PERSONNEL ACTION

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

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 7013, Secretary of the Army; AR 600-8, Military Human Resources Management; this form is subject to the Privacy Act of 1974.

PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers outside of IPPS-A in accordance with AR 600-8. Forms will not be disclosed outside Department of Defense (DoD) and DoD sponsored agencies. See the System of Records Notice DoD 0020 Military Human Resource Records, https://dpcld.defense.gov/Privacy/SORNsIndex/DODWide-Notices/DOD-Wide-Article-List/

ROUTINE USES: None.

DISCLOSURE: Voluntary, however, failure to provide pertinent information may result in a delay 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 Test Control Officer [AMIM-BGH-E] 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 *(Enlisted only)*	☐	Special Forces Training / Assignment	☐	Identification Card
☐	ROTC or Reserve Component Duty	☐	On-the-Job Training *(Enlisted 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 *(Enlisted only)*	☐	Officer Candidate School	☑	Other *(Specify)*: Armed Forces Classification Test (AFCT)
☐	Airborne Training	☐	Assignment of Personnel with Exceptional Family Members		

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

SECTION IV - REMARKS *(Applies to Sections II, III, and V)*

ALL INFORMATION MUST BE TYPED.

1. Request to be administered the: AFCT exam.
2. Initial/Retest Dates of all previously administered AFCT/ASVAB exams: (YYYYMMDD)
3. Current Scores: GT___ GM___ EL___ GL___ MM___ SC___ CO___ FA___ OF___ ST___ AFQT___

NUMBER OF TIMES TESTED: (X) LAST 4 of SSN:

4.___ This is my first time taking the AFCT examination.
----------OR----------
___ I have not taken this examination within the last 180 days.
----------OR----------
___I am requesting to retake the AFCT examination within 180 days and have completed the required retraining course (BSEP or OASC).

5. Last test date (YYYYMMDD) with the score of (XX).
___I certify the above information is true and accurate.

The brigade S1/PAC point of contact is: (Name, Phone Number, Email Address)
(Commander can check "HAS BEEN VERIFIED" however "IS APPROVED" or "IS DISAPPROVED" is required).
******************************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
.............THIS IS AN EXAMPLE..............................	

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