

SECTION I - PERSONAL IDENTIFICATION					
1. THRU (Include ZIP Code) Commander Soldier's Battalion Unit XXXXX APO AE 09XXX		2. TO (Include ZIP Code) Commander US Army Garrison Bavaria Unit 28130 APO AE 09114		3. FROM (Include ZIP Code) Commander Soldier's Company/Battery ATTN: S-1 APO AE 09XXX	
4. NAME (Last, First, MI)		5. GRADE OR RANK / PMOS / AOC		6. DOD ID 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)					
<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): XX Day Individual Logistical Support (ILS) Request			
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> 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)					
1. IAW AE Regulation 600-700, SM requests XXXX 90 days logistical support for dependents starting: XXXX until XXXXX					
2. Dependent Name Relationship DOB Passport # Expiration Date Citizenship					
3. Location of dependents:					
4. Logistical Support requested:					
5. Reason:					
6. Service Member Contact Information: (Cellphone/DSN)					
Encls: DA Form 4187 (DEC 2022), STP, PCS order into Community, PCS orders out of Community, Passports including SOFA cards, Command Sponsorship verification, Housing memo, Flight reservation (for departure verification)					

1. Complete sections 1-6 with personal/unit information

2. Complete section 8. Keep "Other" checked, and input the total number of days you are requesting ILS to replace "XX"

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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):
<input type="checkbox"/>	Airborne Training	<input type="checkbox"/>	Asgmt of Pers with Exceptional Family Members	XX Day Individual Logistical Support (ILS) Request	
9. SIGNATURE OF SOLDIER (When required)				10. DATE (YYYYMMDD)	
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3. Requesting Soldier
Signs and dates

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4. NAME (Last, First, MI) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		5. GRADE OR RANK / PMOS / AOC <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		6. DOD ID NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)					
7. The above Soldier's duty status is changed from <div style="border: 1px solid black; display: inline-block; width: 300px; height: 1.2em; vertical-align: middle;"></div> to <div style="border: 1px solid black; display: inline-block; width: 300px; height: 1.2em; vertical-align: middle;"></div> effective <div style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></div> hours, <div style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></div>					
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			
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<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations			
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SECTION IV - REMARKS (Applies to Sections II, III, and V)					
1. IAW AE Regulation 600-700, SM requests XXXX 90 days logistical support for dependents starting: XXXX until XXXXX					
2. Dependent Name		Relationship		DOB	
3. Location of dependents:		Passport #		Expiration Date	
4. Logistical Support requested:		Citizenship			
5. Reason:					
6. Service Member Contact Information: (Cellphone/DSN)					
Encls: DA Form 4187 (DEC 2022), STP, PCS order into Community, PCS orders out of Community, Passports including SOFA cards, Command Sponsorship verification, Housing memo, Flight reservation (for departure verification)					

4. Replace "XXXX" with less than, more than, or delete if exactly 90 days.

5. Replace "XXXX until XXXX" with exact dates of ILS requested

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3. Location of dependents:					
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Encls: DA Form 4187 (DEC 2022), STP, PCS order into Community, PCS orders out of Community, Passports including SOFA cards, Command Sponsorship verification, Housing memo, Flight reservation (for departure verification)					

6. Fill out 2 and 3 with dependent (s) information

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<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify): <div style="border: 1px solid black; padding: 2px;">XX Day Individual Logistical Support (ILS) Request</div>									
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members										
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7. Fill out 4. with listing what logistical support is requested. i.e. DODEA, housing, commissary etc...

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8. Fill out 5 with the reason for the request. 6 is self-explanatory

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)

DA FORM 4187, DEC 2022

PREVIOUS EDITIONS ARE OBSOLETE.

APD AEM v1.01ES

Page 1 of 2

9. Company
Commander completes
11 & 12[Attachments Menu](#)

ADDENDUM - RECOMMENDATIONS FOR APPROVAL / DISAPPROVAL

15. NAME (Last, First, MI)

16. DOD ID NUMBER

AUTHORITY

a. TO

Commander, USAG Bavaria
Unit 28130
APO AE 09114

b. FROM

Commander
Soldier's Squadron/Battalion
APO AE 09XXXc. ACTION: ☐ APPROVED ☐ DISAPPROVEDRECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME (Last, First, MI)

e. RANK

f. DATE (YYYYMMDD)

g. TITLE / POSITION

h. SIGNATURE

i. COMMENTS

AUTHORITY

a. TO

ORDERS ISSUING AUTHORITY

b. FROM

Commander, USAG Bavaria
Unit 28130
APO AE 09114c. ACTION: ☐ APPROVED ☐ DISAPPROVEDRECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME (Last, First, MI)

FLANAGAN, STEPHEN C.

e. RANK

COL

f. DATE (YYYYMMDD)

g. TITLE / POSITION

GARRISON COMMANDER/COL, SF, Commanding

h. SIGNATURE

10. Battalion/Troop
Commander (in most
cases) completes this
section. Ensure to
replace "XXX" with
correct information in
section b.. Additionally,
comments from the
Battalion/Troop
Commander is preferred