

## PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O. 9397.  
**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).  
**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.  
**DISCLOSURE:** Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

|  |  |  |
|--|--|--|
| 1. THRU (Include ZIP Code)<br>USAREUR, ODSC G1<br>ATTN: MILPAY<br>UNIT 29531<br>APO AE 09014 | 2. TO (Include ZIP Code)<br>HQDA, ODSC G1<br>300 ARMY PENTAGON<br>WASHINGTON, DC 20310 | 3. FROM (Include ZIP Code)<br>SOLDIER'S UNIT |
|--|--|--|

### SECTION I - PERSONAL IDENTIFICATION

|  |  |  |
|--|--|--|
| 4. NAME (Last, First, MI)<br>DOE, JOHN | 5. GRADE OR RANK/PMOS/AOC<br>SGT/E-5/11H20 | 6. SOCIAL SECURITY NUMBER<br>123-45-6789 |
|--|--|--|

### 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 checked="" type="checkbox"/> Other (Specify)           |
| <input type="checkbox"/> Airborne Training                    | <input type="checkbox"/> Asgmt of Pers with Exceptional Family Members | BAH or OHA/COLA or COLA                                       |

|   |                     |
|---|---------------------|
| 9. SIGNATURE OF SOLDIER (When required) | 10. DATE (YYYYMMDD) |
|---|---------------------|

### SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

1. Complete detailed justification for requesting and receiving entitlement.
2. FROM and TO dates request is for.
3. Names of family members affected.
4. Physical address of dependent's location where entitlement is requested for.

\*\*\*Signature below should be first field grade officer in chain of command for E1-E6, W1 and O1-O3. Company commander can sign for E7-E9, CW2-CW5 and O4-O10. "Recommend Approval" or "Recommend Disapproval" block should be checked.

### SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section I) 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) |
|---|---------------|---------------------|