

| PERSONNEL ACTION | | |
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| 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) Army Education Center ATTN: Army Personnel Testing (APT) 100 Knowledge Drive Fort Stewart, GA 31314 | 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) AFCT |
| <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) | | |
| PRIMARY EMAIL: _____ PRIMARY PHONE #: _____ | | |
| <p>The Armed Forces Classification Test (AFCT) evaluates active duty personnel who wish to improve their ASVAB scores for reenlistment or reclassification. The AFCT can be administered as many times after a six month waiting period between tests. Requests for retests must be verified and approved by the Soldier's immediate Commander, but not earlier than 6 months after the previous test. ALL requests for a retest must include the previous test date(s) and score(s). The AFCT must be administered in its entirety.</p> <p>I request to be administered the AFCT examination. I have not taken this examination within the last 180 days. This is an initial AFCT examination ---OR--- This is an AFCT retest. My last test date(s) was/were: _____ My score(s) was/were _____</p> <p>The Brigade S1/PAC point of contact is (name, email, phone number): _____</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) |