

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 4-10th INF REGT 2462 Jackson Boulevard Fort Jackson, SC 29207	2. TO (Include ZIP Code) Leader Development Division ATTN: Retention Branch 200 Stovall St. Alexandria, SC 22332	3. FROM (Include ZIP Code) Commander USASD 5450 Strom Thurmond Blvd Fort Jackson, SC 29207
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) DOE, JOHN L.	5. GRADE OR RANK/PMOS/AOC ILT	6. SOCIAL SECURITY NUMBER 123-45-6891
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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)

<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) BRANCH TRANSFER
<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)

1. Requested branch/ FD _____ (You can only "ONE" Branch or FD for consideration).
2. Officer meets Army height and weight standards.
3. Officer is not pending any UCMJ action.
4. Officer is not pending or on separation orders.
5. Supporting documentation is attache as required (transcripts, certificated, or additional documents not in OMPF).

Graduation Date: _____

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 EBONY N. CALHOUN, CPT, FI Commanding	13. SIGNATURE	14. DATE (YYYYMMDD)
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