

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 <i>(Include ZIP Code)</i>	2. TO <i>(Include ZIP Code)</i> Army Education Center ATTN: Army Personnel Testing (APT) 100 Knowledge Drive Fort Stewart, GA 31314	3. FROM <i>(Include ZIP Code)</i>
SECTION I - PERSONAL IDENTIFICATION		
4. NAME <i>(Last, First, MI)</i>	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: <i>(Check as appropriate)</i>		
<input type="checkbox"/> Service School <i>(Enl only)</i>	<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 <i>(Enl only)</i>	<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 <i>(Enl only)</i>	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other <i>(Specify)</i> AFCT
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	
9. SIGNATURE OF SOLDIER <i>(When required)</i>		10. DATE (YYYYMMDD)
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)		
1. The Armed Forces Classification Test (AFCT) evaluates active duty personnel who wish to improve their ASVAB scores for reenlistment or reclassification. The Armed Forces Classification Test (AFCT) can be administered as many times after a six month 180 days) waiting period between tests. The AFCT must be administered in its entirety. 2. Soldier understands that a signature in block 9 certifies that they meet criteria listed below and that falsifying that information is punishable under the Uniform Code of Military Justice (UCMJ). ___ I request to be administered the AFCT examination. ___ I have not taken this examination within the last 180 days. PRIMARY EMAIL: _____ PRIMARY PHONE #: _____		
SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL		
11. I certify that the duty status change <i>(Section II)</i> or that the request for personnel action <i>(Section III)</i> 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)