Circle the appropriate copy designator

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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 IV)*.
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)*	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*

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 Overseas 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)*
Airborne Training	Assignt 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)*

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)*

DA 4187