Circle the appropriate copy designator

Copy 1 Copy 2 Copy 3 Copy 4

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)*	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*
	DFAS - INDPLS CENTER FT SAM HOUSTON, TX 78234	AMEDD STUDENT DETACHMENT ATTN; MCCS-ASD 2355 HARNEY RD, BLDG 902 FT SAM HOUSTON TX 78234

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	X	Other *(Specify)* COLA
	Airborne Training		Asgmt of Pers with Exceptional Family Members		

9. SIGNATURE OF SOLDIER *(When required)*	10. DATE *(YYYYMMDD)*
not necessary	

SECTION IV - REMARKS *(Applies to Sections II, III, and V)* *(Continue on separate sheet)*

1. Request Payment of _____ COLA effective: _____ at the

( ) with dependant rate ( ) with out dependant rate.

2. My with/Duty Station is _____) _____
City State Zip Code (on PCS Orders)

3. My years of service for pay is _____.

4. My Primary Depenents are (See 5960)

_____ (
list name, relationship, DOB)

_____

_____

Enclose 1 copy of PCS orders to include an amendment (if applicable).

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)*
CPT Ball		