

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) DHR/EDUCATION SERVICES STONE EDUCATION CENTER BLDG. 6242 COLORADO AVE. JOINT BASE LEWIS-MCCHORD WA	3. FROM (Include ZIP Code) YOUR UNIT UNIT PHONE
----------------------------	---	---

SECTION I - PERSONAL IDENTIFICATION

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

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)

<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 Test	<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)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/> OPI

9. SIGNATURE OF SOLDIER (When required) _____ 10. DATE (YYYYMMDD) _____

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

I REQUEST TESTING IN THE FOLLOWING LANGUAGE: _____
I HAVE NOT TAKEN THIS EXAM IN THE LAST 6 MONTHS.
WRITE ONE OF THE FOLLOWING: THIS IS AN INITIAL EXAM (OR: THIS IS A RETEST)
PERSONAL PHONE NUMBER: _____
DOD ID NUMBER: _____

MY LANGUAGE SKILL WAS ACQUIRED BY: (CIRCLE ONE) CIVILIAN SCHOOL, DLIFLC, FOREIGN RESIDENCE, HOME ENVIRONMENT, MILITARY SCHOOL, OR SELF-STUDY.

ADDITIONAL INFORMATION: (DO NOT ADD TO 4187)
THIS APPROVED REQUEST MUST BE SUBMITTED TO THE APT OFFICE, ROOM A230, STONE EDUCATION CENTER. ONCE THE EXAM IS SCHEDULED, YOU WILL BE NOTIFIED OF THE EXAM DATE AND TIME.

DEFENSE LANGUAGE RESOURCES: www.dliflc.edu
APT OFFICE, STONE EDUCATION CENTER: 253-967-3889

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) _____