

DA FORM 4187 FOR ENLISTED SEPARATIONS

BLOCK 1 BLANK:

BLOCK 2: TO: CHIEF, MPSD, 22 ASHBURN DRIVE, ATTN:
TRANSITION CNTR CHF, CARLISLE PA 17013-5043

NOTE: ADDRESS WILL CHANGE UPON THE MPSD MOVING
TO ANN ELY HALL IN APRIL OR MAY

BLOCK 3: FROM: UNIT ADDRESS

BLOCK 4: NAME (LAST, FIST, MI)

BLOCK 5: GRADE OR RANK/PMOS

BLOCK 6: SSN

SECTION II LEAVE BLANK

SECTION III REQUEST FOR PERSONNEL ACTION: PUT AN
"X" IN "OTHER" BLOCK AND TYPE IN "SEPARATION"

BLOCK 9: SOLDIER'S SIGNATURE

BLOCK 10: DATE

SECTION IV: REMARKS (PUT THE FOLLOWING)

1. REQUEST THAT I BE SCHEDULED FOR SEPARATION AT
MY ETS DATE OF _____

2. ETS:
PHONE NUMBER:

BASD:
EMAIL ADDRESS:

3. I REQUEST _____ DAYS OF TRANSITION LEAVE, A SIGNED AND APPROVED DA FORM 31 IS ATTACHED (OR ANNOTATE) I DO NOT PLAN ON TAKING TRANSITION LEAVE.

4. MAILING ADDRESS UPON SEPARATION: IF KNOWN, IF NOT, PUT UNKNOWN AT THIS TIME

5. I AM AWARE THAT I MUST COMPLETE TAPS/ACAP COUNSELING AS REQUIRED BY LAW. YOU MUST CONTACT ACS AT (717) 245-3684 TO SCHEDULE TAPS BRIEFING. UPON COMPLETING TAPS, YOU ARE REQUIRED TO PROVIDE A COPY OF DA FORM 2648, PRE-SEPARATION COUNSELING CHECKLIST, TO THE TRANSITION CENTER

6. POC:

SECTION V CERTIFICATION/APPROVAL

BLOCK 11: COMMANDER WILL CHECK THE APPROPRIATE BLOCK "IS APPROVED"

BLOCK 12: COMMANDERS SIGNATURE BLOCK

BLOCK 13: SIGNATURE

BLOCK 14: DATE: