals and techniques for teams. - The best at accepting and offering team direction. ☐
39. LEADERSHIP: Organizing, motivating and developing others to accomplish goals. NOB X	- Neglects growth/development or welfare of subordinates. - Fails to organize, creates problems for subordinates. - Does not set or achieve goals relavant to command mission and vision. - Lacks ability to cope with or tolerate stress. - Inadequate communicator. - Tolerates hazards or unsafe practices. ☐	-	- Effectively stimulates growth/development in subordinates. - Organizes successfully, implementing process improvements and efficiencies. - Sets/achieves useful, realistic goals that support command mission. - Performs well in stressful situations. - Clear, timely communicator. - Ensures safety of personnel and equipment. ☐	-	- Inspiring motivator and trainer, subordinates reach highest level of growth and development. - Superb organizer, great foresight, develops process improvements and efficiencies. - Leadership achievements dramatically further command mission and vision. - Perseveres through the toughest challenges and inspires others. - Exceptional communicator. - Makes subordinates safety-conscious, maintains top safety record. - Constantly improves the personal and professional lives of others. ☐

40. Individual Trait Avg. total of trait scores divided by number of graded traits. 2.33

41. I recommend this individual for (maximum of two): Assignment in Rating, Sea Special Programs, Shore Special Programs, Commissioning Programs, Special Warfare Programs, Rating Instructor Duty, Other. (Be specific)

42. Signature of Rater (Typed Name & Rate): I have evaluated this member against the above performance standards and have forwarded written explanation of marks 1.0 and 5.0.
Lakisha Crockett 05 mar 2018
Date:
CROCKETT, L T, MA1(SW)

43. COMMENTS ON PERFORMANCE: * All 1.0 marks, three 2.0 marks, and 2.0 marks in Block 35 must be specifically substantiated in comments. Comments must be verifiable. Font must be 10 or 12 Pitch (10 or 12 point) only. Use upper and lower case.

Evaluation submitted upon member's separation from the U.S. Navy.

- As a Sentry under instruction, he provided AT/FP support to the installation, safeguarding 64 tenant commands, displaying a hard target appearance with zero incidents.

- Member was found guilty at Non-Judicial Punishment on 22 January 2018 for violation of UCMJ Article 92 and Article 134. Awarded half months pay for two months, 15 days of extra duty, and reduction to E-1. Concluded on 27 January 2018.

MASR Mirabal is not recommended for retention.

44. QUALIFICATIONS/ACHIEVEMENTS - Education, awards, community involvement, etc., during this period.

Promotion Recommendation	NOB	Significant Problems	Progressing	Promotable	Must Promote	Early Promote
45. INDIVIDUAL		X				
46. SUMMARY	X	1	0	0	0	0

47. Retention: Not Recommended X Recommended ☐

48. Reporting Senior Address
COMMANDING OFFICER
NAVSUPPACT MID-SOUTH
5722 INTEGRITY DRIVE
MILLINGTON, TN 38054-5045

49. Signature of Senior Rater (Typed Name & Grade/Rate): I have reviewed the evaluation of this member against these performance standards and have provided written explanation to support the marks of 1.0 and 5.0.
Date: 6 MAR 18
KITTLE, C R, MACS(SW)

50. Signature of Reporting Senior
Date: 2 MAR 18
Summary Group Average: 2.33

51. Signature of Individual Evaluated. "I have seen this report, been apprised of my performance, and understand my right to submit a statement."
I intend to submit a statement. X I do not intend to submit a statement. ☐
Date: 5 MAR 18

52. Type name, grade, command, UIC, and signature of Regular Reporting Senior on Concurrent Report
Date: