

**RECORD OF SUPPLEMENTARY ACTION UNDER ARTICLE 15, UCMJ**

For use of this form, see AR 27-10; the proponent agency is The Judge Advocate General.

NAME AND GRADE	SSN	UNIT
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TYPE OF SUPPLEMENTARY ACTION (*OTHER THAN BY SUPERIOR AUTHORITY ACTING ON APPEAL*) (Check appropriate box)

**SUSPENSION** (Complete item 1 below)    
 **MITIGATION** (Complete item 2 below)    
 **REMISSION** (Complete item 3 below)  
 **SETTING ASIDE** (Complete item 4 below)    
 **VACATION OF SUSPENSION** (Complete item 5 below)

**1. SUSPENSION**  
The punishment(s) of \_\_\_\_\_  
\_\_\_\_\_ imposed on the above service member on \_\_\_\_\_ (is) (are) suspended and will automatically be remitted if not vacated  
\_\_\_\_\_ (date of punishment)  
before \_\_\_\_\_.  
\_\_\_\_\_ (date)

**2. MITIGATION**  
The punishment(s) of \_\_\_\_\_  
\_\_\_\_\_ imposed on the above service member on \_\_\_\_\_ (is) (are) mitigated to \_\_\_\_\_  
\_\_\_\_\_ (date of punishment)  
\_\_\_\_\_  
\_\_\_\_\_.

**3. REMISSION**  
The punishment(s) of \_\_\_\_\_  
\_\_\_\_\_ imposed on the above service member on \_\_\_\_\_ (is) (are) remitted.  
\_\_\_\_\_ (date of punishment)

**4. SETTING ASIDE**  
The punishment(s) of \_\_\_\_\_  
\_\_\_\_\_ imposed on the above service member on \_\_\_\_\_ (is) (are) set aside on the basis that \_\_\_\_\_  
\_\_\_\_\_ (date of punishment)  
\_\_\_\_\_  
All rights, privileges, and property affected are hereby restored.

**5. VACATION OF SUSPENSION**  
a. The suspension of the punishment(s) of \_\_\_\_\_  
\_\_\_\_\_ imposed on the above service member on \_\_\_\_\_ (is) (are) hereby vacated. The unexecuted portion(s) of the punish-  
ment(s) will be duly executed. \_\_\_\_\_ (date of punishment)  
b. Vacation is based on the following offense(s): \_\_\_\_\_  
\_\_\_\_\_  
c. The member (was) (was not) given an opportunity to rebut (para 3-25, AR 27-10).  
d. The member (was) (was not) present at the vacation proceeding (para 3-25, AR 27-10).

ORIGINAL DA FORM 2627 (Check appropriate box)

DIRECTED FOR FILING ON THE  PERFORMANCE  RESTRICTED FICHE OF THE OMPF.

**AUTHENTICATION** (Check appropriate boxes)

BY MY ORDER      THE OFFICER WHO IMPOSED THE PUNISHMENT  
 THE SUCCESSOR IN COMMAND TO THE IMPOSING COMMANDER      AS SUPERIOR AUTHORITY

DATE	NAME, GRADE, AND ORGANIZATION OF COMMANDER	SIGNATURE
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