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| **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 StreetsFort Bragg, NC 28310-5000 | 3. FROM *(Include ZIP Code)*Your Commander Unit/Battalion Address Fort Bragg, NCUnit 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 REPRESENTATIVECommander or CMD Rep w/ Assumption Orders | 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: | 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 |