

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)
Commander2. TO (Include ZIP Code)
Commander3. FROM (Include ZIP Code)
Commander**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI)

5. GRADE OR RANK/PMOS/AOC

6. SOCIAL SECURITY NUMBER

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)

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

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

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

- Request approval to take OCONUS Leave to _____.
- My itinerary is listed below:
 Depart from: _____ Date: _____
 Arrive at: _____ Date: _____
 Depart From: _____ Date: _____
 Arrive at: _____ Date: _____
- Relationship to person(s) visiting:
- Leave address and phone number:
- I have completed the Anti-Terrorism Level Awareness Training on _____.

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)