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)*
	NGIN-PEH-A ATTN: AGR Manager 3762 W Morris St Indianapolis, IN 46241-4839	(MACOM initiaing request)

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
SOLDIER, IMA L.	SSG/92Y3O	000-00-0000

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)* Reassignment
☐	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)*

BLOCK 8: REQUEST CONSIDERATION FOR JOB ANNOUNCEMENT NUMBER: Informal

Current Unit:
Current FTM Position: , INO: Para/LN:

Transfer Unit:
MTOE para/line:
FTM par/line: INO

Current residence:

I HAVE BEEN IN MY CURRENT AGR POSITION FOR xx MONTHS.

I AM / AM NOT ON MY INITIAL AGR TOUR.
(circle one)

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)*
SRFTUS		

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		