

**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) COMMANDER 1ST BCT BDE FORT JACKSON, SC 29207	2. TO (Include ZIP Code) OFFICE OF THE ADJUTANT GENERAL RETIREMENT SERVICES FORT JACKSON, SC 29207	3. FROM (Include ZIP Code) COMMANDER CO B 1/28TH INF BN FORT JACKSON, SC 29207
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**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI) SOLDIER, JOE M.	5. GRADE OR RANK/P/MOS/ADC CSM/E-9/00Z50	6. SOCIAL SECURITY NUMBER 123-45-6789
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**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)

Service School (Enl only)	Special Forces Training/Assignment	Identification Card
ROTC or Reserve Component Duty	On-the-Job Training (Enl only)	Identification Tags
Volunteering For Overseas Service	Repeating in Army Personnel Tests	Separate Rations
Ranger Training	Reassignment Married Army Couples	Leave - Excess/Advance/Outside CONUS
Reassignment Extreme Family Problems	Reclassification	Change of Name/SSN/DOB
Exchange Reassignment (Enl only)	Officer Candidate School	X Other (Specify) <b>RETIREMENT</b>
Airborne Training	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)**

1. IAW AR 600-8-24 (para 6-14), request that I be retired from active rolls on (first day of the month, month, year) at which time I will have 20 years active service.

2. All service obligations as outlined in paragraph 12-9, AR 635-200 have been satisfied.

3. The following information is provided:

- a. Retirement Address:
- b. Requested place of Retirement: (if other than Fort Jackson, SC, add statement that soldier understands that they will need to undergo transition processing at both Transition Centers (TCS), authorized Transition Center and authorized Station of Choice (SOC) location. Coordination needs to be made by soldier with SOC.
- c. Number of days transition leave:
- d. Number of days permissive TDY:
- e. Phone number (work):
- f. Spouse Name:
- g. Current Mailing Address:

**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 COMMANDER	13. SIGNATURE _____	14. DATE (YYYYMMDD) 20050510
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