

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.

1. THRU (Include ZIP Code) Cdr, Group/Battalion Cdr, RSC/Division Cdr, HQ, USAREC	2. TO (Include ZIP Code) Commander, AHRC-ST LOUIS ATTN: ARADMD 1 Reserve Way St Louis, MO 63132-5200	3. FROM (Include ZIP Code) Current Assignment
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
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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. _____ 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	X Other (Specify)
Airborne Training	Asgmt of Pers with Exceptional Family Members	REENLISTMENT (INDEFINITE)

9. SIGNATURE OF SOLDIER (When required) SOLDIERS SIGNATURE	10. DATE CURRENT DATE
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SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

Request indefinite reenlistment per AR 140-111, Chapter 8. I am / am not eligible for a Selective Reenlistment Bonus. I elect /do not elect to receive the SRB (if applicable).

PMOS: _____ DMOS: _____ PULHES: _____ Physical Category: _____
 Date of Last Physical: _____
 Date of HIV _____
 Date last APFT: _____ Weight: _____ Height: _____
 Citizenship: _____
 Home Address and Telephone Number: _____
 Duty Address and Telephone Number: _____

I certify that the soldier meets the qualification for subsequent duty in the AGR Program per AR 135-18, Table 2-4 and the basic reenlistment eligibility criteria per AR 140-111, table 2-1. The Soldier meets the qualifications of MILPER Message 04-353 and future MILPER Messages directing changes of paragraphs 6 and 7(if applicable).

Soldier has been counseled concerning reenlistment/continuation in the AGR Program. The Soldier has also been counseled using DA Form 4789 concerning the SRB (if applicable).

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 LOCAL COMMANDERS SIGNATURE BLOCK	13. SIGNATURE LOCAL COMMANDERS SIGNATURE ONLY	14. DATE CURRENT DATE
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