

**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>Cdr, Total Army Personnel Command<br>ATTN: QM Branch<br>200 Stovall Street<br>Alexandria VA 22332-0411 | 2. TO (Include ZIP Code)<br>Director, Acquisition Support Center<br>ATTN: SFAE-CM<br>9900 Belvoir Rd, Bldg 201, Suite 101<br>Fort Belvoir VA 22060-5567 | 3. FROM (Include ZIP Code)<br>Cdr |
|--|---|-----------------------------------|

**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)**

I \_\_\_\_\_ {full name, rank}, request favorable consideration for enrollment in the Army Enlisted Acquisition Program.

I understand that if accepted I may be reassigned in accordance with the needs of the Army and the Acquisition Corps. Upon acceptance I am willing to extend or reenlist to meet service obligations, not to exceed my RCP or 48 months).

I further understand that I may be required to complete military and civilian education and or training in accordance with the Defense Acquisition Workforce Improvement Act (DAWIA).

**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) |
|---|---------------|---------------------|