

**DEPARTMENT OF THE AIR FORCE**  
(BASE LOCATION)



DATE

FROM: Adjutant, Personnel Officer, or Commander

SUBJECT: Veterans Opportunity to Work (VOW) Certification in Lieu of DD Form 214,  
Certificate of Release or Discharge from Active Duty

1. This is to certify that (NAME OF SERVICE MEMBER) is currently assigned to (MILITARY ORGANIZATION AND INSTALLATION).

2. The following information is provided in accordance with VOW:

- a. Name of Service Member: (INSERT NAME)
- b. Rank/Grade of Service Member: (INSERT RANK/GRADE)
- c. Branch of Armed Forces: (INSERT BRANCH)
- d. Expected Date of Discharge/Release from active duty:<sup>1</sup> (INSERT DATE)
- e. Date Terminal Leave Begins, if applicable: (INSERT DATE)
- f. Expected character of discharge (INSERT EXPECTED CHARACTER OF DISCHARGE)

3. I certify that the foregoing information is true and correct to the best of my knowledge and belief.

SIGNATURE BLOCK  
of Adjutant, Personnel Officer, or Commander of  
the service member's unit or higher headquarters

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<sup>1</sup> To be effective, this certification of service must be submitted within 120 days of the expected date of discharge or release from active duty. *See* 5 U.S.C. § 2108a(a)(2).