

**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 SERVICES BLDG. 6242 COLORADO AVE JOINT BASE LEWIS-MCCHORD WA	3. FROM (Include ZIP Code) YOUR UNIT YOUR UNIT PHONE NUMBER
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**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI) JOE, G. I.	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 \_\_\_\_\_ hours, \_\_\_\_\_

**SECTION III - REQUEST FOR PERSONNEL ACTION**

8. I request the following action: (Check all that apply)		
<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) DLPT
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> 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)**

NOTE: SM MUST SIGN AND DATE BLOCKS 9 AND 10

PLEASE ADD THE FOLLOWING REMARKS:

- I REQUEST TESTING FOR THE FOLLOWING LANGUAGE: \_\_\_\_\_
- I HAVE NOT TAKEN THIS LANGUAGE WITHIN THE LAST 6 MONTHS.
- THIS IS AN INITIAL EXAM (OR RETEST).
- PHONE NUMBER: \_\_\_\_\_

ADDITIONAL NOTES FOR CANDIDATES: (DO NOT ADD TO 4187)

- THE DLPT IS ADMINISTERED BY APPOINTMENT ONLY. PLEASE SUBMIT THIS REQUEST TO THE ARMY PERSONNEL TESTING OFFICE AT STONE EDUCATION CENTER, ROOM A230, TO SCHEDULE YOUR EXAM.
- FOR DEFENSE LANGUAGE INSTITUTE RESOURCES AND INFORMATION, VISIT <http://www.dliflc.edu/dlptguides.html>
- JBLM APT OFFICE: 253-967-3889
- <http://www.lewis-mcchord.army.mil/dhr/eso/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	13. SIGNATURE	14. DATE (YYYYMMDD)
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