

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) BDE S-1 ADDRESS	2. TO (Include ZIP Code) ARMY EDUCATION CENTER ATTN: IMPC-HI-HR-ED (Testing) SCHOFIELD BARRACKS, HI 96857	3. FROM (Include ZIP Code) YOUR UNIT ADDRESS AND PHONE NUMBER
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) YOUR NAME	5. GRADE OR RANK/PMOS/AOC YOUR GRADE, RANK, & PMOS	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 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) REQUEST THE AFCT
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD) 20090620
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SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

Request the following Army personnel test: AFCT
 Current GT score:
 Date of last test: If you have never taken this test, state that this is your initial test.

I certify that this individual has not taken the ASVAB/AFCT within the last six months, nor have they taken more than three AFCT tests.

Unit S-1 Typed name and phone number
 Unit S-1 signature

- Service members, to include Commanders, may not verify (sign) their own 4187s as the S-1 or Commander for Army Personnel Tests.
- Falsifying any information on this form is punishable under UCMJ.
- COMMANDERS MUST CHECK THE "IS APPROVED" BOX IN ORDER FOR SERVICE MEMBERS TO TEST.
- DIGITAL SIGNATURES WILL NOT BE ACCEPTED.

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 Commander's Typed/Printed Name	13. SIGNATURE	14. DATE (YYYYMMDD) 20090620
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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.

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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) YOUR NAME	5. GRADE OR RANK/PMOS/AOC YOUR GRADE, RANK, & PMOS	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 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) REQUEST THE DLPT
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD) 20090620
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SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

Request the following Army personnel test: DLPT (Specify Language to be tested).
How you acquired the language: (civilian school, DLI, Foreign Residence, Home Environment, Military (Not DLI) or self study).
Date of last test: If you have never taken this test, state that this is your initial test.

I certify that this service member has not taken a DLPT in this language in the last six month as per AR 11-6.

Unit S-1 or CLPM typed name and phone number

Unit S-1 or CLPM signature

Service members, to include Commanders, may not verify (sign) their own 4187s as the S-1 or Commander for Army Personnel Tests.

Falsifying any information on this form is punishable under UCMJ.

COMMANDERS MUST CHECK THE "IS APPROVED" BOX IN ORDER FOR SERVICE MEMBERS TO TEST.

DIGITAL SIGNATURES WILL NOT BE ACCEPTED.

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

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SECTION I - PERSONAL IDENTIFICATION

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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) REQUEST THE DLAB
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)
20090620

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

Request the following Army personnel test: DLAB
 Current ST score: (Your ST score must be 95 or higher in order to take the DLAB).
 Date of last test: If you have never taken this test, state that this is your initial test.

I certify that this individual has not taken the DLAB in the last six months nor achieved a score of 95 or higher on a previous DLAB test, nor have they taken more than two DLAB tests.

Unit S-1 Typed name and phone number
 Unit S-1 signature

 - Service members, to include Commanders, may not verify (sign) their own 4187s as the S-1 or Commander for Army Personnel Tests.
 - Falsifying any information on this form is punishable under UCMJ.
 - COMMANDERS MUST CHECK THE "IS APPROVED" BOX IN ORDER FOR SERVICE MEMBERS TO TEST.
 - DIGITAL SIGNATURES WILL NOT BE ACCEPTED.

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

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12. COMMANDER/AUTHORIZED REPRESENTATIVE Commander's Typed/Printed Name	13. SIGNATURE	14. DATE (YYYYMMDD) 20090620
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SECTION I - PERSONAL IDENTIFICATION

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<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"/> REQUEST THE AFAST

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD) 20090620
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SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

Request the following Army personnel test: AFAST
 Current GT score (Your GT score must be 110 or higher in order to take the AFAST).
 Date of last test: If you have never taken this test, state that this is your initial test.

I certify that this service member's GT score is 110 or higher. I further certify that this service member has not taken the AFAST within the last six months, nor achieved a score of 90 or above on a previous AFAST test, nor have they taken more than one AFAST test.

Unit S-1 Typed name and phone number _____
 Unit S-1 signature _____

- Service members, to include Commanders, may not verify (sign) their own 4187s as the S-1 or Commander for Army Personnel Tests.

- Falsifying any information on this form is punishable under UCMJ.

- COMMANDERS MUST CHECK THE "IS APPROVED" BOX IN ORDER FOR SERVICE MEMBERS 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

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12. COMMANDER/AUTHORIZED REPRESENTATIVE Commander's Typed/Printed Name	13. SIGNATURE	14. DATE (YYYYMMDD) 20090620
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SAMPLE