PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended

PRINCIPAL PURPOSE: 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 compilation of systems of records may apply to this system.

DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU *(Include ZIP Code)*	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY 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	

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

SECTION IV - REMARKS *(Applies to Sections II, III, and V)* *(Continue on separate sheet)*

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)*

15. NAME OF INDIVIDUAL	16. SSN

ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL

AUTHORITY	a. TO	b. FROM

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, Middle)*	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, Middle)*	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, Middle)*	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, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*

g. TITLE/POSITION	h. SIGNATURE

i. COMMENTS

DA FORM 4187, MAY 2014