			SECTION I - PERSONAL IDENTIFICATION							
1. T	HRU (Include ZIP Code)									
Commander Soldier's Battalion Unit XXXXX APO AE 09XXX		US Uni	nmander Army Garrison Bavaria t 28130 D AE 09114	Sol AT	nmander dier's Comp TN: S-1 O AE 09XX	any/Battery	 Complete sections 1- 6 with personal/unit information 			
4. NAME (Last, First, MI)			5. GRADE OR RANK / PMOS / AOC			6. DOD ID NUMBER				
		SEC	FION II - DUTY STATUS CHANGE (AR 600-8-6)							
7. T	he above Soldier's duty status is changed from			to						
			effective	ho	urs,					
		SECT	ION III - REQUEST FOR PERSONNEL ACTION	ı			1			
8. l ı	request the following action: (Check as appropriate	te)								
	Service School (Enl only)		Special Forces Training/Assignment		Identification	n Card				
	ROTC or Reserve Component Duty		On-the-Job Training (Enl only)	1						
	Volunteering For Oversea Service		Retesting in Army Personnel Tests	1						
	Ranger Training		Reassignment Married Army Couples		Leave - Exc	ess/Advance/Outside CONUS	1			
	Reassignment Extreme Family Problems		Reclassification	lame/SSN/DOB						
	Exchange Reassignment (Enl only)		Officer Candidate School	2. Complete section 8.						
	Airborne Training		Asgmt of Pers with Exceptional Family Members		(ILS) Reque	vidual Logistical Support st	Keep "Other" checked, and input the total			
9. S	IGNATURE OF SOLDIER (When required)					10. DATE (YYYYMMDD)	number of days you are requesting ILS to			
	SE	CTIC	N IV - REMARKS (Applies to Sections II, III, and	V)			replace "XX"			
1.]	IAW AE Regulation 600-700, SM requests	XXX	X 90 days logistical support for dependent	s sta	ting: XXXX	X until XXXXX				
2.]	2. Dependent Name Relationship DOB Passport # Expiration Date Citizenship									
3.]	Location of dependents:									
4. Logistical Support requested:										
5.]	Reason:									
6. S	Service Member Contact Information: (Cellp	ohone	e/DSN)							
	els: DA Form 4187 (DEC 2022), STP, PCS mmand Sponsorship verification, Housing n				ty, Passport	s including SOFA cards,				

1	SECTION I - PERSONAL IDENTIFICATION				
1. THRU (Include ZIP Code)	2. TO (Include ZIP Code)	3. FROM (Include ZIP Code)			
Commander Soldier's Battalion Unit XXXXX APO AE 09XXX	US Army Garrison Bavaria Unit 28130	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 appropria	ate)				
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	XX Day Individual Logistical Support (ILS) Request			
9. SIGNATURE OF SOLDIER (When required)		10. DATE (YYYYMMDD)			
s	SECTION IV - REMARKS (Applies to Sections II, III, and V	V)			
1. IAW AE Regulation 600-700, SM requests	s XXXX 90 days logistical support for dependents	starting: XXXX until XXXXX			
2. Dependent Name Relationship	DOB Passport # Expiration Date	e Citizenship			
3. Location of dependents:					
4. Logistical Support requested:					
5. Reason:					
6. Service Member Contact Information: (Cel	lphone/DSN)				
	S order into Community, PCS orders out of Comm memo, Flight reservation (for departure verification				

3. Requesting Soldier Signs and dates

SECTION I - PERSONAL IDENTIFICATION									
. T	HRU (Include ZIP Code)		O (Include ZIP Code)			3. FROM (Include ZIP Code)			
Commander Soldier's Battalion Unit XXXXX APO AE 09XXX			US Army Garrison Bavaria Unit 28130			Commander Soldier's Company/Battery ATTN: S-1 APO AE 09XXX			
l. 1	NAME (Last, First, MI)		5. GRADE OR RANK / PMOS / AOC			6. DOD ID NUMBER			
	SECTION II - DUTY STATUS CHANGE (AR 600-8-6)								
'. T	The above Soldier's duty status is changed from to								
				effective		hours,			
		SEC	TION	III - REQUEST FOR PERSONNEL AC	TION				
. I	request the following action: (Check as appropriat	e)							
	Service School (Enl only)		Spe	ecial 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		Rea	assignment Married Army Couples			Leave - Excess/Advance/Outside CONUS		
	Reassignment Extreme Family Problems		Red	classification			Change of Name/SSN/DOB		
	Exchange Reassignment (Enl only)		Offi	cer Candidate School		✓	Other (Specify):		
	Airborne Training		Asg	mt of Pers with Exceptional Family Memb	oers		XX Day Individual Logistical Support (ILS) Request		
. S	IGNATURE OF SOLDIER (When required)		•		•		10. DATE (YYYYMMDD)		
	SF	CTIC	л ис	- REMARKS (Applies to Sections II, III	I, and \	V)			
. :	IAW AE Regulation 600-700, SM requests	XXX	XX 9	0 days logistical support for depen	dents	star	ting: XXXX until XXXXX		
2. :	Dependent Name Relationship	DO	В	Passport # Expiratio	n Dat	e	Citizenship		
3.	Location of dependents:								
Logistical Support requested:									
5.	Reason:								
5. S	i. Service Member Contact Information: (Cellphone/DSN)								
	ncls: DA Form 4187 (DEC 2022), STP, PCS order into Community, PCS orders out of Community, Passports including SOFA cards, ommand 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

SECTION I - PERSONAL IDENTIFICATION										
					3. FROM (Include ZIP Code)					
oldier's Battalion Unit XXXXX	US Army Garrison Bavaria Unit 28130			Commander Soldier's Company/Battery ATTN: S-1 APO AE 09XXX						
. NAME (Last, First, MI)		5. GRADE OR RANK / PM	OS / AOC		6. DOD ID NUMBER					
\$	SECTION	N II - DUTY STATUS CHANG	SE (AR 600-8-6)		•					
. The above Soldier's duty status is changed from					to					
		effective		hours,						
s	ECTION	I III - REQUEST FOR PERSO	ONNEL ACTION							
. I request the following action: (Check as appropriate	!)									
Service School (Enl only)	Spe	ecial Forces Training/Assignr	ment		Identification Card					
ROTC or Reserve Component Duty	On	-the-Job Training (Enl only)			Identification Tags					
Volunteering For Oversea Service	Re	testing in Army Personnel Te	sts		Separate Rations					
Ranger Training	Re	assignment Married Army Co	ouples		Leave - Excess/Advance/Outside CONUS					
Reassignment Extreme Family Problems	Re	classification			Change of Name/SSN/DOB					
Exchange Reassignment (Enl only)	Off	icer Candidate School		✓	Other (Specify):					
Airborne Training	Asg	gmt of Pers with Exceptional F	amily Members		XX Day Individual Logistical Support (ILS) Request					
. SIGNATURE OF SOLDIER (When required)					10. DATE (YYYYMMDD)					
SEG	CTION IV	/ - REMARKS (Applies to Se	ctions II, III, and	V)						
. IAW AE Regulation 600-700, SM requests X	XXXX 9	00 days logistical support	for dependents	star	ting: XXXX until XXXXX					
. Dependent Name Relationship	DOB	Passport #	Expiration Da	te	Citizenship					
. Location of dependents:										
. Logistical Support requested:										
. Reason:										
. Service Member Contact Information: (Cellphone/DSN)										
	ncls: 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

SECTION I - PERSONAL IDENTIFICATION									
1. THRU (Include ZIP Code) 2. TO (Include ZIP Code) 3. FROM (Include ZIP Code)									
Sol Uni	nmander dier's Battalion t XXXXX O AE 09XXX	US Army Garrison Bavaria Unit 28130			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									
		SEC	FION II - DUTY STATUS CHANGE (AR 600-8-6)						
7. T	7. The above Soldier's duty status is changed from to								
			effective	ho	urs,				
		SEC1	ION III - REQUEST FOR PERSONNEL ACTION						
3. I ı	request the following action: (Check as appropriat	e)							
	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 XX Day Individual Logistical Support (ILS) Request								
9. S	IGNATURE OF SOLDIER (When required)				10. DATE (YYYYMMDD)				
	er	CTIC	N IV - REMARKS (Applies to Sections II, III, and V	1/1					
1.]			X 90 days logistical support for dependents		ting: XXXX until XXXXX				
2.]	Dependent Name Relationship	DOI	B Passport # Expiration Date	e	Citizenship				
3.]	Location of dependents:								
4.]	Logistical Support requested:								
5.]	Reason:								
6 6	ervice Member Contact Information: (Cellp	hon	A/DSN/						
	· -								
			r into Community, PCS orders out of Comm , Flight reservation (for departure verification		y, Passports including SOFA cards,				

7. Fill out 4. with listing what logistical support is requested. i.e. DODEA, housing, commissary etc...

		SECTION I - PERSONAL IDENTIFICATION				
1. THRU (Include ZIP Code)	I	O (Include ZIP Code)		ROM (Include ZIP Code)		
Commander Soldier's Battalion Unit XXXXX APO AE 09XXX	nmander Army Garrison Bavaria t 28130 D AE 09114	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		
	SEC	TION II - DUTY STATUS CHANGE (AR 600-8-6)				
7. The above Soldier's duty status is changed from				to		
		effective	ho	urs,		
	SEC	TION III - REQUEST FOR PERSONNEL ACTION				
B. I request the following action: (Check as appropria	te)					
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		XX Day Individual Logistical Support (ILS) Request		
SIGNATURE OF SOLDIER (When required)				10. DATE (YYYYMMDD)		
Si	CTIC	ON IV - REMARKS (Applies to Sections II, III, and	V)			
. IAW AE Regulation 600-700, SM requests	XXX	X 90 days logistical support for dependents	staı	ting: XXXX until XXXXX		
2. Dependent Name Relationship	DO	B Passport # Expiration Date	te	Citizenship		
3. Location of dependents:						
Logistical Support requested:						
5. Reason:						
6. Service Member Contact Information: (Cell	phon	e/DSN)				
Encls: DA Form 4187 (DEC 2022), STP, PCS Command Sponsorship verification, Housing 1				ty, Passports including SOFA cards,		

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

	SECTION V -	CERTIFICATION / A	APPROVAL	. / DISAPPROVAL				
11. I certify that the du	uty status change (Section II) or that the i	request for personnel	action (Se	ction III) contained h	nerein -			
HAS BEEN	N VERIFIED RECOMMEND APPR	ROVAL RECOM	IMEND DIS	SAPPROVAL I	S APPROVE	ED IS DISAPPRO	VED	9. Company
12. COMMANDER / A	AUTHORIZED REPRESENTATIVE	13. SIGNATUR	E			14. DATE (YYYYMMI	DD)	Commander completes
		MON KON						11 & 12
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OA FORM 4187, [JEC 2022	T REVIOUS EDITIONS	ARE OBOOL			AI B ALM VI.UIEG	rage 1012	
						Attachm	ents Menu	
	ADDENDUM - REC	COMMENDATIONS I	FOR APPR	OVAL / DISAPPRO	VAL	'		
15. NAME (Last, First			6. DOD ID					
	a. TO			. FROM				
AUTHORITY	Commander, USAG Bavaria Unit 28130			Commander Soldier's Squadroi	n/Battalion		10. Battalion/Troop	
//OTHORITI	APO AE 09114			APO AE 09XXX	Datanon			Commander (in most
								cases) completes this
. ACTION: A	PPROVED DISAPPROVED	RECOMME	RECOMMEND: APPROVAL DISAPPROVAL					section. Ensure to replace "XXX" with
d. NAME (Last, First, I	MI)	e. RANK				f. DATE (YYYYMMDE))	correct information in
								section b Additionally,
g. TITLE / POSITION			. SIGNATU	RE				comments from the
								Battalion/Troop
. COMMENTS								Commander is preferred
	a. TO		l h	. FROM				
	ORDERS ISSUING AUTHORITY	Y	I	Commander, USA	G Bavaria			
AUTHORITY			Unit 28130					
			Α	APO AE 09114				
:. ACTION: A	PPROVED DISAPPROVED	RECOMME	END:	APPROVAL	DISABI	PROVAL		
J. NAME (Last, First, I		e. RANK	IND.	ATTROVAL	DISAL	f. DATE (YYYYMMDI	2)	
FLANAGAN, STE	•	COL				I. DATE (TTTTWWDL	·/	
g. TITLE / POSITION			. SIGNATU	RE				
GARRISON COM	MANDER/COL, SF, Commanding	•	N EDI					