

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) Education Services ATTN: Main Post Testing 211 Custer Avenue Fort Riley, KS 66442	
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"/>	ROTC or Reserve Component Duty	<input type="checkbox"/>	On-the-Job Training (Enl only)
<input type="checkbox"/>	Volunteering For Oversea Service	<input type="checkbox"/>	Retesting in Army Personnel Tests
<input type="checkbox"/>	Ranger Training	<input type="checkbox"/>	Reassignment Married Army Couples
<input type="checkbox"/>	Reassignment Extreme Family Problems	<input type="checkbox"/>	Reclassification
<input type="checkbox"/>	Exchange Reassignment (Enl only)	<input type="checkbox"/>	Officer Candidate School
<input type="checkbox"/>	Airborne Training	<input type="checkbox"/>	Asgmt of Pers with Exceptional Family Members
<input type="checkbox"/>		<input checked="" type="checkbox"/>	SIFT
9. SIGNATURE OF SOLDIER (When required)		10. DATE (YYYYMMDD)	
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)			
<p>The SIFT is a web-based test battery developed using industry-standard scientific methods to predict the success of students in aviation training programs. The complete test battery is used as a primary selection instrument for the Army aviation program. Applicants for the aviation program must have attained an appropriate qualifying score (40) on the SIFT prior to selection for the Initial Entry Rotary Wing (IERW) program.</p> <p>If the previous score is lower than 40: <u>only one retest is allowed, but not within 46 days of the original test. No further retests are authorized and required intervals between exams cannot be waived.</u></p> <p>Eligibility Criteria:</p> <p>___ GT Score of 110</p> <p>___ I request to be administered the SIFT examination.</p> <p>___ I have not taken this examination within the last 46 days.</p> <p>___ This is the first initial SIFT examination.</p> <p>--or--</p> <p>___ This is a SIFT retest. My last test was: _____(YYYY/MM/DD) and my score was: _____</p> <p>Approval of this request must be based on a Soldier's individual personnel records to ensure testing/retesting eligibility requirements have been met. The Commander/Authorized Representative must check both "Has been Verified" and "Is Approved" blocks in Section V, #11.</p>			
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 -			
<input type="checkbox"/>	HAS BEEN VERIFIED	<input type="checkbox"/>	RECOMMEND APPROVAL
<input type="checkbox"/>	RECOMMEND DISAPPROVAL	<input type="checkbox"/>	IS APPROVED
<input type="checkbox"/>	IS DISAPPROVED		
12. COMMANDER/AUTHORIZED REPRESENTATIVE		13. SIGNATURE	14. DATE (YYYYMMDD)