|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)*:  SIFT | |
|  | 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 SELECTION INSTRUMENT FLIGHT TRAINING exam\*\*   1. Indicate SM actual GT score (must be 110 or higher) 2. Indicate if this is SM initial SIFT exam or retest. for an initial exam, state SM initial 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.   1. (Last 4 of SSN) NOTE:   \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*SIFT exam can only be taken 2 times\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*  \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*(THIS IS AN EXAMPLE ONLY. DO NOT USE AS ORIGINAL)\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*  \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*(EXAMPLES FOR EXCEPTION TO POLICY ARE AVALIABLE)\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* | | | | | | | | |
| **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 | | | | | | | | |