Attachments Menu

PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended

PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.

ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.

DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU *(Include ZIP Code)*	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*
BDE S-1 BDE ADDRESS	APT TEST CONTROL OFFICER ARMY EDUCATION CENTER 4300 CAMP HALE ROAD FORT DRUM NY 13602	COMMANDER YOUR UNIT INFORMATION UNIT POC PHONE NUMBER

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY 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)* ARMY PERSONNEL TEST
☐	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) (Continue on separate sheet)*

1. REQUEST TESTING ON THE ARMED FORCES CLASSIFICATION TEST (AFCT).

2. SOLDIER UNDERSTANDS THAT SIGNATURE IN BLOCK 9 CERTIFIES THAT THEY MEET CRITERIA LISTED BELOW AND THAT FALSIFYING THAT INFORMATION IS PUNISHABLE UNDER THE UCMJ.

3. SOLDIER HAS NOT TAKEN THE AFCT IN THE LAST SIX MONTHS (180 DAYS).

4. THE INFORMATION ABOVE HAS BEEN VERIFIED BY THE SOLDIER'S BATTALIION S1/PAC OR MILITARY PERSONNEL OFFICE.

_____ _____

BATTALION S1/PAC OR MOP SIGNATURE DATE

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	13. SIGNATURE	14. DATE *(YYYYMMDD)*

15. NAME OF INDIVIDUAL	16. SSN

ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL

AUTHORITY	a. TO	b. FROM
c. ACTION: ☐ APPROVED ☐ DISAPPROVED	RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL	
d. NAME *(Last, First, Middle)*	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, Middle)*	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, Middle)*	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, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*
g. TITLE/POSITION	h. SIGNATURE	
i. COMMENTS		