

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 (<i>Include ZIP Code</i>) Cdr, Group/Battalion Cdr, RSC/Divison Cdr, HRC-STL, ATTN: AHRC-ARL-S	2. TO (<i>Include ZIP Code</i>) Chief, Office of Promotions, (RC) ATTN: AHRC-MSL-E 1 Reserve Way St. Louis, MO 63132-5200	3. FROM (<i>Include ZIP Code</i>) Current Assignment
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (<i>Last, First, MI</i>) Doe, Marie J.	5. GRADE OR RANK/PMOS/AOC SFC/42A5M	6. SOCIAL SECURITY NUMBER 111-11-1111
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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 ACTION8. I request the following action: (*Check as appropriate*)

<input type="checkbox"/> Service School (<i>Enl only</i>)	<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 (<i>Enl only</i>)	<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 (<i>Enl only</i>)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (<i>Specify</i>)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/> Request Standby Advisory Board

9. SIGNATURE OF SOLDIER (*When required*)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

- Request consideration by the Next Enlisted Standby Advisory Board, IAW AR 600-8-19, para, 4-14. (thoroughly read para 4-14)
- My promotion consideration file was missing my last NCOER. (clearly state the material error)
- Request consideration under the criteria of the 2006 MSG Promotion Board. (state which board criteria you should be considered under)
- Attached is the missing NCOER. (Provide the supporting documentation)
- My contact information is:

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL11. 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)

Local Commanders signature Block

Current date