PERSONNEL ACTION

For use of this form, see DA PAM 600-8; the proponent is the DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 7013, Secretary of the Army; DA PAM 600-8, Military Human Resources Management Administrative Procedures.

PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.

NOTE: For additional information see the System of Records Notice A0600-8-104 AHRC.
https://dpcld.defense.gov/Portals/49/Documents/Privacy/SORNs/Army/A006-8-104-AHRC.pdf

ROUTINE USE(S): There are no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

DISCLOSURE: Voluntary, however, failure to impart pertinent information may result in a delay or error in processing the request for personnel action.

SECTION I - PERSONAL IDENTIFICATION

1. THRU *(Include ZIP Code)*	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*
	Fort Bragg Testing Center Bldg 1-3571, H Wing Knox and R. Miller Streets Fort Bragg, NC 28310-5000	Your Commander Unit/Battalion Address Fort Bragg, NC Unit or Command Rep Phone Number

4. NAME *(Last, First, MI)*	5. GRADE OR RANK / PMOS / AOC	6. DOD ID NUMBER
.....THIS IS AN EXAMPLE.....	.....THIS IS AN EXAMPLE.....	

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)*: AFCT
☐	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)*

For AFCT (Armed Forces Classification Test)

1. Indicate if this is SM initial AFCT or a re-test (initial means first exam since active duty)

2. For a re-test, state it has been at least 181 days (6 months) since SM last tested. Also State date, location, and prior score of previous test.

3. (Last 4 of SSN)

Note**If SM has tested within the last 181 days, we will need an Exception to Policy (ETP) from FORSCOM to be given to Fort Bragg Testing Center 7 to 14 business days prior to requested re test date.

**********THIS IS AN EXAMPLE ONLY. DO NOT USE AS ORIGINAL**********

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)*
Commander or CMD Rep w/ Assumption Orders		

ADDENDUM - RECOMMENDATIONS FOR APPROVAL / DISAPPROVAL

15. NAME *(Last, First, MI)*	16. DOD ID NUMBER

AUTHORITY

a. TO	b. FROM

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, MI)*	e. RANK	f. DATE *(YYYYMMDD)*

g. TITLE / POSITION	h. SIGNATURE

i. COMMENTS

AUTHORITY

a. TO	b. FROM

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, MI)*	e. RANK	f. DATE *(YYYYMMDD)*

g. TITLE / POSITION	h. SIGNATURE

i. COMMENTS

AUTHORITY

a. TO	b. FROM

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, MI)*	e. RANK	f. DATE *(YYYYMMDD)*

g. TITLE / POSITION	h. SIGNATURE

i. COMMENTS

AUTHORITY

a. TO	b. FROM

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, MI)*	e. RANK	f. DATE *(YYYYMMDD)*

g. TITLE / POSITION	h. SIGNATURE

i. COMMENTS