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

	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*
	TEXAS MILITARY DEPARTMENT ATTN: NGTX-JHZ PO Box 5218 Austin, TX 78763-5218	UNIT: UIC: ADDRESS:

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)*

☐	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		Non-Regular Retirement

9. SIGNATURE OF SOLDIER *(When required)*	10. DATE *(YYYYMMDD)*

SECTION IV - REMARKS *(Applies to Sections II, III, and V)*

Reason: Request transfer to the Retired Reserve, 1600 Spearhead Division Avenue, Dept 520, Ft. Knox, KY 40122-5402

Authority: Enlisted (NGR 600-200 para 6-36o., AR 135-178, AR 135-180): RE Code: Must Select One

Officer (NGR 600-100, NGR 635-101, 135-175, AR 135-180

Requested Effective Date (must be last day of month): Last Duty Day (DJMS-RC):

(Last Duty Day must not be more than 30 days prior to the Requested Effective Date or Soldier WILL incur an SGLI debt.)

Soldier acknowledges it is their responsibility to ensure ALL service obligations have been met to avoid recoupment of benefits.

SM's acknowledging above statement: Initial here

Mailing Address:

Personal Email:

Personal Phone Number:

(Officer Only):

Confirm 10 "Good" years of commissioned service: Select One

Mandatory Removal Date (MRD):

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)*