

SOUTH CAROLINA MILITARY DEPARTMENT

Statement Of Military Duty

I certify that I reported for military duty at _____ hours on _____ and/or
(time) (date)

was released from military duty at _____ hours on _____.
(time) (date)

Printed Name of Member

SCEIS Personnel #

Signature of Member

Printed Name & Title of Certifying Official

Signature of Certifying Official