Attachments Menu

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)*
FIRST GO/SES GAINING CHAIN OF COMMAND LOCATION INSTALLATION	FIRST GO/SES YOUR CHAIN OF COMMAND LOCATION INSTALLATION	COMMANDER YOUR CHAIN OF COMMAND LOCATION INSTALLATION

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
Doe, John A	SPC / 42A / 0301	000-00-0000

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)* PCS TRAVEL WAIVER
☐	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) (Continue on separate sheet)*

PURPOSE: Request waiver for travel in accordance with (ALARACT 054/2020) from [LOSING COMMAND, LOCATION] to [GAINING COMMAND, LOCATION] departing on [PROJECTED DEPARTURE DATE] with a report date of [REQUESTED REPORT DATE].

JUSTIFICATION: [Provide specifics]

DEPENDENT TRAVEL REQUEST: [Provide specifics on request for dependent travel, including current dependent location and any potential hardships if concurrent travel is not authorized]

TRAVEL RESPONSIBILITIES: Traveler(s) will comply with all prescribed Force Health Protection Measures en route. Traveler(s) has provided accurate contact information to the losing command and received contact information for both the losing command and gaining command for any en-route travel emergencies.

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: ☐ APPROVED ☐ DISAPPROVED	RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL	
d. NAME *(Last, First, Middle)*	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, Middle)*	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, Middle)*	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, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*
g. TITLE/POSITION	h. SIGNATURE	
i. COMMENTS		