	For use o	of this fo	PERSONNEL ACTION orm, see PAM 600-8; the proponent agency is	DCS	G-1		
	1 01 436 0				, 0-1.		
AUTHORITY	Title 10 LISC Section		A REQUIRED BY THE PRIVACY ACT OF 197	4			
AUTHORITY: PRINCIPAL PURPOSE:	Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.						
ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's apply to this system.							
request for personnel							
1. THRU (Include ZIP Code)		2. TO	2. TO (Include ZIP Code)		3. FROM (Include ZIP Code)		
		S	ECTION I - PERSONAL IDENTIFICATION				
4. NAME (Last, First, MI)			5. GRADE OR RANK/PMOS/AOC		6. SOCIAL SECURITY NUMBER		
	5	ECTIO	N II - DUTY STATUS CHANGE (AR 600-8-6	5)			
7 The above Coldier's de	ity atatus is abanged fr	om			t 0		
7. The above Soldier's du	ity status is changed fr	om _			to		
			effective hours	s, _			
	SE	CTION	III - REQUEST FOR PERSONNEL ACTION				
8. I request the following	action: (Check as app	oropriat	e)				
Service School (Enl only)			Special Forces Training/Assignment		Identification Card		
ROTC or Reserve Component Duty			On-the-Job Training <i>(Enl only)</i>		Identification Tags		
Volunteering For Oversea Service		F	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)					DATE (YYYYMMDD)		
	SECTION IV - REMA	ARKS	(Applies to Sections II, III, and V) (Continue of	on se	parate sheet)		
		071011	V 0555550 4510 1/4 555 0 1/4 (510 4 555	21/41			
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/AUTH	HORIZED REPRESEN	TATIVE	13. SIGNATURE		14. DATE (YYYYMMDD)		
					(

15. NAME OF INDIVIDUAL	16. SSN					
ADDENDUM - RECOMMENDATIO	NS FOR APPROVAL/DISAPPROVAL					
a. TO	b. FROM					
AUTHORITY						
c. ACTION: APPROVED DISAPPROVED REC	COMMEND: APPROVAL DISAPPROVAL					
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYYMMDD)					
g. TITLE/POSITION	h. SIGNATURE					
i. COMMENTS						
a. TO AUTHORITY	b. FROM					
c. ACTION: APPROVED DISAPPROVED REC	COMMEND: APPROVAL DISAPPROVAL					
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYYMMDD)					
g. TITLE/POSITION	h. SIGNATURE					
i. COMMENTS						
a. TO AUTHORITY	b. FROM					
c. ACTION: APPROVED DISAPPROVED REC	COMMEND: APPROVAL DISAPPROVAL					
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYYMMDD)					
g. TITLE/POSITION	h. SIGNATURE					
i. COMMENTS						
a. TO	b. FROM					
AUTHORITY						
	COMMEND: APPROVAL DISAPPROVAL					
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYYMMDD)					
g. TITLE/POSITION	h. SIGNATURE					
i. COMMENTS						