

## 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 <i>(Include ZIP Code)</i>	2. TO <i>(Include ZIP Code)</i> DHR, EDUCATION TESTING 7460 COLORADO AVE FORT POLK 71459 337-531-0400	3. FROM <i>(Include ZIP Code)</i>
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### SECTION I - PERSONAL IDENTIFICATION

4. NAME <i>(Last, First, MI)</i>	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
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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 <i>(Enl only)</i>	<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 <i>(Enl only)</i>	<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 <i>(Enl only)</i>	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other <i>(Specify)</i> DLAB
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

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

The Defense Language Aptitude Battery (DLAB) evaluates the aptitude of a Soldier to learn a Foreign Language. The test is used to determine eligibility for Army language training. DLAB scores do not expire. Personnel who fail to qualify for language training with a score of 95 or higher on the initial test may retest after a 6 month waiting period. First and second retests may be given upon approval by the Soldier's immediate Commander. Requests for retests within the 6 month period, for third or subsequent retests, must be based on a valid military requirement documented by the unit Commander. Third and fourth retests require an Exception to Policy (ETP) packet that is escalated from the Ft. Polk Test Control Officer (TCO) to the Army Personnel Testing (APT) program manager at HQ ACES in Ft. Knox, KY for processing. ALL requests for a retest must include the previous test date(s) and score(s).

E-mail address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I request to be administered the DLAB examination.  
 I have not taken this examination within the last 180 days.  
 This is an initial DLAB examination

---OR---

This is a DLAB retest. My last test date(s) was/were: \_\_\_\_\_ (YYYY/MM/DD), and my score was: \_\_\_\_\_

The Brigade S1/PAC point of contact is (name, e-mail, phone number): \_\_\_\_\_

(signature): \_\_\_\_\_

### 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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15. NAME OF INDIVIDUAL	16. SSN
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**ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL**

AUTHORITY	a. TO	b. FROM
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c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL
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d. NAME ( <i>Last, First, Middle</i> )	e. RANK	f. DATE (YYYYMMDD)
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g. TITLE/POSITION	h. SIGNATURE
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i. COMMENTS
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AUTHORITY	a. TO	b. FROM
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c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL
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d. NAME ( <i>Last, First, Middle</i> )	e. RANK	f. DATE (YYYYMMDD)
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g. TITLE/POSITION	h. SIGNATURE
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i. COMMENTS
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AUTHORITY	a. TO	b. FROM
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c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL
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d. NAME ( <i>Last, First, Middle</i> )	e. RANK	f. DATE (YYYYMMDD)
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g. TITLE/POSITION	h. SIGNATURE
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i. COMMENTS
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AUTHORITY	a. TO	b. FROM
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c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL
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d. NAME ( <i>Last, First, Middle</i> )	e. RANK	f. DATE (YYYYMMDD)
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g. TITLE/POSITION	h. SIGNATURE
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i. COMMENTS
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