

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. 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 | |

| | |
|---|---------------------|
| 9. SIGNATURE OF SOLDIER (When required) | 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 REPRESENTATIVE | 13. SIGNATURE | 14. DATE (YYYYMMDD) |
|---|---------------|---------------------|

| | | |
|--|--------------|--------------------|
| 15. NAME OF INDIVIDUAL | 16. SSN | |
| ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL | | |
| AUTHORITY | a. TO | b. FROM |
| c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL | | |
| d. NAME (<i>Last, First, Middle</i>) | e. RANK | f. DATE (YYYYMMDD) |
| g. TITLE/POSITION | h. SIGNATURE | |
| i. COMMENTS | | |
| AUTHORITY | a. TO | b. FROM |
| c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL | | |
| d. NAME (<i>Last, First, Middle</i>) | e. RANK | f. DATE (YYYYMMDD) |
| g. TITLE/POSITION | h. SIGNATURE | |
| i. COMMENTS | | |
| AUTHORITY | a. TO | b. FROM |
| c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL | | |
| d. NAME (<i>Last, First, Middle</i>) | e. RANK | f. DATE (YYYYMMDD) |
| g. TITLE/POSITION | h. SIGNATURE | |
| i. COMMENTS | | |
| AUTHORITY | a. TO | b. FROM |
| c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL | | |
| d. NAME (<i>Last, First, Middle</i>) | e. RANK | f. DATE (YYYYMMDD) |
| g. TITLE/POSITION | h. SIGNATURE | |
| i. COMMENTS | | |
| AUTHORITY | a. TO | b. FROM |
| c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL | | |
| d. NAME (<i>Last, First, Middle</i>) | e. RANK | f. DATE (YYYYMMDD) |
| g. TITLE/POSITION | h. SIGNATURE | |
| i. COMMENTS | | |