



Work-Product

UNITED STATES AIR FORCE BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE MATTER OF:

DOCKET NUMBER: BC-2023-00368

Work-Product

COUNSEL: NONE

HEARING REQUESTED: NO

APPLICANT'S REQUEST

He be given a medical retirement.

APPLICANT'S CONTENTIONS

He was told he was going to be medically retired after his unit placed him in a Medical Evaluation Board (MEB) status for his Post-Traumatic Stress Disorder (PTSD). He made an Inspector General (IG) complaint and made numerous attempts to contact ARPC and his unit to resolve this issue to no avail.

To support his request, the applicant submitted his Department of Veterans Affairs (DVA) disability rating letter dated 5 May 16, showing he is rated at 50 percent disabling for PTSD with an effective date of 29 Jul 15. Additionally, he submitted his application for transfer to the retired Reserve, his points summary, excerpts from his medical records, and a response from the Inspector General's (IG) Office, dated 22 Feb 20, stating due to human error, he was erroneously separated at his expiration term of service (ETS). His participation was necessary to move the MEB process along. Further evidence submitted shows his line of duty (LOD) determination for PTSD was approved on 15 May 19 and in a letter, dated 30 Aug 18, he requested his MEB process be closed out, stating he was retirement eligible which was signed by his commander.

The applicant's complete submission is at Exhibit A.

STATEMENT OF FACTS

The applicant is a former Air Force Reserve (AFR) staff sergeant (E-5).

On 16 Apr 19, AF Form 1411, *Extension of Enlistment in the Air Force*, indicates the applicant's ETS of 11 Mar 19 was extended for six months under the authority of AFI 36-2606, *Reenlistment and Extension of Enlistment in the United States Air Force*, Table 6.2, Rule 9 which denotes the airman requests an extension pending completion of MEB, Physical Evaluation Board (PEB), medical hold or limited assignment status.

AFBCMR Docket Number BC-2023-00368

Work-Product

Controlled by: SAF/MRB
CUI Categories: Work-Product
Limited Dissemination Control: N/A
POC: SAF.MRBC.Workflow@us.af.mil

For more information, see the excerpt of the applicant's record at Exhibit B and the advisories at Exhibits C, E, and G.

AIR FORCE EVALUATION

ARPC/DPTT recommends denying the application finding no evidence of an error or injustice because the applicant did elect to opt out of the MEB process and due to the applicant not obtaining 20 years of satisfactory service for transfer to the retired reserves, he was discharged. A review of the applicant's Military Personnel Record concluded he requested to close-out the MEB process in 2018 with only 17 years, 4 months, and 13 days of satisfactory service. Due to the applicant signing the opt-out MEB memorandum and not meeting 20 years of satisfactory service, per AFI 36-3203 *Service Retirements*, paragraph 3.1.2, under Reserve Retirement Eligibility, 10 U.S.C. Section 12731, establishes that Air National Guard (ANG) or AFR members must have at least 20 years of creditable years to qualify for a reserve retirement. The applicant was discharged in accordance with DAFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*, under Table 3.1, for voluntary and involuntary discharge or separation of enlisted personnel by the applicant's local Force Support Squadron.

The complete advisory opinion is at Exhibit C.

APPLICANT'S REVIEW OF AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 14 Jun 23 for comment (Exhibit D), but has received no response.

ADDITIONAL AIR FORCE EVALUATION

AFRC/SGO recommends denying the application finding insufficient evidence to support the applicant's request. The applicant was within his rights to waive the review in lieu of (RILO) processing, which prevented his entry into the Disability Evaluation System (DES). If the DES process had not been waived by the applicant, he may have received some DoD disability benefits in addition to his previously awarded DVA benefits.

The applicant had a RILO case, which is the initial step of a medical case evaluation when a member no longer meets retention standards prior to a full MEB. His case was reviewed by AFRC/SGO in May 17 and Nov 17 and was sent back to the Reserve Medical Unit (RMU) both times requesting more clinical information. The applicant was never disqualified for further military service because prior to the RILO and any subsequent full MEB process completion, he signed a form waiving further medical board processing rights on 30 Aug 18.

Per AFI 41-210_AFGM2016-01 *Tricare Operations and Patient Administrative Functions*, dated 15 Jun 16, paragraph 4.53.3, Service members may not refuse, decline, nor stop any RILO, MEB, PEB, or fitness for duty evaluations except in cases prescribed in DoDI 1332.38, *Physical Disability Evaluation*, paragraph E3.P2.7, *Waiver of MEB/PEB Evaluation*. Review of the DoDI 1332.38, dated 14 Nov 96 Incorporating Change 1, 10 Jul 06, paragraph E3.P2.7, *Waiver of*

MEB/PEB Evaluation, states in certain circumstances, Service members may waive referral to the PEB with the approval of the Secretary of the Military Department. The member must be counseled on the DES process; his or her right to a PEB; and the potential benefits of remaining in an active duty or Active Reserve status for purposes of completing evaluation by the DES. The member must request a waiver in writing, and such request, or an affidavit, must attest that the member has received the counseling described above and declines referral to the PEB. Waiver requests are authorized when either occurs:

E3.P2.7.1, the MEB reflects that the member's medical condition existed prior to service and was not aggravated by service.

E3.P2.7.2, physical disability evaluation requires extension past the date of the member's Service agreement or an approved retirement date, and the member does not consent to retention.

E3.P2.7.2.1, members of a Reserve component on active duty under a call to duty of more than 30 days may continue disability evaluation upon release from active duty provided they maintain a Ready Reserve status, however, must sign a waiver declining retention on active duty.

E3.P2.7.2.2, members approved for separation under any program which incurs a Reserve obligation and who have conditions which are cause for referral into the DES are prohibited from waiving physical disability evaluation.

E3.P2.7.3, a Service member reaches the end of active obligated Service and has no remaining Service obligations.

The applicant exercised his right to waive further MEB processing when he signed the 30 Aug 18 form presumably related to paragraph E3.P2.7.2. and/or E3.P2.7.3. This caused his RILO case to be cancelled by the RMU. This also counters the statement that "human error" caused his RILO case to be cancelled, as alleged by the Staff Judge Advocate General (JAG) in the IG response to the applicant in Feb 20. The applicant completed a form to apply for retirement on 14 Sep 18; however, there are no additional documents provided that show he received information he was eligible for retirement nor the outcome of his Sep 18 retirement application. The applicant reported he was under the impression he would receive a "medical retirement" since he had more than 17 years of military service and apparently presumed, he was disqualified from further military service due to PTSD. A review of his electronic medical record shows he was also in legal trouble at this time with a felony charge and drug/alcohol abuse treatment, so it is unclear what effect (if any) these additional issues had on his military service status/discharge decisions. Since he waived his right to medical board processing, that prevented him from pursuing any retirement benefits related to a medical disqualification.

The complete advisory opinion is at Exhibit E.

APPLICANT'S REVIEW OF ADDITIONAL AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 27 Oct 23 for comment (Exhibit F), but has received no response.

ADDITIONAL AIR FORCE EVALUATION

The AFRBA Psychological Advisor completed a review of all available records and finds insufficient evidence to support the applicant's request for a medical discharge/retirement for his mental health condition. Liberal consideration is not appropriate to be applied to the applicant's request because medical discharge/retirement requests are not covered under this policy. The applicant's reason for discharge is currently unknown as his discharge paperwork was unable and was not submitted for review. Nevertheless, there are records consistently reporting his non-compliance or refusal to submit his medical treatment records may result in administrative discharge action per AFI 36-3209. The last notification he received was on 6 Feb 20, which was about three years after his initial narrative summary (NARSUM) was created and when he was first notified to submit his medical records. There are no records to confirm he had responded to this last notification/memorandum and no records have been submitted since this last notification. It appeared to be very plausible he was administratively separated because of these issues. As stated, the Air Force had made ample and earnest efforts to communicate with the applicant and he was unresponsive or did not provide sufficient records. He behaved similarly with the DVA when they tried to contact him numerous times to initiate or schedule mental health treatment.

There are two reasons why the Psychological Advisor recommends denial of the applicant's request. The first reason is the lack of evidence and records to determine whether his mental health condition would have rendered him unfit by the Informal Physical Evaluation Board (IPEB) or PEB. The Air Force made numerous, ample, and earnest efforts to inform and instruct the applicant to submit his treatment records for his condition of PTSD for review and adjudication. His case was reviewed by the RILO and was recommended to be referred to the MEB because he had a potentially unfitting condition of PTSD. There were no records of his case being officially reviewed by the MEB to determine his eligibility to enter into the DES and be referred to the PEB to be medically discharged and/or retired because of the lack of sufficient medical records. Because he did not submit his treatment records for PTSD, the MEB and PEB did not review his case. An unfitting finding from the PEB is necessary for a medical discharge and/or retirement. The records the applicant did submit were determined to be insufficient. He submitted his records for his alcohol abuse/dependence treatment at C----- H----- for inpatient hospitalization and residential/ C----- Residential Center (CRC) treatment, but these treatments were for his alcohol abuse/dependency problems and not for PTSD. His alcohol abuse/dependency problems are unsuiting conditions for military service and are not categorized as unfitting conditions that would meet the criteria for a medical discharge or retirement. He also submitted a curriculum vita for a psychologist, but no treatment records were submitted from this provider. He submitted documentation from another physician, but no diagnosis was annotated in the document and no actual treatment records for PTSD from this provider were submitted for review. This physician was his provider at CRC and so he was being treated for his alcohol problems and psychotic symptoms and not for PTSD. It is noted there were no reports or records his psychotic symptoms

were continuous or recurring after his CRC treatment and this problem appeared to have resolved. The applicant informed the military provider who performed his mental health evaluation on 2 Nov 15, he received treatment from a DVA provider in 2002; however, these records were never submitted or available for review in the DVA's electronic health records. He reported the same information to a DVA provider on 28 Jun 16 that he had been previously diagnosed with PTSD by a DVA hospital clinician and was treated by a DVA psychiatrist and counselor and the DVA provider; however, the provider noted his treatment history could not be confirmed in the Computerized Patient Record System (CPRS)/remote records. Due to his missing treatment records, it could not be determined whether his condition of PTSD was stable or unstable, if his condition would improve or worsen with treatment, the severity of his condition, and the actual degree of impairment of his condition on his ability to reasonably perform his military duties in accordance with his office, grade, rank, or rating.

The applicant's treatment records are imperative to determine his fitness for duty especially since his reports of his condition and symptoms had been various. He reported to a DVA physician on 3 Feb 16, his PTSD was stable and declined mental health treatment but informed a social worker at the DVA by phone on 9 Feb 21, he was making progress with his PTSD while working with a therapist he felt comfortable with and had a rapport. There were also various reports his anxiety, depression, and PTSD symptoms had recurred or been exacerbated by his personal, legal, and financial stressors. It appeared, should he be consistent and compliant with treatment, his condition could or may have improved. His reporting of his depression was also inconsistent. There were times he would report his depression was chronic and at other times, he denied having depression or depressive symptoms. His treatment records, if existed or were available, would help decipher the status of his mental health condition. The available treatment records from his military, DVA, and civilian providers around and up until his referral to the MEB do not support his mental health condition was unfitting. On 11 Dec 15, he received a non-Air Force physical examination/pre-employment evaluation for a civilian job by a military provider at **Work-Product** Air Force Base. He screened negative for depression, his mood was assessed to be euthymic, his affect was normal, his general overall feeling or health was very good, and he denied any medical conditions or medications. He did not report having any mental health problems or concerns. The only issue he had was he failed depth perception, which was a physical and not a mental health concern. On 3 Feb 16, he met with a physician at the DVA to establish care and was noted to have chronic depression, but he declined treatment. More importantly, it was reported his PTSD was stable. On 7 Jun 16, he was seen for a courtesy physical pre-employment examination for a civilian position with the United States Marine Corp (USMC). He denied having any depression when screened, stated he had a history of PTSD, and no current PTSD was discussed, his alcohol problems were in remission, reported having no anxiety, depression, or sleep disturbances, and he had no abnormal behaviors or thought impairments. On 28 Jun 16, he was evaluated by another DVA provider for mental health treatment services. He reported having multiple stressors such as legal problems, employment issues (civilian and not military), and marital problems. He discussed having a history of depression and PTSD and these symptoms continued to impair his social and occupational functioning. It is noted these problems impaired his civilian employment functioning as he was terminated from his civilian job due to his anger problems. It is uncertain if the military was aware of his problems. He agreed to engage in psychotherapy to address his symptoms of PTSD and depression but declined medication consultation services. There were no records he

followed through with this recommendation. On 5 Feb 19, he received another civilian pre-employment evaluation with a military provider at Work-Product(USMC). His mental health or psychological condition was briefly assessed, and it was found he had no safety concerns. There were no mental health conditions, issues, or concerns reported. The provider confirmed he had no limiting conditions for the position of a maintenance worker. There were no records of any mental health treatment received from the period of 2016 to 2019. He would report he would receive treatment from the DVA or other civilian providers, but no records had been produced to substantiate his reports.

Most of the aforementioned evaluations reflected he had no mental health issues, but his evaluation with a DVA provider did discuss some impairments to his functioning due to his depression and PTSD. This evaluation is not sufficient to determine his fitness for duty for military service. Receiving a mental health disorder diagnosis does not automatically render a condition unfitting. He needs to be able to demonstrate he received treatment for his condition and his treatment records need to reflect whether he was responsive or unresponsive to treatment efforts, whether he had exhausted treatment options or received the maximum benefit from treatment, his safety risk or level of risk of his condition in a deployed setting and/or military environment, the status of his mental health condition with treatment, degree of impairment of his condition on his military duties, and/or whether his condition was unfitting for military service after treatment was received. Again, these available treatment records were insufficient and did not support his contention his mental health condition was unfitting. These evaluations are not mental health treatment.

The Deployment Availability Working Group (DAWG) Chair/writer of the NARSUM opined his mental health condition was unfitting; however, this opinion was not confirmed by the DES nor would it represent the PEB's decision. The opinion was necessary to initiate the RILO process, but it is the PEB that determines a condition as unfitting and not the DAWG Chair. Interestingly, the author and the NARSUM relied on his mental health evaluation that was performed on 2 Nov 15 to determine his disposition. The results of this mental health evaluation did not state he was unfit for military service, but to the contrary, was not referred to medical disability, was not placed on a duty limiting condition (DLC) profile, and no alterations to duty status or security clearance were recommended at the time. The writer of the NARSUM also stated he might be in remission at the time, but there was a high risk of his symptoms being potentially triggered when placed in a deployed environment. His treatment records would be helpful in assessing his risk in a deployed environment; however, it is noted the applicant was able to deploy to Work-Product in 2014 as a civilian contractor and there were no issues reported with this deployment. Although working as a civilian for the military is different than being a service member in the military, this deployment did demonstrate he was able to function in a deployed environment as many service members do deploy to Work-Product. The NARSUM did not report his deployment as a civilian contractor nor did it discuss the numerous evaluations that were discussed in the preceding paragraph he had received preceding to or around the time of his referral to the RILO and MEB. The Psychological Advisor opines these records, if reviewed, may change the disposition or recommendation of his case.

The second reason the applicant's request for a medical retirement could not be supported is because of the lack of clarity with his LOD determination. There is a letter stating his mental health condition of PTSD had an approved LOD, but it is uncertain if his PTSD was service-

aggravated or not service aggravated by his Air Force Reserve service/duties. There are different designations for an approved LOD but not all approved LODs would result in a medical retirement. His records reflected inconsistent reporting about when his symptoms began and how he incurred his condition of PTSD. His mental health evaluation performed by a military provider on 12 Sep 15 reported he disclosed having a 15-year plus history of anxiety and depression, and he had deployed to Work-Product in 2000 (year possibly reported incorrectly). Due to his reported time frame of having a 15-year plus history of anxiety and depression, these problems had begun prior to his AFR service and were instead, developed and incurred from his prior service with the Army. Thus, his anxiety, depression, and untreated PTSD would be considered as a prior service impairment or existed prior to service (EPTS) condition. The applicant did not transfer to the AFR until Apr 03. There was no discussion of his service/duties with the Air Force during this evaluation. At his mental health evaluation for PTSD on 2 Nov 15, he informed the military provider he had a history of two deployments to Work-Product and from his deployment to Work-Product he had experienced rocket propelled grenade (RPG) attacks and carried dead bodies for transport. He did not identify when he deployed to Work-Product but stated he received treatment with a DVA provider for his ongoing symptoms and experienced anxiety and depressive symptoms of irritability, hyperarousal, racing thoughts, etc. on a recurring basis since 2002. He also began drinking after his deployment to Work-Product. He identified his most stressful event was in 2002 when he was a first responder to an incident in which a pararescue man was trapped in the all-terrain vehicle (ATV) that was on fire and watched him die in the fire. This event occurred during his service with the Army. The applicant did not clearly discuss his military duties or activities with the Air Force during this evaluation as well. On 28 Jun 16, the applicant met with a DVA provider and reported he had symptoms since seeing a man burned to death while serving in the Army in 2002 and noted his symptoms worsened after he returned from deployment in Work-Product with the Air Force in 2006. The applicant previously reported on 2 Nov 15, he had a history of two deployments to Work-Product. According to this report, he had deployed to Work-Product twice in 2002 and 2006. There is evidence and records he was deployed to Work-Product in 2014 when he was working in a civilian capacity and not as a uniformed service member on orders. There are differences between Work-Product. If his report to the DVA provider in Jun 16 was accurate, he would have a history of three deployments and not two. Moreover, the applicant never clearly reported deploying to Work-Product in 2006 with the Air Force during his evaluation on 2 Nov 15. It is assumed his report of his deployment to Work-Product was with the Army because he consistently reported his symptoms began in 2002, no report of the year 2006, and no report of any aggravation of his symptoms in 2006 or beyond because of his second deployment to Work-Product. His report of witnessing a man die in a fire was also inconsistent. He reported previously in Nov 15, the incident occurred at Fort H----- L-----, which was in Work-Product but in Jun 16, he reported this same incident occurred in Afghanistan. Either way, this incident occurred with the Army and prior to his service with the Air Force. Another inconsistent report was he reported to a DVA provider by phone on 9 Feb 21, he had been dealing with PTSD symptoms since around 2006-2007 when returning from Work-Product. Other records stated his symptoms began in 2002. Although he again reported deploying to Work-Product around 2006, he never discussed his deployment to Work-Product in 2006 with any of his military providers, and there was no clear evidence in his available records he had deployed to Work-Product in 2006. His DD Form 214 for the active service period of 21 Jan 06 to 3 Jul 06 did report he served in support of Operation ENDURING FREEDOM. Work-Product is the focus of Operation

CUI//SP-MIL/SP-PRVCY

ENDURING FREEDOM but does not necessarily confirm a deployment to or in **Work-Product**. It is very plausible he did indeed serve in **Work-Product** but more evidence or records are needed to clarify and confirm his deployment to **Work-Product** in 2006 with the Air Force. This issue of needed clarity of his deployment activities with the Air Force was brought up in the memorandum by HQ AFRC/SGO dated 31 May 17 stating documentation of his deployment activities is also lacking. It appears he has prior service in the Army. Documentation of his mental health condition at the time he joined the AFR is lacking. In addition to this issue, there is no evidence or records his experiences or duties with the Air Force had aggravated his prior service condition and impairment or EPTS condition(s). The applicant was informed of this issue in the same memorandum by HQ AFRC/SGO stating the supplied medical records were insufficient for adjudication and he must demonstrate his AFR service aggravated his condition above and beyond the natural course of the disease. Furthermore, a Standard Form 600, *Chronological Record of Medical Symptoms, Diagnosis, Treatment, Treating Organization*, dated 10 Apr 19 from the 452nd Aerospace Medicine Squadron reported he had a LOD – EPTS. There was no additional information documented that his EPTS condition was service-aggravated or not service-aggravated. From the available records, it appeared his mental health condition of PTSD had incurred ILOD which was from his duty with the Army, it was EPTS because it was incurred with his time in the Army, but no evidence or records it was service-aggravated by his military service/duties with the Air Force to include his possible deployment to **Work-Product** in 2006 with the Air Force. An ILOD condition that EPTS needs to be service-aggravated in order to be eligible for a compensable medical discharge or retirement. Even if his condition was found to be EPTS and service-aggravated, the lack of treatment records makes adjudication by the IPEB/PEB impossible. With or without official adjudication by the IPEB/PEB, his current available records do not support he would have been medically discharged or retired from the military.

For awareness since the applicant has received service-connection for PTSD to include anxiety and depression from the DVA, the military's DES, established to maintain a fit and vital fighting force, can by law, under Title 10, U.S.C., only offer compensation for those service incurred diseases or injuries which specifically rendered a member unfit for continued active service and were the cause for career termination; and then only for the degree of impairment present at the time of separation and not based on post-service progression of disease or injury. To the contrary, the DVA, operating under a different set of laws, Title 38, U.S.C., is empowered to offer compensation for any medical condition with an established nexus with military service, without regard to its impact upon a member's fitness to serve, the narrative reason for release from service, or the length time transpired since the date of discharge. The DVA may also conduct periodic reevaluations for the purpose of adjusting the disability rating awards as the level of impairment from a given medical condition may vary [improve or worsen] over the lifetime of the veteran.

The complete advisory opinion is at Exhibit G.

APPLICANT'S REVIEW OF ADDITIONAL AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 13 Nov 23 for comment (Exhibit H), but has received no response.

FINDINGS AND CONCLUSION

1. The application was timely filed.
2. The applicant exhausted all available non-judicial relief before applying to the Board.
3. After reviewing all Exhibits, the Board concludes the applicant is not the victim of an error or injustice. It appears the separation was consistent with the substantive requirements of the discharge regulation as he was correctly separated at his ETS as he waived his rights to undergo the MEB process. The Board notes the response from the IG's Office indicating he was erroneously separated at his ETS due to human error; however, there are numerous instances of the applicant's non-compliance to submit his medical treatment records for further MEB processing noting he may be administratively discharged if he failed to comply. Additionally, the Board concurs with the rationale and recommendation of the AFRBA Psychological Advisor and finds a preponderance of the evidence does not substantiate the applicant's contentions he should have been processed for a MEB and medically retired. He had a potentially unfitting condition of PTSD; however, because of the lack of sufficient medical records, he was not processed through the DES. The mere existence of a mental health diagnosis does not automatically determine unfitness and eligibility for a medical separation or retirement. Applicants have the burden of proof for providing evidence in support of their claim. Therefore, the preponderance of evidence does not support the applicant's military duties were degraded due to his mental health condition nor was his PTSD service-aggravated beyond the natural progression of the disease. A Service member shall be considered unfit when the evidence establishes that the member, due to disability, is unable to reasonably perform the duties of his or her office, grade, rank, or rating. The military's DES established to maintain a fit and vital fighting force, can by law, under Title 10, U.S.C., only offer compensation for those service incurred diseases or injuries, which specifically rendered a member unfit for continued active service and were the cause for career termination; and then only for the degree of impairment present at or near time of separation; whereas the DVA can offer compensation for any medical condition with an established nexus with military service, without regard to its impact upon a member's fitness to serve, the narrative reason for release from service, or the length time transpired since the date of discharge. Therefore, the Board recommends against correcting the applicant's records.

RECOMMENDATION

The Board recommends informing the applicant the evidence did not demonstrate material error or injustice, and the Board will reconsider the application only upon receipt of relevant evidence not already presented.

CERTIFICATION

The following quorum of the Board, as defined in Department of the Air Force Instruction (DAFI) 36-2603, *Air Force Board for Correction of Military Records (AFBCMR)*, paragraph 2.1, considered Docket Number BC-2023-00368 in Executive Session on 20 Dec 23:

Work-Product

Work-Product Panel Chair

Work-Product Panel Member

Work-Product Panel Member

All members voted against correcting the record. The panel considered the following:

- Exhibit A: Application, DD Form 149, w/atchs, dated 20 Dec 22.
- Exhibit B: Documentary evidence, including relevant excerpts from official records.
- Exhibit C: Advisory Opinion, ARPC/DPTT, w/atchs, dated 5 Jun 23.
- Exhibit D: Notification of Advisory, SAF/MRBC to Applicant, dated 14 Jun 23.
- Exhibit E: Advisory Opinion, AFRC/SGO, dated 11 Oct 23.
- Exhibit F: Notification of Advisory, SAF/MRBC to Applicant, dated 27 Oct 23.
- Exhibit G: Advisory Opinion, AFRBA Psychological Advisor, dated 13 Nov 23.
- Exhibit H: Notification of Advisory, SAF/MRBC to Applicant, dated 13 Nov 23.

Taken together with all Exhibits, this document constitutes the true and complete Record of Proceedings, as required by DAFI 36-2603, paragraph 4.12.9.

1/8/2024

Work-Product

Board Operations Manager, AFBCMR
Signed by: USAF

AFBCMR Docket Number BC-2023-00368

Work-Product