

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) 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)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	SIFT
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 Selection Instrument for Flight Training (SIFT) exam evaluates a Soldier's special aptitudes that are predictive of success in Army flight training.</p> <p>Eligibility criteria:</p> <p>a) Applicants MUST have a GT score of 110 or higher. Current GT score _____</p> <p>b) Applicants may not have achieved SIFT score of 40 or above on a previous SIFT exam. If the previous score is lower than 40, only one retest is allowed but not within 180 days of the original test. No further retests are authorized.</p> <p>c) Applicants who took the SIFT must wait 180 days before taking the SIFT.</p> <p>I request to be administered the SIFT examination. I have not taken this examination within the last 180 days. This is an initial SIFT examination ---OR--- This is a 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)