

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)

COMMANDER

2. TO (Include ZIP Code)

COMMANDER

3. FROM (Include ZIP Code)

COMMANDER

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)

5. GRADE OR RANK/PMOS/AOC

6. SOCIAL SECURITY NUMBER

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 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)
<input type="checkbox"/>	Airborne Training	<input type="checkbox"/>	Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/>	ITT-COT

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

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

1. IN ACCORDANCE WITH AR 614-30, OVERSEAS SERVICE, CHAPTER 4, SM REQUESTS INTRA THEATER TRANSFER CONSECUTIVE OVERSEAS TOUR TO ONE OF THE FOLLOWING LOCATIONS IN ORDER OF PRECEDENCE:

A. USAG HEIDELBERG B. USAG WIESBADEN C. USAG STUTTGART

2. THE FOLLOWING INFORMATION IS PROVIDED:

A. BASD: [REDACTED] B. ETS: [REDACTED] C. DEROS: [REDACTED] D. DATE ARRIVED IN GERMANY: [REDACTED]

3. SM IS ENROLLED IN THE MARRIED ARMY COUPLES PROGRAM. THE FOLLOWING INFORMATION IS PROVIDED:

SPOUSE NAME: [REDACTED] SPOUSE SSN: [REDACTED]

4. JUSTIFICATION: TO MAINTAIN PERSONNEL OPERATING STRENGTHS AND READINESS, TO PROVIDE COHESION AND SUPPORT FOR USAREUR UNITS.

5. IF THIS REQUEST IS APPROVED, I WILL EXTEND OR REENLIST TO MEET ANY SERVICE REMAINING REQUIREMENTS INCURRED.

Encl: ERB

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)

PERSONNEL ACTION FORM ADDENDUM

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1. NAME OF INDIVIDUAL [REDACTED]		2. SSN [REDACTED]	
3. RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL			
a. (1) ORGANIZATION 16TH SIB (REAR) (PROV)		(2) OFFICE SYMBOL AER-SB-B	(3) DATE 20090914
(4) ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> RETURNED			
(5) COMMENTS [REDACTED]			
(6) NAME [REDACTED]		(7) TITLE/POSITION/RANK [REDACTED]	
(8) SIGNATURE [Signature]		(9) HEADQUARTERS POC TELEPHONE NUMBER [REDACTED]	
(10) FORWARDED TO		(11) ENCLOSURES <input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE	
b. (1) ORGANIZATION [REDACTED]		(2) OFFICE SYMBOL AER-SB-C	(3) DATE 2009 09 28
(4) ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> RETURNED			
(5) COMMENTS			
(6) NAME [REDACTED]		(7) TITLE/POSITION/RANK [REDACTED]	
(8) SIGNATURE [Signature]		(9) HEADQUARTERS POC TELEPHONE NUMBER [REDACTED]	
(10) FORWARDED TO		(11) ENCLOSURES <input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE	
c. (1) ORGANIZATION		(2) OFFICE SYMBOL	(3) DATE
(4) ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> RETURNED			
(5) COMMENTS			
(6) NAME		(7) TITLE/POSITION/RANK	
(8) SIGNATURE		(9) HEADQUARTERS POC TELEPHONE NUMBER	
(10) FORWARDED TO		(11) ENCLOSURES <input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE	
4. DISTRIBUTION (List all organizations to receive copy)			