

**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)
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**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
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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 type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input checked="" type="checkbox"/> <b>ECL</b>

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)**

The English Comprehension Language (ECL) test is the primary instrument used for measuring the English language reading and listening proficiency of IMSs scheduled to attend IMET- or FMS-funded training and of international participants in certain US-sponsored exercises. The ECL is also used for US military personnel who are non-native speakers of English, as a prerequisite qualification for entry into the military services. This testing is generally conducted by Military Entrance Processing Stations (MEPS).

ECL Test Purpose: \_\_\_\_\_

ECL Required Score: \_\_\_\_\_

**The Commander/Authorized Representative must check both "Has been Verified" and "Is Approved" blocks in Section V, #11.**

**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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