

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) GAINING COMMAND LOCATION INSTALLATION	2. TO (Include ZIP Code) LOSING COMMAND LOCATION INSTALLATION	3. FROM (Include ZIP Code) COMMANDER YOUR CHAIN OF COMMAND LOCATION INSTALLATION
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) Doe, John A	5. GRADE OR RANK/PMOS/AOC SPC / 42A / 0301	6. SOCIAL SECURITY NUMBER 000-00-0000
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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 checked="" type="checkbox"/> Other (Specify) PCS TRAVEL WAIVER
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
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SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

PURPOSE: Request waiver for travel in accordance with (ALARACT 0XX/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)
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