

# **Required Documents for Enlisted Retirement Packet**

1. DA Form 4187 - Voluntary Retirement  
Blocks 9/10 signed by Soldier requesting retirement/dated  
Block 11 must be checked recommend approval  
Blocks 13/14 signed by Company Commander/dated
2. DA Form 4187 page 2 –Commanders Endorsement  
Block C must be checked approved for SGT and SSG,  
recommend approval for SFC and above  
Block F must be dated  
Block H signed by Brigade Commander or Post  
Commander if applicable
3. Current & updated ERB
4. DA Form 31 – Transition PTDY/ Transition Leave (working  
copies are sufficient if not signed by approving authority)
5. Most recent EOM LES
6. Additional Information Sheet
7. Initial Entry Contract (DD Form 4/1, 4/2 and 4/3)
8. If any breaks in service:  
Any DD Form 214s and DA Form 1506s

## PERSONNEL ACTION

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

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended  
**PRINCIPAL PURPOSE:** To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.  
**ROUTINE USES:** The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.  
**DISCLOSURE:** Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU <i>(Include ZIP Code)</i> COMMANDER USAG FORT HUACHUCA AZ 85613-7001	2. TO <i>(Include ZIP Code)</i> COMMANDER USAICOE ATTN: IMHU-HRM-V (RETIREMENT SERVICES) FORT HUACHUCA AZ 85613-6000	3. FROM <i>(Include ZIP Code)</i> COMMANDER HHC USAG FORT HUACHUCA AZ 85613-7001
---	--	---

### SECTION I - PERSONAL IDENTIFICATION

4. NAME <i>(Last, First, MI)</i>	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY 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 <i>(Enl only)</i>	<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 <i>(Enl only)</i>	<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 <i>(Enl only)</i>	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other <i>(Specify)</i>
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER <i>(When required)</i>	10. DATE (YYYYMMDD)
--	---------------------

### SECTION IV - REMARKS *(Applies to Sections II, III, and V) (Continue on separate sheet)*

1. IAW AR 635-200 Chapter 12, I request to retire effective (enter the last day of the month that Soldier requests to retire)
2. I will be taking \_\_ days of transition leave.
3. I will be taking \_\_ days of transition PTDY.
4. I have/have not been alerted for assignment.
5. I will have completed all service obligations by the requested retirement date.
6. I request to retire at the Fort Huachuca Transition Point. (or name of your requested transition point if it is not FT Huachuca)
7. I am/ am not eligible for the Career Status Bonus (CSB Redux). Furthermore I have/ have not taken the CSB Redux.
8. My tentative retirement address is: (list full address including zip code)
9. My contact information is as follows: Duty Phone/cell phone and work/duty e-mail address.
10. Spouse information: Full name (including middle initial)/DOB. If Single put N/A. If your spouse has a different address than your, please provide that address as well.
11. Youngest child's DOB. If you have no children, put N/A.

### 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)
---	---------------	---------------------

15. NAME OF INDIVIDUAL		16. SSN	
<b>ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL</b>			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
d. NAME ( <i>Last, First, Middle</i> )		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
d. NAME ( <i>Last, First, Middle</i> )		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
d. NAME ( <i>Last, First, Middle</i> )		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
d. NAME ( <i>Last, First, Middle</i> )		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
d. NAME ( <i>Last, First, Middle</i> )		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			

# ADDITIONAL INFORMATION SHEET

Please **fill in** the information below and submit it with your retirement request. This information will be used **LOCALLY** for retirement processing only.

1. DIEMS DATE: \_\_\_\_\_
2. HOME OF RECORD: (complete address that you lived at when you last entered active duty) \_\_\_\_\_  
\_\_\_\_\_
3. PLACE YOU ENTERED ACTIVE DUTY: (city and state where you were when you “raised your hand” to enter active duty) \_\_\_\_\_
4. CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
5. CELL PHONE NUMBER: \_\_\_\_\_
6. OFFICIAL EMAIL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
7. SPOUSE’S FULL NAME / DOB: \_\_\_\_\_
8. SPOUSE’S ADDRESS & PHONE NUMBER (if different than yours):  
\_\_\_\_\_  
\_\_\_\_\_
9. YOUNGEST CHILD’S DOB: \_\_\_\_\_

**ADDITIONALLY, please provide copies of the following documents:**

1. ALL prior DD Form 214s
2. ALL prior service proof documents (contracts, NGB 20, NGB 22, RPAS, etc) == if not documented on a DD Form 214
3. Initial Enlistment contract 4/1, 4/2 and 4/3 only (if applicable)
4. ANY DD Form 1506s that may help provide service time proofs & date changes
5. Initial Oath of office (if applicable)