

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 (Include ZIP Code) 2. TO (Include ZIP Code) 3. FROM (Include ZIP Code)

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) 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 (Enl only) | <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 (Enl only) | <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 (Enl only) | <input type="checkbox"/> | Officer Candidate School | <input type="checkbox"/> | Other (Specify) |
| <input type="checkbox"/> | Airborne Training | <input type="checkbox"/> | 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) (Continue on separate sheet)

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 | |
| ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL | | |
| 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 | | |