

PERSONNEL ACTION

For use of this form, see DA PAM 600-8; the proponent is the DCS, G-1.

PRIVACY ACT STATEMENT**AUTHORITY:** 10 U.S.C. 7013, Secretary of the Army; DA PAM 600-8, Military Human Resources Management Administrative Procedures.**PRINCIPAL****PURPOSE:** To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.**NOTE:** For additional information see the System of Records Notice A0600-8-104 AHRC.<https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNs/Army/A006-8-104-AHRC.pdf>**ROUTINE USE(S):** There are no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.**DISCLOSURE:** Voluntary, however, failure to impart pertinent information may result in a delay or error in processing the request for personnel action.**SECTION I - PERSONAL IDENTIFICATION**

1. THRU (Include ZIP Code)	2. TO (Include ZIP Code)	3. FROM (Include ZIP Code)
4. NAME (Last, First, MI)		5. GRADE OR RANK / PMOS / AOC
		6. DOD ID 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	☐ Other (Specify):
☐ Airborne Training	☐ Asgmt of Pers with Exceptional Family Members	

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

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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		14. DATE (YYYYMMDD)

ADDENDUM - RECOMMENDATIONS FOR APPROVAL / DISAPPROVAL

15. NAME (Last, First, MI)		16. DOD ID NUMBER	
AUTHORITY	a. TO		b. FROM
c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL			
d. NAME (Last, First, MI)		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, MI)		e. RANK	f. DATE (YYYYMMDD)
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AUTHORITY	a. TO		b. FROM
c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL			
d. NAME (Last, First, MI)		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, MI)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE / POSITION		h. SIGNATURE	
i. COMMENTS			

