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)*	3. FROM *(Include ZIP Code)*
Commandant, USAPPS (CEPPB-S) ATTN: Recruiting Coordinator 10011 Middleton Road Fort Belvoir, VA 22060	US Army Human Resources Command ATTN: TAPC-EPR-R (Reclass Branch) Hoffman I, Room 344 Alexandria, VA 23331-0451	Unit Commander Complete Address

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)*

☐ Service School *(Enl only)*	☐ Special Forces Training/Assignment	☐ Identification Card	
☐ ROTC or Reserve Component Duty	☐ On-the-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)* MOS 21P	
☐ Airborne Training	☐ 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 has been interviewed IAW the Commander's Interview Checklist.

2. Soldier meets/does not meet the qualifications listed in DA Pam 611-21, Chapter 10, para. 10-160.21P. A waiver is requested for: (Identify specific requirement or prerequisite. Include justification for waiver by memo (see example)).

3. Soldier understands that if he or she is accepted for training but fails to complete the course, the obligated term of service must be completed and he or she will be reassigned or reclassified according to the needs of the Army.

4. Has the Soldier ever, under either civil or military law, been indicted or summoned into court as a defendant in a criminal proceeding (Art. 32, UCMJ) or been subject to proceedings under Art. 15 of the UCMJ? (If yes, a Moral waiver may be required. Contact the Prime Power School for guidance).

5. Soldier is applying for Class (number or date). Soldier understands that class placement is based upon the needs of the Prime Power School and may be changed without notice.

6. Name of servicing Career Counselor, unit and phone number, and e-mail.

7. Unit telephone numbers.

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)*