

**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.  
**DISCLOSURES:** Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

<b>1. THRU (Include ZIP Code)</b>  Cdr, Group/Battalion Cdr, RSC/Division	<b>2. TO (Include ZIP Code)</b> Commander, HRC-STL ATTN: AHRC-ARE 1 Reserve Way St Louis, MO 63132-5200	<b>3. FROM (Include ZIP Code)</b>  Current Assignment
--	---	---

**SECTION I - PERSONAL IDENTIFICATION**

<b>4. NAME (Last, First, MI)</b> DOE, MARIE J.	<b>5. GRADE OR RANK/PMOS/AOC</b> SSG/42A3P	<b>6. SOCIAL SECURITY NUMBER</b> 111-11-1111
---	---	---

**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above soldier's duty status is changed from \_\_\_\_\_ effective \_\_\_\_\_ hours. \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

**SECTION III - REQUEST FOR PERSONNEL ACTION**

8. I request the following actions: (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 Overseas 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	<input checked="" type="checkbox"/> Other (Specify)
Airborne Training	Asgmt of Pers with Exceptional Family Members	<b>RETIREMENT LIEU PCS</b>

<b>9. SIGNATURE OF SOLDIER (When required)</b>  SOLDIERS SIGNATURE	<b>10. DATE (YYYYMMDD)</b>  CURRENT DATE
--	--

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

1. Request voluntary retirement for at least 20 years active service (AS) LIEU PCS, per AR 635-200, chapter 12. Order# \_\_\_\_\_ Dated: \_\_\_\_\_.

2. My desired date of retirement is: \_\_\_\_\_ (MUST be first day of month and will be 6 months from AI)

3. Transition Point of choice is: \_\_\_\_\_ (I understand I am only entitled to reimbursement for travel for closest transition point)

4. Number of days accrued leave: \_\_\_\_\_ (as of last day of separation month)

5. Number of days Permissive TDY: \_\_\_\_\_ (AR 600-8-10, Leaves and Passes)

6. Number of days Total Transitional Leave: \_\_\_\_\_ (AR 600-8-10, Leaves and Passes)

7. Current Home address/telephone: \_\_\_\_\_

8. Current Duty address/telephone: \_\_\_\_\_

9. I understand that I must schedule a mandatory pre-retirement counseling at least 120 days out of my desired retirement date.

10. I read and understood AR 635-200, chapter 12. \_\_\_\_\_ (Your Initials)

DA Form 31 (Request and authority for Leave) and DA Form 2339 (Application for Voluntary Retirement) is attached. (if forwarding request directly to ARADMD you must provide a copy through your chain of command)

**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

<b>12. COMMANDER/AUTHORIZED REPRESENTATIVE</b>  LOCAL COMMANDERS SIGNATURE BLOCK ONLY	<b>13. SIGNATURE</b>  LOCAL COMMANDERS SIGNATURE ONLY	<b>14. DATE (YYYYMMDD)</b>  CURRENT DATE
---	---	--