Circle the appropriate copy designator

Copy 1 Copy 2 Copy 3 Copy 4

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)*	3. FROM *(Include ZIP Code)*
Commander, (Your Bn/Sqdn) Ft Knox, KY 40121 Commander, (Your Bde/Regt) Ft Knox, KY 40121	Commander, USAARMC & Ft Knox ATTN: ATZK-HRG-PR Ft Knox, KY 40121	Commander, (Your unit address) Ft Knox KY 40121

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
DOE, JOHN D.	SFC/19K4H	000-00-0000

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	X	Other *(Specify)* Request for Voluntary Retirement
	Airborne Training		Asgmt of Pers with Exceptional Family Members		

9. SIGNATURE OF SOLDIER *(When required)*	10. DATE *(YYYYMMDD)*
(Your Signature)	20030101

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

1. IAW AR 635-200, Chapter 12, I request voluntary retirement effective (dd/mm/yy)_____. (i.e. 1 May 05)
2. I understand that I must submit this request in a timely manner(NET 12 mo. and NLT 2 mo. prior to retirement date).
3. Authorized Transition Point:_____.
Requested Transition Point (at no expense to the government)_____.
4. I (have/have not) met all service remaining obligations and (do/do not) require a waiver. (Choose appropriate wording and include justification if applicable).
5. I (am/am not) currently on the DA promotion Selection List. Sequence #_____.
6. I (am/am not) currently flagged Per AR 600-8-2. (Choose appropriate wording).
7. I (have/have not) been alerted for assignment instructions. (Choose appropriate wording) (cycle # and date)_____.
8. I tentatively request transitional leave starts _____ ends _____. I understand that I am authorized 20 days permissive TDY in conjuction with this retirement action to start _____ end ____.
9. I am aware that my spouse and I must be counseled on the Survivor Benefit Plan (SBP) 60 days prior to the date of retirement.
10. Copy of retirement ceremony information sheet is enclosed (applicable to USAARMC soldiers and soldiers who desire to participate).
11. AKO e-mail address:_____.
12. Duty # _____ home # _____. Spouse's name: _____.
13. Current mailing address:_____.
14. Mailing address after retirement: _____.

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)*
Your Commander's Signature Block		20030101