PERSONNEL ACTION

For use of this form, see DA PAM 600-8; the proponent is the DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 7013, Secretary of the Army; DA PAM 600-8, Military Human Resources Management Administrative Procedures.

PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.

NOTE: For additional information see the System of Records Notice A0600-8-104 AHRC.
https://dpcld.defense.gov/Portals/49/Documents/Privacy/SORNs/Army/A006-8-104-AHRC.pdf

ROUTINE USE(S): There are no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

DISCLOSURE: Voluntary, however, failure to impart pertinent information may result in a delay or error in processing the request for personnel action.

SECTION I - PERSONAL IDENTIFICATION

1. THRU *(Include ZIP Code)*	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*
	Director, U.S. Army Acquisition Spt Ctr ATTN: 51C Proponent 9900 Belvoir Road Fort Belvoir, VA 22060	COMMANDER COMPANY NAME ADDRESS

4. NAME *(Last, First, MI)*	5. GRADE OR RANK / PMOS / AOC	6. DOD ID NUMBER
JENKINS, LEO	SSG/92A	1234567890

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 Oversea Service	☐	Retesting 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	☐	Other *(Specify)*:
☐	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)*

I, SSG Leo Jenkins, requests reclassification into MOS 51C- Acquisition, Logistics, and Technology Noncommissioned Officer. I meet all requirements for award of the MOS to include

a. Exhibit stability in personal affairs IAW AR 600-20
b. Meet or ability to meet the Service Remaining Requirement of 60 months IAW AR 614-200, Ch. 4 (60 months)
c. Maintain worldwide deploy ability statues IAW AR 40-501 and understand that these are deployable assignments
d. No derogatory information listed in my OMPF
e. My current ACFT score is_____Dated_____
f. My current height is____inches and my weight is___ lbs dated _____. I meet Height and Weight standards IAW AR 600-9
g. Not on temporary profile
h. Family Care Plan is: (list status of your Family Care Pan or Non-Applicable if not required)
i. I understand that if I am selected for reclassification I may be subject to a Selective Reenlistment Bonus (SRB) recoupment, if applicable.
j. My time in service (TIS) as of the date of the panel convening is: ex: 09 years and 02 months.
k. In accordance with DA PAM 611-21, I am requesting a waver for TIS. My basic active service date (BASD) is 02 April 2005.
(Letter k is only needed if you need a TIS.)

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)*
Company Commander		

ADDENDUM - RECOMMENDATIONS FOR APPROVAL / DISAPPROVAL

15. NAME *(Last, First, MI)*	16. DOD ID NUMBER

AUTHORITY	a. TO	b. FROM

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, MI)*	e. RANK	f. DATE *(YYYYMMDD)*

g. TITLE / POSITION	h. SIGNATURE

i. COMMENTS

AUTHORITY	a. TO	b. FROM

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, MI)*	e. RANK	f. DATE *(YYYYMMDD)*

g. TITLE / POSITION	h. SIGNATURE

i. COMMENTS

AUTHORITY	a. TO	b. FROM

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, MI)*	e. RANK	f. DATE *(YYYYMMDD)*

g. TITLE / POSITION	h. SIGNATURE

i. COMMENTS

AUTHORITY	a. TO	b. FROM

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, MI)*	e. RANK	f. DATE *(YYYYMMDD)*

g. TITLE / POSITION	h. SIGNATURE

i. COMMENTS