

PERSONNEL ACTION FORM ADDENDUM

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

1. NAME OF INDIVIDUAL		2. SSN	
3. RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL			
a.	(1) ORGANIZATION	(2) OFFICE SYMBOL	(3) DATE
(4) ACTION ☐ APPROVED ☐ DISAPPROVED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ RETURNED			
(5) COMMENTS			
(6) NAME		(7) TITLE/POSITION/RANK	
(8) SIGNATURE		(9) HEADQUARTERS POC TELEPHONE NUMBER	
(10) FORWARDED TO		(11) ENCLOSURES ☐ ADDED ☐ WITHDRAWN ☐ NO CHANGE	
b.	(1) ORGANIZATION	(2) OFFICE SYMBOL	(3) DATE
(4) ACTION ☐ APPROVED ☐ DISAPPROVED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ RETURNED			
(5) COMMENTS			
(6) NAME		(7) TITLE/POSITION/RANK	
(8) SIGNATURE		(9) HEADQUARTERS POC TELEPHONE NUMBER	
(10) FORWARDED TO		(11) ENCLOSURES ☐ ADDED ☐ WITHDRAWN ☐ NO CHANGE	
c.	(1) ORGANIZATION	(2) OFFICE SYMBOL	(3) DATE
(4) ACTION ☐ APPROVED ☐ DISAPPROVED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ RETURNED			
(5) COMMENTS			
(6) NAME		(7) TITLE/POSITION/RANK	
(8) SIGNATURE		(9) HEADQUARTERS POC TELEPHONE NUMBER	
(10) FORWARDED TO		(11) ENCLOSURES ☐ ADDED ☐ WITHDRAWN ☐ NO CHANGE	
4. DISTRIBUTION <i>(List all organizations to receive copy)</i> 			