

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) Only If Needed	2. TO (Include ZIP Code) US Army Human Resources Command 1600 Spearhead Div Ave Dept 342 Attn: AHRC-EPC-H Fort Knox, KY 40122	3. FROM (Include ZIP Code) Soldier's Unit Command Info
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) Doe, John H.	5. GRADE OR RANK/PMOS/AOC E-4/SPC	6. SOCIAL SECURITY NUMBER 123-45-6789
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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 as appropriate)

<input checked="" 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 type="checkbox"/> Other (Specify)
<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)

1. Soldier requests to attend the next available Flight Medic Course 300-F6. Soldier's command request that Soldier be scheduled TDY enroute (or TDY and return if the unit is requesting so). Soldier's command understands that if they recommend this Soldier to attend training TDY and return, they are responsible for funding the entire training of this course. Once accepted for training, the command understands that cancellation from the course must be requested by submitting a DA Form 4187 to HRC at least 45 days prior to the course start date when possible. DA Form 4187 will state the reason(s) for the cancellation request.

2. Soldier has been counseled as to the attendance of service school, IAW AR 614-200, meets the height/weight standards IAW AR 600-9 and is fully qualified IAW PAM 611-21.

3. Soldier understands that if he/she does not have sufficient time remaining in service to meet the Service Remaining Requirement (SSR), the Soldier will be required to re-enlist or extend his/her current contract of enlistment, IAW Ch 3, AR 601-280 upon notification of acceptance for training.

4. Soldier also understands that this training is available to Soldiers in the grade of E-4 to E-7 with at least 1 year experience as a 68W Health Care Specialist.

Soldier's AKO: john.h.doe@us.army.mil

Commander's AKO: john.a.smith@us.army.mil

Encls: 1.ERB 2.DA Form 4186 3.DA Form 705 4.Copy of current BLS card 5.Copy of NREMT Card

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)

Commander's Signature Block