

### 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)	2. TO (Include ZIP Code) Director, US Army Acquisition Spt Ctr ATTN: 51C Proponent, 9900 Belvoir Rd. Fort Belvoir, VA 22060	3. FROM (Include ZIP Code)
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#### SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) Jones, William A.	5. GRADE OR RANK/PMOS/AOC SSG/91J	6. SOCIAL SECURITY NUMBER 555-55-5555
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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 checked="" 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)
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#### SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

I, SSG William A. Jones (MOS) 91J, request reclassification into MOS 51C - Acquisition, Logistics and Technology Contracting Noncommissioned Officer. I meet the following requirements for MOS 51C:

- a. Exhibit stability in personnel affairs IAW AR 600-20.
- b. Meet Service Remaining Requirements IAW AR 614-200, Ch. 4 (60 months).
- c. Maintain Deployable Status IAW AR 40-501 and understand these are deployable assignments.
- d. No derogatory information in OMPF.
- e. Updated and approved Family Care Plan, if applicable.
- f. Understand if selected I maybe subject to a Selective Reenlistment Bonus (SRB) recoupment, if applicable.
- g. Time in Service (TIS): 9 years, 6 months

#### 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)
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