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)	3	3. FROM (Include ZIP Code)					
SECTION I - PERSONAL IDENTIFICATION									
SECTION I - PERSONAL IDENTIFICATION 4. NAME (Last, First, MI) 5. GRADE OR RANK/PMOS/AOC 6. SOCIAL SECURITY NUMBER									
(,,									
	SECTION	II - DUTY STATUS CHANGE (A	R 600-8-6	5)		1			
7. The above Soldier's duty status is changed f	om					to			
effective hours,									
SECTION III - REQUEST FOR PERSONNEL ACTION									
8. I request the following action: (Check as ap									
Service School (Enl only)		ecial Forces Training/Assignment				ation Card			
ROTC or Reserve Component Duty		the-Job Training <i>(Enl only)</i>			Identification Tags				
Volunteering For Oversea Service		esting in Army Personnel Tests				e Rations			
Ranger Training	Rea	assignment Married Army Couples			Leave -	Excess/Advance/Outside CONUS			
Reassignment Extreme Family Problems	Re	classification				of Name/SSN/DOB			
Exchange Reassignment (Enl only)		cer Candidate School			Other ((Specify)			
Airborne Training		mt of Pers with Exceptional Family Mer	mbers						
9. SIGNATURE OF SOLDIER (When require	d)			10.	DATE ((YYYYMMDD)			
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)									
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 REPRESEN		13. SIGNATURE							
	IN TIVE					14. DATE (YYYYMMDD)			
L DA FORM 4187, MAY 2014	SUPER	RSEDES DA FORM 4187, JAN 200	00			Page 1 of 2			

15. NAME OF INDIVIDUAL	16. SSN						
ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL							
a. TO	a. TO b. FROM						
AUTHORITY							
	OMMEND:	APPROVAL	DISAPPROVAL				
d. NAME (Last, First, Middle)	e. RANK		f. DATE (YYYYMMDD)				
g. TITLE/POSITION	h. SIGNATURE						
i. COMMENTS							
	I.						
a. TO	b	b. FROM					
AUTHORITY							
c. ACTION: APPROVED DISAPPROVED RECO	OMMEND:	APPROVAL	DISAPPROVAL				
d. NAME (Last, First, Middle)	e. RANK		f. DATE (YYYYMMDD)				
g. TITLE/POSITION	h. SIGNATU	IRE					
i. COMMENTS							
a. TO	b	. FROM					
AUTHORITY							
	OMMEND:	APPROVAL					
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYYMMDD)						
g. TITLE/POSITION	h. SIGNATURE						
i. COMMENTS							
a. TO	b	. FROM					
AUTHORITY							
c. ACTION: APPROVED DISAPPROVED RECO	OMMEND:	APPROVAL	DISAPPROVAL				
d. NAME (Last, First, Middle)	e. RANK		f. DATE (YYYYMMDD)				
g. TITLE/POSITION	h. SIGNATURE						
i. COMMENTS							