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

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
SELF EXPLANATORY	SELF EXPLANATORY	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)*

☐	Service Schools *(Enl only)*	☐	Special Foreign Training/Assignment	☐	Identification Card
☐	ROTC or Reserve Component Duty	☐	Civilian 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		SIFT

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

SAMPLE

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

PLEASE ADD THE FOLLOWING INFORMATION TO YOUR REQUEST:

1. "THIS IS AN INITIAL EXAM." (OR "THIS IS A RETEST").
2. IF THIS IS A RETEST, STATE: "I HAVE NOT TAKEN THIS EXAM IN THE LAST 6 MONTHS".
3. "I HAVE READ THE SIFT INFORMATION PAMPHLET, DA PAM 611-256-2" (REQUIRED READING)
4. PERSONAL PHONE NUMBER:
5. CURRENT ADDRESS:
6. EMAIL:
7. BIRTHDATE: MM/DD/YYYY

FURTHER INFORMATION:

The SIFT is administered by appointment only. This request must be submitted to the Army Personnel Testing Office, Room A230, Stone Ed Center, to schedule the test. Walk-ins not admitted.

APT Office: 253-967-3889
http://www.lewis.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)*