

	For use of this for	m. see AR	PERSONNEL	ACTION 600-8-21; the propone	ent age	ncv is OD	CSPER					
AUTHORITY:	Title 5 Section 3012			PRIVACY ACT OF 197	4							
PRINCIPAL PURPOSE:												
ROUTINE USES:	To initiate the proces	ssing of a p	ersonnel action being	requested by the soldi	er.							
DISCLOSURE:	Voluntary. Failure to	provide so	cial security number n	nay result in a delay o	r error	in proces	sing of the	request for				
	personnel action.						_	•				
1. THRU (Include ZIP C	ode)	2. TO	(Include ZIP Code)		3. FR	OM (Inc	clude ZIP C	ode)				
BDE S-1 ADDRESS			ARMY EDUCATION CENTER				YOUR UNIT ADDRESS					
			ATTN: IMPC-HI-HR-ED (Testing) SCHOFIELD BARRACKS, HI 96857			AND PHONE NUMBER						
		SE	CTION I - PERSONAL									
4. NAME <i>(Last, First, M</i> YOUR NAME	II)		5. GRADE OR RAI					L SECURITY NUMBER				
TOUR NAME		OFOTION	1 <u>.</u>	RANK, & PMOS								
		SECTION	II - DUTY STATUS C	HANGE (AR 600-8-6)		· · · · · · · · · · · · · · · · · · ·		V 1997-17-8-04-14				
7. The above soldier's dut	y status is changed fro	om						to				
			effective	hou	rs,							
	S	ECTION II	- REQUEST FOR PE	ERSONNEL ACTION								
8. I request the following a	action: (Check as app	propriate)										
Service School (Enl	only)	Sp	ecial Forces Training/A	ssignment		Identific	ation Card					
ROTC or Reserve Co.	mponent Duty	On-the-Job Training (Enl only)			Identification Tags							
Volunteering For Over	sea Service	Retesting in Army Personnel Tests			Separate Rations							
Ranger Training		Re	Reassignment Married Army Couples			Leave -	Excess/Adva	ance/Outside CONUS				
Reassignment Extren	ne Family Problems	Re	classification			Change	of Name/SS	N/DOB				
Exchange Reassignm	ent <i>(Enl only)</i>	Off	cer Candidate School		IX	Other (Specify)					
Airborne Training			Asgmt of Pers with Exceptional Family Members			REQUEST THE AFCT						
9. SIGNATURE OF SOLD	IER (When required)				10.	DATE (YYYYMMDE 2009	0) 0620				
	SECTION IV - REM	IARKS (A	oplies to Sections II, II	II, and V) (Continue o	n sepa	rate shee	rt)					
Request the following	Army personnel te	st AFCT		, ,				·				
Current GT score:	, , , , , personner te	0										
Date of last test: If you	have never taken i	this test,	state that this is yo	ur initial test.								
			•									
I certify that this indivitests.	idual has not taken	the ASV	AB/AFCT within th	ie last six months, i	nor ha	ve they	taken mor	e than three AFCT				
Unit S-1 Typed name a Unit S-1 signature	nd phone number											
*****	*****	*****	******	*****	****	*****	******	******				
- Service members, to Tests.	include Commande	ers, may	not verify (sign) th	neir own 4187s as t	the S-	1 or Co	mmander	for Army Personnel				
- Falsifying any inform	nation on this form	is punish	able under UCMJ.									
- COMMANDERS MU - DIGITAL SIGNATUI				RDER FOR SERV	ICE M	ЕМВЕР	RS TO TE	ST.				
	S	ECTION V	- CERTIFICATION/A	PPROVAL/DISAPPRO	OVAL							
1.1 I certify that the duty	status change <i>(Sectio</i>	n II) or tha	t the request for perso	onnel action (Section	<i>III)</i> cor	ntained he	rein -					
HAS BEEN VERIFI	ED RECOMME	ND APPR	OVAL RECOM	MEND DISAPPROVA	L 🗙	IS APP	ROVED	IS DISAPPROVED				
12. COMMANDER/AUTH	ORIZED REPRESENT	ATIVE	13. SIGNATURE				14. DATE	(YYYYMMDD)				
Commander's Typed/P	rinted Name							20090620				



	For use of this form	, see AR	PERSONNEL ACTION 600-8-6 and DA PAM 600-8-21; the propone	ent ager	ncy is OD	CSPER		
		DATA	REQUIRED BY THE PRIVACY ACT OF 197	74		***************************************		
AUTHORITY:	Title 5, Section 3012;	Title 10,	USC, E.O. 9397.					
PRINCIPAL PURPOSE:								
ROUTINE USES:	To initiate the process	ing of a	personnel action being requested by the sold	ier.				
DISCLOSURE:	Voluntary. Failure to personnel action.	provide s	ocial security number may result in a delay o	or error	in proces	sing of the request for		
1 THRU (Include ZIP C	Code)	2. TO	(Include ZIP Code)	3. FR	OM (Inc	clude ZIP Code)		
BDE S : ADDRESS			1			UR UNIT ADDRESS D PHONE NUMBER		
		SI	ECTION I - PERSONAL IDENTIFICATION	L				
4 NAME (Last, First, N	11)		5. GRADE OR RANK/PMOS/AOC			6. SOCIAL SECURITY NUMBER		
YOUR NAME			YOUR GRADE, RANK, & PMOS			123-45-6789		
·		SECTION	NII - DUTY STATUS CHANGE (AR 600-8-6	")				
7 The above soldier's dul	ty status is changed fro	m	the days and the state of the s			to		
			effectivehou	ırs,				
	SI	ECTION	III - REQUEST FOR PERSONNEL ACTION					
8 request the following :	action: (Check as appr	opriate)						
Service School (Enl.			pecial Forces Training/Assignment		Identification Card			
ROTC or Reserve Co		 	n-the-Job Training <i>(Enl only)</i>		Identification Tags			
Volunteering For Over	rsea Service	 	etesting in Army Personnel Tests		Separat	Separate Rations		
Ranger Training		Reassignment Married Army Couples			Leave - Excess/Advance/Outside CONUS			
Reassignment Extren		1	eclassification		Change of Name/SSN/DOB			
Exchange Reassignment (Enl only) Officer Candida			fficer Candidate School	X	Other (Specify)			
Airborne Training	NED WAY	A	sgmt of Pers with Exceptional Family Members		I	EST THE DLPT		
9 SIGNATURE OF SOLE						YYYYMMDD) 20090620		
	SECTION IV - REMA	ARKS (Applies to Sections II, III, and V) (Continue o	on sepa	rate shee	et)		
How you acquired the Date of last test: If you	language: (civilian 1 have never taken tl	school, his test,	I (Specify Language to be tested). DLI, Foreign Residence, Home Envir state that this is your initial test. DLPT in this language in the last six r					
. nit S or CLPM typ . nit S or CLPM sig: ************	•	number *****	*******	·****	*****	*******		
- Service members, to Tests.	include Commande	rs, may	not verify (sign) their own 4187s as	the S-	l or Co	mmander for Army Personnel		
· Falsi ying any inforn	nation on this form i	s punis	nable under UCMJ.					
COMMANDERS MU	ST CHECK THE "I	S APPR	OVED" BOX IN ORDER FOR SERV	ICE M	ЕМВЕІ	RS TO TEST.		
- DIGITAL SIGNATU.	RES WILL NOT BE	ACCE	PTED.					
	SE	CTION	- CERTIFICATION/APPROVAL/DISAPPR	OVAL				
11 Locatify that the duty HAS BEEN VERIFI	,		at the request for personnel action (Section					
12. COMMANDER/AUTH			13. SIGNATURE	` <u> </u>	IS APF	14. DATE (YYYYMMDD)		
Commander's Typed/P	rinted Name					20090620		

	4 4	
Circle the	appropriate copy designator	
Copy 2	Copy 3	

			PERSONNEL ACTION					
For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER								
		DATA R	EQUIRED BY THE PRIVACY ACT OF 197	4		Minutes and a second		
AUTHORITY: PRINCIPAL PURPOSE:	AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.							
ROUTINE USES:	,	ing of a pe	rsonnel action being requested by the soldi	er.				
DISCLOSURE:	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 C	1 THRU (Include ZIP Code) 2. TO (Include ZIP Code) 3. FROM (Include ZIP Code)							
BDE S-1 ADDRESS		ATTN:				OUR UNIT ADDRESS ND PHONE NUMBER		
		SEC	TION I - PERSONAL IDENTIFICATION					
4. NAME (Last, First, N	11)		5. GRADE OR RANK/PMOS/AOC			6. SOCIAL SECURITY NUMBER		
YOUR NAME			YOUR GRADE, RANK, & PMOS		123-45-6789			
		SECTION	I - DUTY STATUS CHANGE (AR 600-8-6)					
7. The above so dier's dui	ty status is changed from	m				to		
			effective hou	rs,				
0 1 1 1 1 1			- REQUEST FOR PERSONNEL ACTION					
8. Frequest the following	. 7-7	· · · · · · · · · · · · · · · · · · ·			1			
Service School <i>(Enl.</i>) ROTC or Reserve Co			cial Forces Training/Assignment			ation Card		
Volunteering For Over			the-Job Training (Enl only)	-		ation Tags		
Ranger Training	rsea Service		esting in Army Personnel Tests ssignment Married Army Couples	+	<u> </u>	e Rations		
Reassignment Extrer	ne Family Problems		lassification		Leave - Excess/Advance/Outside CONUS			
Exchange Reassignm		 	cer Candidate School	X		ange of Name/SSN/DOB ner (Specify)		
Airborne Training	(Em only)	 	mt of Pers with Exceptional Family Members	-		EST THE DLAB		
9 SIGNATURE OF SOLE	DIER (When required)	1 11.00		10.	1	YYYYMMDD)		
		- DICO (A	- 1 - 0 - C H - H		`	20090620		
			plies to Sections II, III, and V) (Continue o	n sepa	rate shee	91)		
Date of last test: If you	ur ST score must be a have never taken the adual has not taken	95 or hi his test, s the DLA	gher in order to take the DLAB). tate that this is your initial test. B in the last six months nor achieved	a sco	re of 95	or higher on a previous DLAB		
Unit S-1 Typed name a Unit S-1 signature	and phone number							
****************** - Service members, to Tests. - Falsifying any inforn			tot verify (sign) their own 4187s as able under UCMJ.	****: the S-	***** 1 or Co	**************************************		
- COMMANDERS MUST CHECK THE "IS APPROVED" BOX IN ORDER FOR SERVICE MEMBERS TO TEST DIGITAL SIGNATURES WILL NOT BE ACCEPTED.								
			- CERTIFICATION/APPROVAL/DISAPPR					
i	11 Licertify 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. CCMMANDER/AUTH	ORIZED REPRESENTA	ATIVE	13. SIGNATURE			14. DATE (YYYYMMDD)		
Commander's Typed/F	Printed Name					20090620		

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py 1	Copy 2	Cop

PERSONNEL ACTION For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER												
			D/	TA REQUI	RED BY THE PRIVACY ACT	OF 197	4					
AU	AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.											
PRI	RINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).											
ROI	UTINE USES:	To initiate the processing of a personnel action being requested by the soldier.										
DIS	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)								nclude ZIP Code)				
ВD	E S ADDRESS		AR	MY EDU	IY EDUCATION CENTER Y			YOUR UNIT ADDRESS				
			AT'	N: IMPC-HI-HR-ED (Testing) A1			AND	AND PHONE NUMBER				
	SCHOFIELD BARRACKS, HI 96857											
		· ···			I - PERSONAL IDENTIFICA							
	NAME (Last, First, M	1 1)		1	RADE OR RANK/PMOS/AO				6. SOCIAL SECURITY NUMBER			
10	UR NAME			YOU	JR GRADE, RANK, & P	MOS			123-45-6789			
			SECT	ION II - DU	ITY STATUS CHANGE (AR	600-8-6)						
7 7	The above code of											
7. 1	ne above soldier's dut	ty status is changed fro	m —				_		to			
					effective	hous						
							·, —					
					QUEST FOR PERSONNEL A	CTION						
8.	request the following a	action: (Check as appi	opria	te)								
	Service School (Enl	only)			orces Training/Assignment			Identific	cation Card			
	ROTC or Reserve Co	mponent Duty		On-the-Jo	b Training <i>(Enl only)</i>			Identific	cation Tags			
	Volunteering For Over	sea Service		Retesting	in Army Personnel Tests			Separa	te Rations			
	Ranger Training			Reassign	ment Married Army Couples			Leave -	Excess/Advance/Outside CONUS			
	Reassignment Extrem	·		Reclassifi	cation			Change	of Name/SSN/DOB			
	Exchange Reassignm	ent <i>(Enl only)</i>		Officer Ca	ndidate School		IX	Other ((Specify)			
	Airborne Training			Asgmt of I				`	EST THE AFAST			
9 5	SIGNATURE OF SOLD	IER (When required)					10.	DATE (YYYYMMDD)			
									20090620			
		SECTION IV - REMA	ARKS	(Applies	to Sections II, III, and V) (Co	ntinue oi	n sepa	rate she	et)			
Req	uest the following	Army personnel tes	t:AF	AST	•				•			
Cur	rer EGT store (Yo	ur GT score must b	e 110	or highe	er in order to take the AF.	AST).						
∴a).	e of asticstilf you	have never taken t	his te	st, state t	hat this is your initial tes	t.						
									per has not taken the AFAST			
		ths, nor achieved a	score	of 90 or	above on a previous AFA	AST tes	t, nor	have th	ney taken more than one			
	48°est	1 1 I										
	t S Typed name a	na pnone number										
not 8 — signature												
***	******	******	***	******	******	*****	****	*****	*****			
Se	rvice members, to	include Commande	rs, m	ay not ve	rify (sign) their own 418	37s as t	he S-	l or Co	mmander for Army Personnel			
	ests.			•	, ,				,			
Falsifying any information on this form is punishable under UCMJ.												
					" BOX IN ORDER FOR	SERVI	CE M	EMBE	RS TO TEST.			
- DIGITAL SIGNATURES WILL NOT BE ACCEPTED.												
It is required that you review DA Pam 611-256-2 prior to taking the AFAST.												
SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL												
11.	i certify that the duty s	status change (Section	<i>II)</i> •	r that the re	equest for personnel action (Section I	II) con	tained h	erein -			
	HAS BEEN VERIFIE				RECOMMEND DISAP			_	PROVED IS DISAPPROVED			
12.	COMMANDER/AUTHO	ORIZED REPRESENTA	TIVE	13 9	SIGNATURE		N.	N				
				'0. '					14. DATE (YYYYMMDD)			
Con	ommander's Typed/Printed Name											