

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) HQDA, DCS-G3	3. FROM (Include ZIP Code) Parent Unit
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
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SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
 _____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/>	Service School (Enl only)	<input type="checkbox"/>	Special Forces Training/Assignment	<input type="checkbox"/>	Identification Card
<input type="checkbox"/>	ROTC or Reserve Component Duty	<input type="checkbox"/>	On-the-Job Training (Enl only)	<input type="checkbox"/>	Identification Tags
<input type="checkbox"/>	Volunteering For Oversea Service	<input type="checkbox"/>	Retesting in Army Personnel Tests	<input type="checkbox"/>	Separate Rations
<input type="checkbox"/>	Ranger Training	<input type="checkbox"/>	Reassignment Married Army Couples	<input type="checkbox"/>	Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/>	Reassignment Extreme Family Problems	<input type="checkbox"/>	Reclassification	<input type="checkbox"/>	Change of Name/SSN/DOB
<input type="checkbox"/>	Exchange Reassignment (Enl only)	<input type="checkbox"/>	Officer Candidate School	<input checked="" type="checkbox"/>	Other (Specify) ADOS/COADOS
<input type="checkbox"/>	Airborne Training	<input type="checkbox"/>	Asgmt of Pers with Exceptional Family Members		

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
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SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

- Initial Request ___ Extension ___ Required/Preferred Start Date (yyyy/mm/dd): _____ Requested Active Duty: ___ days
 - Requested Unit of Assignment (UIC, par/Lin; or WIAS Control #): _____
 - Available for worldwide duty or area of assignment: Yes ___ No ___ (If No, list preferences/limitations): _____
 - Number of days for Advanced Notification (check one): 30 ___ 10 ___ Receipt of Orders ___
 - Address to report from (other than HOR): _____ Phone number: _____
 - AKO e-mail address: _____ @ us.army.mil. Alternate e-mail address: _____
 - Soldier Status (CURORG): ARNG ___ USAR TPU/ARE ___ IMA ___ IRR ___

----- To be completed by Record Custodian or Unit Administrator -----

- ETS Date (enlisted) or Service MRD (officer): _____. Will reach MRD/ETS/Maximum age during tour: Yes ___ No ___
 - Security Clearance: Type: _____ Date granted: _____
 - Current APFT: Yes ___ No ___; Height & Weight Verified: Yes ___ No ___; DA Form 5500/5501 verified if required: Yes ___ No ___
 - Date Last Medical Exam or Physical Health Assessment (PHA): _____, HIV Test Date: _____
 - Total Active Federal Service (AFS): _____ years _____ months _____ days. Date of last Active Duty: _____
 - Current total consecutive days of active duty: _____ days. Total number days of ADOS in the last 1460 days: _____
 - Verified by Unit Administrator: _____ Date _____ Phone number: _____

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL IS APPROVED IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE (YYYYMMDD)
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