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)*: Selection Instrument for Flight Training (SIFT)
☐	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.

The SIFT exam evaluates a Soldier's special aptitudes that are predictive of success in Army flight training. Eligibility criteria:

a.) Applicants must have a GT score of 110 or higher (except for ROTC Cadets).

b.) Applicants may not have achieved a SIFT Score of 40 or above on a previous SIFT exam. If the previous score is lower than 40, only one retest is allowed but not within 45 days of the original test. No further retests are authorized.

___I request to be administered the SIFT examination for the first time.
--OR--
___This is a retest. My last test date was: [YYYYMMDD] and my score was: [XX]
___I have not taken this examination within the last 45 days.

The brigade S1/PAC point of contact is: [Name, email address, phone number]

LAST 4 of SSN:

___I certify the above information is true and accurate.
(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