

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.

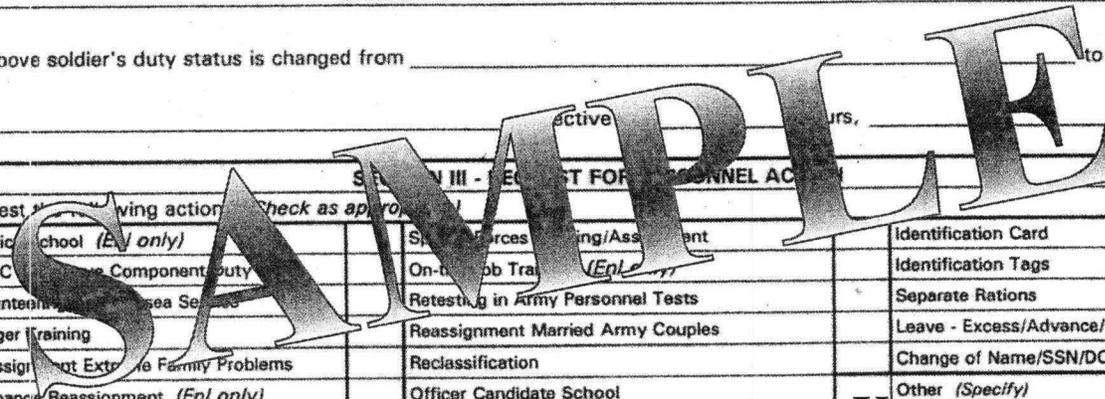
1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) DHR/EDUCATION SERVICES STONE EDUCATION CENTER BLDG. 6242 COLORADO AVENUE JOINT BASE LEWIS-MCCHORD WA 98433-9500	3. FROM (Include ZIP Code) YOUR UNIT YOUR UNIT'S PHONE NUMBER
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) SELF-EXPLANATORY	5. GRADE OR RANK/PMOS/AOC SELF-EXPLANATORY	6. SOCIAL SECURITY NUMBER SELF-EXPLANATORY
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SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
 _____ active _____



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 Component Duty	On-the-Job Training (Enl only)	Identification Tags
Volunteer 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	X Other (Specify) DLPT
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) (Continue on separate sheet)

PLEASE ADD THE FOLLOWING FOUR REMARKS TO YOUR 4187:

1. I REQUEST TESTING FOR THE FOLLOWING LANGUAGE: _____
2. I HAVE NOT TAKEN THIS EXAM WITHIN THE LAST 6 MONTHS.
3. WRITE ONE OF THE FOLLOWING: THIS IS AN INITIAL EXAM. OR THIS IS A RETEST.
4. SOLDIER'S PERSONAL PHONE NUMBER: _____

NOTES TO EXAMINEE (DO NOT ADD TO YOUR 4187):

1. THIS REQUEST MUST BE SUBMITTED TO THE APT OFFICE, RM 230, STONE EDUCATION CENTER, NLT 2 WORKING DAYS PRIOR TO THE DESIRED TEST DATE.
2. ASSISTANCE WITH COMPUTER BASED TESTING AND PREPARATION: www.dliflc.edu/
3. SCHEDULE OPTIONS:
 1-DAY EXAM: MONDAYS@ 0800 (MOST SESSIONS ARE 6 HOUR EXAMS)
 2-DAY EXAM: THURSDAY@0800 (UP TO 3 HOURS) FOR LISTENING AND FRIDAY@0800 FOR READING (UP TO 3 HOURS). MUST DO BOTH.
4. APT INFORMATION: 253-967-3889/3357 <http://www.lewis.army.mil/eso/APT/APT.htm>

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 REQUIRED	13. SIGNATURE REQUIRED	14. DATE (YYYYMMDD) SELF-EXPLANATORY
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