

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://dpclid.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) Education & Incentives Office Camp Mabry 2200 W 35th St Building 15 Austin, TX 78703	3. FROM (Include ZIP Code)
4. NAME (Last, First, MI)	5. GRADE OR RANK / PMOS / AOC	6. DOD ID 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 checked="" type="checkbox"/> Other (Specify):
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	AFCT

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
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SECTION IV - REMARKS (Applies to Sections II, III, and V)

1. SOLDIER HAS _____ HAS NOT _____ PREVIOUSLY TAKEN THE AFCT.

DATES OF ALL PREVIOUS AFCT TESTS (IF APPLICABLE): _____

2. DATE OF LAST ASVAB / AFCT _____ (YR/MM/DD)

3. BRIGADE S1 NAME/RANK/EMAIL/PHONE (OFFICIAL EMAIL ADDRESS) _____

4. CURRENT GT SCORE: _____

5. WAS SM IN FAST OR GT PREP CLASS? YES _____ NO _____

6. PHONE # _____

7. EMAIL ADDRESS: _____

***** Testing is conducted by appointment only. A completed DA Form 4187 is mandatory to request an appointment. *****

Upon receipt of your 4187 form, it will undergo a review process, and you will receive an email confirmation. Please be advised that until you obtain this confirmation email, your appointment request has not been finalized.

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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ADDENDUM - RECOMMENDATIONS FOR APPROVAL / DISAPPROVAL

15. NAME (Last, First, MI)					16. DOD ID NUMBER				
AUTHORITY		a. TO				b. FROM			
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> 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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> 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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> 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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL									
d. NAME (Last, First, MI)				e. RANK				f. DATE (YYYYMMDD)	
g. TITLE / POSITION						h. SIGNATURE			
i. COMMENTS									