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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 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)*:  DLPT (LANGUAGE) | |
|  | 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)* | | | | | | | | |
| 1. Service Member (SM) is authorized to take the DLPT. 2. SM has not taken the DLPT in the last 181 days. 3. Last 4 of SSN   NOTE: If SM has tested within the last 181 days, SM must provide 10-14 days prior to Test Center a command approved request for an  Exception to Policy (ETP) to retest. All ETP request meeting regulatory requirements are forwarded to HRC, Army Personnel Testing, Fort Knox to decide (dis)approval. Prior test date and score must be included on the retest request memo. (See Test Center for ETP Example) Due to regulation changes on 9/18/2024., SM will not have to wait 272 days to test but instead be able to test after 181 days.  ------------------------------------------------Must be Digitally filled out and digitally Signed------------------------------------------------------------ | | | | | | | | |
| **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)* |

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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 | | | | | | | | |