

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) Military Personnel Division ATTN: IMBE-HRM-OR Fort Benning, GA 31905	2. TO (Include ZIP Code) Commander Army Human Resources Command ATTN: Knox-HRC-EPF-MR Fort Knox, KY 41121	3. FROM (Include ZIP Code) Unit Command Information
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) DOE, JOHN V.	5. GRADE OR RANK/PMOS/AOC SFC/11B40	6. SOCIAL SECURITY NUMBER 112-34-5678
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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 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 checked="" type="checkbox"/>	Other (Specify)
<input type="checkbox"/>	Airborne Training	<input type="checkbox"/>	Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/>	Request for Voluntary Retirement

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

- IAW AR 635-200, Chapter 12, I request voluntary retirement effective (dd/month/yyyy)_____.
- I understand I must submit this request NET 12 months and NLT 9 months prior to retirement date.
- I am/am not currently flagged per AR 600-8-2.
- I have/have not met all service remaining requirements and do/do not require a waiver.
- I am/am not currently on a DA promotion selection list. Sequence#_____.
- I have/have not been alerted for assignment instructions. Cycle # and Date_____.
- I did/did not elect to take the Career Status Bonus (CSB).
- I validate my DATE INITIAL ENTRY MILITARY SERVICE (DIEMS) to be: _____.
- I am/am not enrolled in E-Army U. Date contract completed: _____.
- I did/did not convert my POST 9/11 education benefits? Date applied_____.
- I request_____days transition permissive TDY(TPTDY) and_____days transition leave.
- Date assigned to Fort Benning_____.
- Spouse's name/Date of birth_____.
- Current mailing address:_____.
- Mailing address & home phone number after retirement:_____.
- Duty Phone#_____ AKO email address:_____.
- I understand my spouse and I must be counseled on the Survivor Benefit Plan (SBP).
- I am/am not pending medical board.

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)
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