

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/PMS/AOC SSG42A30	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 Overseas 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	

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)

1. Course Number:
 2. Course Title:
 3. Dates Soldier Unavailable for Training:
 4. Are you currently mobilized or deployed: Yes/No If yes, will command allow attendance at approved training: Yes/No
 5. Current HD/WT: _____ Date of last APFT _____ PASS/FAIL/PROFILE (circle) If profile: Temp/Permanent (circle)
 6. Security Clearance:
 7. Duty Position Title/MOS:
 8. Home address and duty phone:
 9. Statement: "I meet the ATRRS prerequisites for enrollment in the requested course". Soldier's initials: _____
 10. I want to Fly/Drive (circle). You will be notified if rental car is authorized.
 11. 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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