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## PERSONNEL ACTION

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

		DATA	A REQUIRED BY THE PRIVACY ACT OF 1974			
AUTHORITY:	Title 5, Section 3012; Title	e 10, USC, E.O.	. 9397.			
PRINCIPAL PURPOSE: Used by soldier in accordance with I (Section III).		nce with DA PAN	DA PAM 600-8-21 when requesting a personnel action on his/her own behalf			
ROUTINE USES: To initiate the processing of a personnel ac			action being requested by the soldier.			
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) Cdr, Total Army Personnel Command ATTN: QM Branch 200 Stovall Street Alexandria VA 22332-0411		2. TO (Include ZIP Code) Director, Acquisition Support Center ATTN: SFAE-CM 9900 Belvoir Rd, Bldg 201, Suite 101 Fort Belvoir VA 22060-5567		3. FROM (Include) Cdr	ZIP Code)	
		S	SECTION I - PERSONAL IDENTIFICATION			
4. NAME (Last, First, MI)			5. GRADE OR RANK/PMOS/AOC		6. SOCIAL SECURITY NUMBER	
		SECTI	TION II - DUTY STATUS CHANGE (AR 600-8-6)			
7. The above soldier's du	ty status is changed from		effective	hours,	to	
		SECT	TION III - REQUEST FOR PERSONNEL ACTION			
8. I request the following	action: (Check as appropriate)					
			al Forces Training/Assignment	Identificat	Identification Card	
ROTC or Reserve Component Duty		On-the-	On-the-Job Training (Enl only)		tification Tags	
Volunteering For Oversea Service		Retesting in Army Personnel Tests		Separate F	Separate Rations	
Ranger Training		Reassi	Reassignment Married Army Couples		Leave - Excess/Advance/Outside CONUS	
Reassignment Extreme Family Problems		Reclass	Reclassification		Change of Name/SSN/DOB	
Exchange Reassignment (Enl only)		Officer	Officer Candidate School Other (5		ecify)	
Airborne Training Asgr			t of Pers with Exceptional Family Members			
9. SIGNATURE OF SOLDI	IER (When required)			10. DATE /YYY	10. DATE (YYYYMMDD)	
	SECTIO	N IV - REMARK	KS (Applies to Sections II, III, and V) (Continue of	n separate sheet)		
I further understa Defense Acquisit	if accepted I may be rewilling to extend or reed and that I may be required ion Workforce Improved accepted I will be a	assigned in nlist to med red to comp ement Act (	In name, rank}, request favorable in accordance with the needs of the eet service obligations, not to except the plete military and civilian education (DAWIA).  to deploy and must maintain	eed my RCP or ion and or train	e Acquisition Corps. Upon 48 months). ing in accordance with the	
11. I certify that the duty	v status channe (Section III) or that		or personnel action (Section III) contained herein -			
HAS BEEN VERIF		2.0	RECOMMEND DISAPPROVAL	IS APPR	ROVED IS DISAPPROVED	
12. COMMANDER/AUTHORIZED REPRESENTATIVE			13. SIGNATURE		14. DATE (YYYYMMDD)	
12. OUTHINAIDENIAUTH	SINCES HEI HEUCHTATIVE		10. OIGHATORE		IT. DATE (TTTMINIDO)	