

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) Cdr, Group/Battalion Cdr, RRC/Division	2. TO (Include ZIP Code) Commander, HRC-St. Louis ATTN: AHRC-ARE 1 Reserve Way St. Louis, MO 63132	3. FROM (Include ZIP Code) Current Unit of Assignment
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) DOE, MARIE J.	5. GRADE OR RANK/PMOS/AOC SSG/42A30	6. SOCIAL SECURITY NUMBER 123-45-6789
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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 checked="" 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"/>	Retesting 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 type="checkbox"/>	Other (Specify)
<input type="checkbox"/>	Airborne Training	<input type="checkbox"/>	Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/>	

9. SIGNATURE OF SOLDIER (When required) Soldier's Signature Required	10. DATE (YYYYMMDD)
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SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

- Course Number:
- Course Title:
- Dates Soldier Unavailable for Training:
- Are you currently mobilized or deployed: Yes/No If yes, will command allow attendance at approved training: Yes No
- Current HT/WT: _____ Date of last APFT _____ PASS/FAIL/PROFILE (circle) If profile: Temp/Permanent (circle)
- Security Clearance:
- Duty Position Title/MOS:
- Home address and duty phone:
- Statement: "I meet the ATRRS prerequisites for enrollment in the requested course". Soldier's initials: _____
- I want to Fly/Drive (circle). You will be notified if rental car is authorized.
- Soldier has Government Travel Card: Yes/No (circle)

Encl:
Certified copy of DA Form 3349 (Physical Profile)

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 Unit Commander's Signature Block	13. SIGNATURE Local Commander or Designated Rep Only	14. DATE (YYYYMMDD)
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