

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 (Include ZIP Code)	2. TO (Include ZIP Code) S-1 PERSONNEL ACTIONS YOUR UNIT	3. FROM (Include ZIP Code) YOUR UNIT PHONE
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) JOE, GI	5. GRADE OR RANK/PMOS/AOC RANK/MOS	6. SOCIAL SECURITY NUMBER 000-00-0000
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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 _____ months.

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<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 (Enl only)	<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 (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) FLPB
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt 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)

PLEASE ADD THE FOLLOWING REMARKS:

FROM Dept. of the Army, HRC Fort Knox, KY, and Office of the Deputy Chief of Staff, G-2.
Subject: Procedures for Foreign Language Proficiency Pay - FLPB
IAW AR 11-6 February 2016, and the DA Strategic Language List / G-2 memorandum dated 20 June 2016

INSTRUCTIONS FOR BN S-1:

- Prepare DA Form 4187 for BN Commander's approval.
- Verify eligibility from recent DA Form 330.
- Obtain BN Commander's approval.
- Prepare RFO on DA Form 2446

APT Office at Stone Education Center: 253-967-3889

The Adjutant General Directorate, FLPB: <https://www.hrc.army.mil/tagd/foreign%20language%20proficiency%20bonus%20flpb>

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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