

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action

1 THRU (Include ZIP Code)	2. TO (Include ZIP Code) Fort Bragg Testing Center 4520 Knox St, Bldg 1-3571, Wing H. Fort Bragg, NC 28310-5000	3. FROM (Include ZIP Code) Your Commander Unit / Battalion Address Unit or Person Phone Number
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SECTION I - PERSONAL IDENTIFICATION

4 NAME (Last, First, MI) ***THIS IS AN EXAMPLE***	5 GRADE OR RANK/PMOS/AOC ***THIS IS AN EXAMPLE***	6. SOCIAL SECURITY NUMBER 000-00-0000
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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"/> Releasiting 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	<input type="checkbox"/> SIFT

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

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

** For SELECTION INSTRUMENT FLIGHT TRAINING exam **

- Indicate SM actual GT score (must be 110 or higher)
- Indicate if this is SM initial SIFT exam or re-test. For an initial exam, state SM initial SIFT exam. For a RE-TEST, state the date, location and prior score of previous test. Score on previous exam must be 39 or lower and must have at least 181 days (6 months) since last exam or re-test

NOTE: SIFT exam can only be taken 2 times.....

NOTE: If SM tested within the last 181 days, the Test Center must submit an Exception to Policy (ETP) request up to HRC, Army Personnel Testing

.....(THIS IS AN EXAMPLE ONLY. DO NOT USE AS ORIGINAL).....

.....(EXAMPLES FOR EXCEPTIONS TO POLICY ARE AVAILABLE).....

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) _____