12

PERSONNEL ACTION REQUEST

DATE: 5 Feb 1968

ORGANIZATION AND LOCATION: 536th Tac Alft Sq APO 96291

LAST NAME - FIRST NAME - MIDDLE INITIAL	GRADE	AFSN	PERSONNEL ACTION NR
Harris, Charles E. Jr.	Sgt	AF19641840	2355

TO: 12 Cmbt Spt Gp (CBPO) APO 96326

FROM: 536th Tac Alft Sq APO 96291

SECTION I — REQUESTED ACTION

- [ ] AWARD AFSC _____ AS _____ AFSC
- [ ] CHANGE PAFSC FROM _____ TO _____
- [ ] CHANGE CAFSC FROM _____ TO _____
- [ ] CHANGE FLYING STATUS CODE TO _____
- [ ] CHANGE FUNCTIONAL CATEGORY TO _____
- [X] ~~CHANGE~~/ANNOUNCE ~~ODSD~~ (DEROS) TO 30 Jan 1969
- [ ] CHANGE AD SVC COMMITMENT TO _____
- [ ] ASSIGN RATED POSITION IDENTIFIER _____
- [X] ASSIGN FUNCTIONAL ACCOUNT CODE 2321000
- [ ] ASSIGN PRO PAY RATING _____ AFSC _____
  EFFECTIVE _____
- [X] ASSIGN DAFSC 43251 DUTY TITLE Rec Eng Mech EFFECTIVE 5 Feb 1968
- [X] RPTG OFFL IS Sgt Thomas AND FOR _____
- [ ] OTHER _____
- [X] AUTHORITY AFM 39-11 Initia l Duty Assignment

- [ ] WITHDRAW AFSC _____
- [ ] WITHDRAW PRO PAY RATING _____ AFSC _____
  EFFECTIVE _____
- [ ] OJT: EFFECTIVE _____
  - [ ] ENTER AFSC _____ CODE _____
  - [ ] CONTINUE AFSC _____ CODE _____
  - [ ] WITHDRAW AFSC _____ CODE _____
  - [ ] COMPLETED AFSC _____ CODE _____
- [X] ASSIGN PROGRAM ELEMENT CODE 2JP
- [ ] ADJUST DOS TO _____
- [ ] ADJUST (TAFMSD) (PAY DATE) TO _____

TYPED NAME, GRADE AND POSITION TITLE: WILLIAM S. Q. CHOY, MSgt,

SIGNATURE OF SUPERVISOR/REQUESTING OFFICIAL: William S. Q. Choy

SECTION II — CONCURRENCE

I [X] DO [ ] DO NOT CONCUR

SIGNATURE OF INDIVIDUAL CONCERNED: Charles E Harris Jr

SECTION III — DUTY STATUS CHANGE

CHANGE DUTY STATUS FROM _____ TO _____

EFFECTIVE _____ HOURS, _____ 19 _____ LOCATION: _____

SECTION IV — ASSIGNMENT ACTION

EDCSA ~~20 Jan 1968~~ 19 Feb 68 ASSIGNMENT ACTION NUMBER _____ REPT NLT 5 Feb 1968

ASSIGN FROM 535th Tac Alft Sq APO 96291 TO 536th Tac Alft Sq APO 96291

SECTION V — APPROVAL BY COMMANDER OR AUTHORIZED REPRESENTATIVE

DATE: 6 Feb 1968

FOR THE COMMANDER

TYPED NAME, GRADE AND POSITION TITLE: RICHARD B KENT, Maj, Admin Scvcs Off

SIGNATURE: Richard B. Kent

SECTION VI — ACTION BY CBPO OFFICER

DATE: 9 Feb 68

[X] APPROVED [ ] DISAPPROVED [ ] BOARD ACTION REQUIRED

HEADQUARTERS: 12 Cmbt Spt Gp APO SE 96326

FOR THE COMMANDER

TYPED NAME, GRADE AND POSITION TITLE: CLIFFORD R KELLEY SMSGT USAF NCOIC CAREER CONTROL SECTION

SIGNATURE: Clifford R Kelley

THIS AUTHORIZATION REMAINS IN EFFECT AFTER AIRMAN'S DISCHARGE AND IMMEDIATE REENLISTMENT AT THE SAME STATION, PROVIDED THAT HE HAS NO BREAK IN MILITARY SERVICE.

SECTION VII — REMARKS

SECTION VIII — CBPO COORDINATION RECORD

ADM	ASGMTS	C & T	OJT	FT	R & S	SA	ER/PR	RP
OR	AR	I & OP	MA	MR	MP	CM	PA	

AF FORM 1098
MAY 65

PREVIOUS EDITION OF THIS FORM IS OBSOLETE.

MEDICAL RECOMMENDATION FOR FLYING DUTY

(Detach Diagnosis for other than medical use of form)

DATE: 3 Apr 68

TO: Commander
536 TAS
Vung Tau AAF, RVN

FROM: Flight Surgeons Office
Squadron Medical Element
Vung Tau AAF, RVN

HOSP CODE:

CERTIFICATE

☐ (FOR INCOMING FLYING PERSONNEL ONLY) I CERTIFY THAT I AM ON FLYING STATUS ACCORDING TO CURRENT ORDERS AND THAT I HAVE HAD NO ILLNESS OR INJURY SINCE LEAVING MY LAST STATION, EXCEPT AS RECORDED BELOW.

☑ I CERTIFY THAT I HAVE BEEN NOTIFIED OF THE RECOMMENDATIONS BELOW AND UNDERSTAND THE ACTION BEING TAKEN THIS DATE.

☒ I HAVE BEEN OFFICIALLY NOTIFIED THIS DATE THAT I (*have been grounded because of physical disqualification for flying duty*) (*am physically qualified for flying duty*).

SIGNATURE OF FLYER: Charles E Harris Jr

1. LAST NAME—FIRST NAME—MIDDLE INITIAL: HARRIS, XXXXXX CHARLES E. JR
2. GRADE: Sgt — CODE:
3. SERVICE NUMBER: AF 19641840
4. AGE: 26
5. TOTAL FLYING TIME: -
6. ORGANIZATION AND MAJOR COMMAND OF ASSIGNMENT: 536 TAS (PACAF) — CODE:
7. MONTH IN WHICH FLIGHT REQUIREMENTS WERE LAST MET: -
8. RATING, DESIGNATION OR FLYING DUTY: Non-Crewmember — CODE:
9. ACTUAL DATE FOUND MEDICALLY INCAPACITATED TO FLY (Day, Month, Year) — CODE:
10. ESTIMATED DURATION OF INCAPACITY TO FLY
11. STANDARD FORM 88 IS ATTACHED — YES / NO
12. SERIOUS ILLNESS (*If answer is "yes", attach Standard Form 88*) — YES / NO

CLEARANCE FOR FLYING DUTY IS GIVEN UNDER THE FOLLOWING CIRCUMSTANCES

	1. REPORTING TO A NEW STATION
	2. ANNUAL MEDICAL EXAMINATION
X	3. OTHER REQUIREMENT FOR CLEARANCE (*Specify*) Initial Class III Flight Physical

13. AERO ORDERS

	INDIVIDUAL PRESENTLY SUSPENDED BY	
AERO ORDER NO.		
HEADQUARTERS		
PARAGRAPH NO.		
DATE		

14. TYPE OF ACTION RECOMMENDED (*Check one*) — MONTH AND YEAR

	(1) EXCUSAL NOT TO EXTEND BEYOND LAST DAY OF	
	(2) GROUNDING NOT TO EXTEND BEYOND LAST DAY OF	
	(3) SUSPENSION AS OF FIRST DAY OF	
	(4) REMOVAL OF EXCUSAL	
	(5) REMOVAL OF GROUNDING	
	(6) REMOVAL OF SUSPENSION	

15. COMPETENT CERTIFYING AUTHORITY (*When box (4), (5), or (6) in Item 14 is checked, indicate authority to certify as physically qualified.*)

☐ BASE ☐ NO. AIR FORCE ☐ MAJOR AIR COMMAND ☐ HQ USAF

16. TOTAL DAYS (*Number of days from actual date of incapacitation (Item 9) to date of certification by competent authority as physically qualified to fly*).

DAYS DURATION IN MEDICAL FACILITY [1]

REMARKS

TYPED OR PRINTED NAME AND GRADE OF FLIGHT SURGEON OR AVIATION MEDICAL EXAMINER: TERENCE W. MC GRATH CAPT USAF MC FMO

SIGNATURE: Terence W. McGrath

DIAGNOSIS (*State most serious condition first. Specify resultant conditions from any diagnosis*).

Terence W. McGrath

CODES	
D	
AL	
CA	

[1] *Use figure from AF Form 565, Item 34.*

AF FORM JUL 63 1042 PREVIOUS EDITION OF THIS FORM WILL BE USED UNTIL STOCK IS EXHAUSTED. ☆ U. S. GOVERNMENT PRINTING OFFICE: 1966—223-647