|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)*  Fort Bragg Testing Center Bldg 1-3571, H Wing Knox and R. Miller Streets  Fort Bragg, NC 28310-5000 | | | | 3. FROM *(Include ZIP Code)*  Your Commander Unit/Battalion Address Fort Bragg, NC  Unit or Command Rep Phone Number | | |
| 4. NAME *(Last, First, MI)*  ...............THIS IS AN EXAMPLE............................... | | | | 5. GRADE OR RANK / PMOS / AOC  ..............THIS IS AN EXAMPLE................................ | | | | 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)*: AFCT | |
|  | 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)* | | | | | | | | |
| \*\*\*For AFCT (Armed Forces Classification Test)\*\*\*   1. Indicate if this is SM initial AFCT or a re-test (initial means first exam since active duty) 2. For a re-test, state it has been at least 181 days (6 months) since SM last tested. Also State date, location, and prior score of previous test. 3. (Last 4 of SSN)   Note\*\*If SM has tested within the last 181 days, we will need an Exception to Policy (ETP) from FORSCOM to be given to Fort Bragg Testing Center 7 to 14 business days prior to requested re test date.  \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*THIS IS AN EXAMPLE ONLY. DO NOT USE AS ORIGINAL\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* | | | | | | | | |
| **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  Commander or CMD Rep w/ Assumption Orders | | | | | 13. SIGNATURE | | | 14. DATE *(YYYYMMDD)* |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | | | | |