9
- 4
2
7
48
1
4

		Circle the appropriate copy designator					
	Copy 1	Сору 2 Сору	y 3		Copy 4		
		PERSONNEL ACTION					
	For use o	f this form, see AR 600-8-6 and DA PAM 600-8-21; the pro	ponent agency is	ODCSPER			
		DATA REQUIRED BY THE PRIVACY ACT OF	1974				
AUTHORITY:	Title 5, Section 3012; Ti	Title 5, Section 3012; Title 10, USC, E.O. 9397.					
PRINCIPAL PURPOSE:	CIPAL 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 pro- personnel action.	vide social security number may result in a delay or error in	processing of the	request for			
1. THRU (Include ZIP Code)		2. TO (Include ZIP Code)	3. FRO	OM (Includ	e ZIP Code)		
BRIGADE LEVEL		Army Education Center			IT ADDRESS AND		
ADDRESS (must b		ATTN: IMPC-HI-HR-ED	TEL	EPHO	NE NUMBER		
personnel records to	be updated)	Tripler AMC, HI 96859					
		SECTION 1 - PERSONAL IDENTIFICATION	N				
4. NAME (Last, First, MI) YOUR NAME		5. GRADE OR RANK/PMOS/AGC YOUR PAY GRADE OR R	ANK & PM	ios	6. SOCIAL SECURITY NUMBER 123-45-6789		
		SECTION II - DUTY STATUS CHANGE (AR 60	70-8-6/				
		effective SECTION III - REQUEST FOR PERSONNEL AC	hours,				
8. I request the following acti	on: <i>(Check as appropriate)</i>						
Service School /Enl only,		Special Forces Training/Assignment		Identifica	ition Card		
ROTC or Reserve Compone	· · · · · · · · · · · · · · · · · · ·	On-the-Job Training (Enl only)			ition Tags		
Volunteering For Oversea S	Service	Retesting in Army Personnel Tests		Separate			
Ranger Training	7.5.11	Reassignment Married Army Couples			xcess/Advance/Outside CONUS		
Reassignment Extreme Fai		Reclassification			f Name/SSN/DOB necify/ REQUEST (TEST NAME		
Exchange Reassignment /	cni oniy)	Officer Candidate School Asgmt of Pers with Exceptional Family Members	—— X	Uther (a)	REQUEST (TEST NAME)		
	(When required)	ASSISTED FOR MILL EXCEPTIONAL FORMA MICHIGAN	10	DATE /YY	VVIII DDI		
9. SIGNATURE OF SOLDIER YOUR SIGNATUR		is correct and true)	10.	DATE (777	20081112		
	SECTI	ON IV - REMARKS (Applies to Sections II, III, and V) (Con-	tinue on separate :	sheet)			
Date of last test: (Re How you acquired the Environment, Milita	equired for all tests. ne language: Choose ry (NOT DLI) or Se						
AKO E-mail address Unit S-1 or CLPM v ************************************	erify eligibility request**********	irements. S-1 or CLPM Name, rank,			********		
	TI	HIS SECTION FOR YOUR INFORM	IATION ON	NLY			
Service members, to FALSIFYING ANY	include commande INFORMATION	rs, may not verify (sign) their own DA4 ON THIS FORM IS PUNISHABLE	4187 request UNDER UC	for Ar	my Personnel Testing.		
DLF	T IV or 5: Tuesday	PT: Mondays @ 0745 and Wednesday @ 0745 (YOU MUST STERED for these exams. AKO e-mai	BE ABLE	ΓΟ MA set up	KE IT BOTH DAYS) appointments.		

---PLEASE VIEW LIST OF LANGUAGES TO DETERMINE YOUR TESTING NEEDS.
---COMMANDER MUST CHECK "IS APPROVED" BOX IN ORDER TO TEST. Digital signatures will not be accepted.

		S				
SECTION V · CERTIFICATION/APPROVAL/DISAPPROVAL						
11. I certify that the duty status change (Section II) or that the request for	or 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 PRINTED NAME & RANK	COMMANDER'S SIGNATURE	20081112				

	Copy 1	Circle the approp	oriate copy designator Copy 3	Ì		Copy 4		
	обру т		•		,	33p) 1		
			NEL ACTION					
	For use o	f this form, see AR 600-8-6 and DA		agency is U	DUSPER			
			HE PRIVACY ACT OF 1974	· · · · · · · · · · · · · · · · · · ·				
AUTHORITY:	Title 5, Section 3012; Ti	Title 5, Section 3012; Title 10, USC, E.O. 9397.						
PRINCIPAL PURPOSE:	Used by soldier in accord (Section III).	lance with DA PAM 600-8-21 when (requesting a personnel action or	n his/her ov	vn behalf			
ROUTINE USES:	To initiate the processing	g of a personnel action being request	ed 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.							
BRIGADE LEVEL S-1 or HIGHER Army Education Center Y					I. FROM (Include ZIP Code) YOUR UNIT ADDRESS AND FELEPHONE NUMBER			
			NAL IDENTIFICATION					
4. NAME (Last, First, MI) YOUR NAME		5. GRADE OR RAN YOUR PAY	KIPMOSIAOC GRADE OR RANK	6. SOCIAL SECURITY NUMBER 123-45-6789				
		SECTION II - DUTY STA	TUS CHANGE (AR 600-8-6)		-			
7. The above soldier's duty s	tatus is changed from	effective	3h	iours,		to		
		SECTION III - REQUEST	FOR PERSONNEL ACTION					
8. I request the following act	ion: <i>(Check as appropriate)</i>							
Service School (Enl only	/	Special Forces Training/Assig	nment		Identification	on Card		
ROTC or Reserve Compon	ent Duty	On-the-Job Training <i>(Enl onl</i>	'y)		Identification	on Tags		
Volunteering For Oversea	Service	Retesting in Army Personnel	Tests		Separate R	ations		
Ranger Training		Reassignment Married Army	Couples		Leave - Exc	ess/Advance/Outside CONUS		
Reassignment Extreme Fa	mily Problems	Reclassification			Change of M	Name/SSN/DOB		
Exchange Reassignment /	'Eni only)	Officer Candidate School		\ \ \	Other (Spec	cify) REQUEST APT		
Airborne Training		Asgmt of Pers with Exception	Pers with Exceptional Family Members					
9. SIGNATURE OF SOLDIER (When required) YOUR SIGNATURE (certifies all info is correct and true)					ATE /YYYY	(MMDD) 20081112V		

Request the following Army Personnel Test: AFCT Current GT Score: Required for AFCT/ASVAB

Date of last test: Required for all tests. If you have never taken this test AFTER your initial enlistment, state that it will be your

initial test.

AKO E-mail address: (Required to set up appointment)

Unit S-1 must verify eligibility requirements. S-1 name, rank, and signature here

THIS SECTION FOR YOUR INFORMATION ONLY

Service members, to include commanders, may not verify (sign) their own DA4187 request for Army Personnel Testing.

FALSIFYING ANY INFORMATION ON THIS FORM IS PUNISHABLE UNDER UCMJ

TEST TIME for ASVAB/AFCT: Thursday @ 0745 by appointment notification made to service member's AKO e-mail address.

COMMANDER MUST CHECK "IS APPROVED" BOX IN ORDER TO TEST. DIGITAL SIGNATURES WILL NOT BE ACCEPTED.

SECTIO	IN V - CERTIFICATION/APPROVAL/DISAPPROVAL		
11. I certify that the duty status change <i>(Section III)</i> or that the request fo	or personnel action <i>(Section III)</i> contained herein -		
HAS BEEN VERIFIED RECOMMEND APPROVAL	RECOMMEND DISAPPROVAL	IS APPROVED IS I	DISAPPROVED
12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14 DATE (YYYYMA	ANN)

COMMANDER'S PRINTED NAME & RANK

COMMANDER'S SIGNATURE

20081112

AUTHORITY:

ROUTINE USES:

PRINCIPAL PURPOSE:

Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf

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

Copy 2

To initiate the processing of a personnel action being requested by the soldier.

Title 5, Section 3012; Title 10, USC, E.O. 9397.

Conv 3

Copy 4

DISCLOSURE: Voluntary. Failure to propersonnel action.	ovide social secu	urity number may result in a delay or error in proc	essing of the r	equest for		
1. THRU (Include ZIP Code) BRIGADE LEVEL S-1 or HIGHER ADDRESS (must be included for personnel records to be updated)	2. TO (Include ZIP Code) Army Education Center ATTN: IMPC-HI-HR-ED Tripler AMC, HI 96859		YOU	3. FROM (Include ZIP Code) YOUR UNIT ADDRESS AND TELEPHONE NUMBER		
		SECTION I - PERSONAL IDENTIFICATION	<u></u>			
4. NAME (Last, First, MI) YOUR NAME 5. GRADE OR RANK/PMOS/AOC YOUR PAY GRADE OR RANK			VK & PM	6. SOCIAL SECURITY NUMBER 123-45-6789		
	SEC	TION II - DUTY STATUS CHANGE (AR 600-8-	6)			
7. The above soldier's duty status is changed from		effective	hours,	to		
	SEC	CTION III - REQUEST FOR PERSONNEL ACTIO	N			
8. I request the following action: (Check as appropriate)						
Service School (Enl only)	Spec	cial Forces Training/Assignment		Identification Card		
ROTC or Reserve Component Duty		ha-Job Training <i>(Enl only)</i>		Identification Tags		
Volunteering For Oversea Service		esting in Army Personnel Tests		Separate Rations		
Ranger Training	Reas	ssignment Married Army Couples		Leave - Excess/Advance/Outside CONUS		
Reassignment Extreme Family Problems	Reci	assification		Change of Name/SSN/DOB		
Exchange Reassignment (Enl only)		er Candidate School	$ \times$	Other (Specify) REQUEST APT		
Airborne Training	Asgr	nt of Pers with Exceptional Family Members				
9. SIGNATURE OF SOLDIER (When required) YOUR SIGNATURE (certifies all info	is correct	and true)	10. D	10. DATE (YYYYMMDD) 20081112V		
SECT	ON IV - REMAI	RKS (Applies to Sections II, III, and V) (Continue	on separate sh	heet)		
Request the following Army Personnel Current GT Score: Required for AFAS Date of last test: Required for all tests. this test before, provide your previous s AKO E-mail address: (Required to set unit S-1 must verify eligibility requirer***********************************	T Your G' If you hav	T MUST be at least 110 to take the never taken this test before, st	ate it will	be your initial test. If you have taken		
	HIS SECT	TON FOR YOUR INFORMAT	ION ON	LY		
FALSIFYING ANY INFORMATION	ON THIS	S FORM IS PUNISHABLE UN	DER UC	<u>MJ</u>		
TEST TIME for AFAST: 1st & 4th Fri	day @ 131	5 by appointment notification ma	de to sem	vice member's AKO a mail address		

HAS BEEN VERIFIED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

COMMANDER'S PRINTED NAME & RANK

ACCEPTED.

COMMANDER'S SIGNATURE

COMMANDER MUST CHECK "IS APPROVED" BOX IN ORDER TO TEST. DIGITAL SIGNATURES WILL NOT BE

13. SIGNATURE

SECTION V · CERTIFICATION/APPROVAL/DISAPPROVAL

RECOMMEND DISAPPROVAL

Review DA Pam 611-256-2 - you will be required to verify that you have reviewed this pamphlet.

11 I certify that the duty status change (Section III) or that the request for personnel action (Section III) contained herein-

RECOMMEND APPROVAL

IS DISAPPROVED

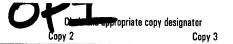
20081112

14. DATE (YYYYMMDD)

X IS APPROVED

1	
	•
	•
	1
٦	5
	2
	4
-	
_	

	Copy 1		Copy 2	Сору З			Copy 4	
PERSONNEL ACTION For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER								
		DA	TA DEGINOS	D BY THE PRIVACY ACT OF 19	74			
AUTHODITY	Tial- C. Consider 2012, Tial-			D BT THE PRIVACT ACT OF 13	1/4			
AUTHORITY: PRINCIPAL PURPOSE:	Title 5, Section 3012; Title Used by soldier in accordar (Section III).			when requesting a personnel act	ion on his/her	own behalf		
ROUTINE USES:	To initiate the processing o	f a personnel	action being r	equested by the soldier.				
DISCLOSURE:	Voluntary. Failure to provide personnel action.	de social secu	rity number m	ay result in a delay or error in pro	cessing of the	request for		
1. THRU (Include ZIP Code) 2. TO (Include ZIP Code) 3. FROM (Include ZIP Code) 4. THRU (Include ZIP Code) 4. THRU (Include ZIP Code) 5. TO (Include ZIP Code) 7. THRU (Include ZIP Code) 7. THRU (Include ZIP Code) 8. THRU (Include ZIP Code) 9. THRU (Include ZIP Code) 9. THRU (Include ZIP Code) 9. THRU (Include ZIP Code)					UR UNI	ZIP Code) Γ ADDRE Ε NUMB		
			SECTION 1 -	PERSONAL IDENTIFICATION				
4. NAME (Last, First, MI) YOUR NAME			5. GRADE	OR RANK/PMOS/AOC PAY GRADE OR RA	NK & PN	MOS	6. SOCIAL S	ECURITY NUMBER 123-45-6789
		SEC	TION II - DUT	Y STATUS CHANGE (AR 600-	B-6)			
7. The above soldier's duty statu	s is changed from							_ to
	111111111111111111111111111111111111111		6	ffective	hours,			
<u></u>		SEC	TION III - RE	QUEST FOR PERSONNEL ACTI	ON			
8. I request the following action:	(Check as appropriate)							
Service School (Enl only)		Spec	ial Forces Train	ing/Assignment		Identificati	on Card	
ROTC or Reserve Component	Duty	On-t	he-Job Training	(Enl only)		Identificati	on Tags	
Volunteering For Oversea Serv	rice	Rete	sting in Army Po	ersonnel Tests		Separate R	ations	
Ranger Training		Reas	signment Marri	ed Army Couples		Leave - Exc	ess/Advance/Out	side CONUS
Reassignment Extreme Family	Problems	Reci	assification			Change of	Name/SSN/DOB	
Exchange Reassignment (Eni	only)	Offic	er Candidate Sc	hool	×	Other (Spe	city/ REQU	JEST APT
Airborne Training		Asgr	nt of Pers with	Exceptional Family Members	^	`		
9. SIGNATURE OF SOLDIER /W YOUR SIGNATURE		correct	and true)		10.	DATE (YYY		1112V
	SECTIO	N IV - REMA	RKS (Applies	to Sections II, III, and V) (Continu	ue on separate	sheet)		
Request the following Army Personnel Test: DLAB Date of last test: Required for all tests. If you have never taken this test before, state it will be your initial test. If you have taken this test before, provide your previous score. AKO E-mail address: (Required to set up appointment) Unit S-1 must verify eligibility requirements. S-1 name, rank, and signature here **********************************								
Service members, to include commanders, may not verify (sign) their own DA4187 request for Army Personnel Testing.								
FALSIFYING ANY	INFORMATION	ON THI	S FORM	IS PUNISHABLE U	NDER U	<u>CMJ</u>		
TEST TIME for DLAB: 2d & 3d Friday @ 1315 by appointment notification made to service member's AKO e-mail address.								
COMMANDER MUST CHECK "IS APPROVED" BOX IN ORDER 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	Г	RECOMMEND DISAPPROVAL	[]	X IS APPR	OVED [IS DISAPPROVED
12. COMMANDER/AUTHORIZED	REPRESENTATIVE		13. SIGNA	TURE			14. DATE //	YYYMMDD)
COMMANDER'S PRINTED NAME & RANK COMMANDER'S SIGNATURE 200					20081112			



	For use of t	this form, see	PERSONNEL ACTION AR 600-8-6 and DA PAM 600-8-21; the proponen	nt agency is O	DCSPER	
		ΠΔ	TA REQUIRED BY THE PRIVACY ACT OF 1974	<u></u>		
AUTHORITY: Principal purpose:	Y: Title 5, Section 3012; Title 10, USC, E.O. 9397.					
ROUTINE USES:	UTINE USES: To initiate the processing of a personnel action being requested by the soldier.					
DISCLOSURE:	Voluntary. Failure to provide personnel action.	de social secu	rity number may result in a delay or error in proces	ssing of the r	equest for	
1. THRU (Include ZIP Code) BRIGADE LEVEL S-1 or HIGHER ADDRESS (must be included for personnel records to be updated) 2. TO (Include ZIP Code) Army Education Center ATTN: IMPC-HI-HR-ED Tripler AMC, HI 96859 3. FROM (Include ZIP Code) YOUR UNIT ADDRESS AND TELEPHONE NUMBER					T ADDRESS AND	
		J	SECTION I - PERSONAL IDENTIFICATION			
4. NAME (Last, First, MI) YOUR NAME			5. GRADE OR RANK/PMOS/AOC YOUR PAY GRADE OR RAN	K & PM	os	6. SOCIAL SECURITY NUMBER 123-45-6789
		SEC	TION II - DUTY STATUS CHANGE <i>(AR 600-8-6)</i>	"		
7. The above soldier's duty :	status is changed from		effective	_ hours,		to
		SEC	TION III - REQUEST FOR PERSONNEL ACTION	<u> </u>		
8. I request the following ac	tion: <i>(Check as appropriate)</i>				· · · · · · · · · · · · · · · · · · ·	
Service School <i>(Enl onl</i>	(N	Spec	ial Forces Training/Assignment		Identificati	on Card
ROTC or Reserve Compo	nent Duty	On-t	ne-Job Training <i>(Enl only)</i>		Identificati	on Tags
Volunteering For Oversea	Service		sting in Army Personnel Tests		Separate R	
Ranger Training		 	signment Married Army Couples		+	ess/Advance/Outside CONUS
Reassignment Extreme F			assification			Name/SSN/DOB cify/ REQUEST SPECIAL APT
Exchange Reassignment Airborne Training	(Eni only)		er Candidate School nt of Pers with Exceptional Family Members	-	Uther (Spe	REQUEST SPECIAL ATT
9. SIGNATURE OF SOLDIER	/When required/ RE (certifies all info is	1		10. 0	DATE (YYY)	/MMDD) 20081112V
TOOK SIGNATOR			RKS (Applies to Sections II, III, and V) (Continue o	on senerate s	heet!	ZOOOTTIZ V
Justification for req Date of last test: Re AKO E-mail address	ng Army Personnel Topuesting exam: (mission equired for all tests. Itses: (Required to set up must verify eligibility	est: OPI on specific f you have appoints requiren ********	- SPECIFY LANGUAGE c, receiving FLPP pay) we never taken this test before, sta	ate it will	be you	
Service members, t	o include commanders	s, may no	ot verify (sign) their own DA4187	7 request	for Arn	ny Personnel Testing.
FALSIFYING AN	Y INFORMATION	ON THIS	S FORM IS PUNISHABLE UN	DER UC	<u>'MJ</u>	
TEST TIME by app	pointment notification	made to	service member's AKO e-mail ad	ldress.		
COMMANDER M ACCEPTED.	UST CHECK "IS AP	PROVEI	O" BOX IN ORDER TO TEST. I	DIGITAL	. SIGNA	ATURES WILL NOT BE
		SECTIO	ON V - CERTIFICATION/APPROVAL/DISAPPROV	/AL		
11. I certify that the duty st	atus change (Section II) or that		or personnel action (Section III) contained herein			
HAS BEEN VERIFIED		APPROVAL	RECOMMEND DISAPPROVAL	×	IS APPR	
12. COMMANDER/AUTHOR	IZED REPRESENTATIVE		13. SIGNATURE			14. DATE <i>(YYYYMMDD)</i>
COMMANDER'S	PRINTED NAME &	RANK	COMMANDER'S SIGNATURI	E		20081112

Utape

FOREIGN LANGUAGE OPI REQUEST

	EXAMINEE INFO	ORMAT	ION	
NAME OF CANDIDATE (Last, First,	MI):	·		
SOCIAL SECURITY NUMBER (SSN)	:	V * * * *	·· ·· · · · · · · · · · · · · · · · ·	
BRANCH OF SERVICE:				
REQUESTED LANGUAGE:				
LAST DLPT DATE ON THIS LANGU	JAGE:	LISTENING SCORE		READING SCORE
LAST SPEAKING TEST DATE ON T	HIS LANGUAGE:			-
IS EXAMINEE A LINGUIST?	If Yes, Control/Primary I	Language		
LANGUAGE CODED BILLET?	If Yes, Control/Primary l	Language		
FIRST TIME TESTING REQUESTER	LANGUAGE (Yes or No):	•		
EXPIRATION DATE OF FLPP ENTI	TLEMENT:			
	TEST SITE INFO	RMATI	ON:	
NAME OF TCO:				
TEST SITE ID NUMBER:				
ADDRESS OF TEST SITE (Base and S	State):			
COMMERCIAL PHONE OF TCO:			DSN:	
EMAIL OF TCO:				
ADDITIONAL E-MAIL ADDRESS (C	ptional):			
COMMERCIAL PHONE NUMBER T	HAT THE OPI WILL BE C	CONDUCTE	ED ON:	
Note: The above phone number mus may not be in the examinee's living q	t be under the control and uarters, unit, or workplace	supervision 2. DO NO	n <i>of the installati</i> Γ USE cellphone	on testing personnel; and s as testing number.
Except for the US Army, all requ Personnel Testing Manager.	ests must be submitted	to DLI, tl	hrough and app	proved by the Service
All requests MUST be submit	ted 30 to 60 days prior	r to expir	ation of FLPP	entitlement
Test will be cancelled if no cor	firmation is received	at least 2	4 hours prior	to test date
JUSTIFICATION FOR REQUESTING TEST (One selection ONLY)				
FLPP		ОТНЕБ	R (Explain on Rema	rks Section)
REMARKS (Fully Explain)				

	Copy 1	circle the appropria Copy 2	ate copy designator Copy 3			Copy 4	
		PERSONNI	EL ACTION				
	For use o	FENSUMMI of this form, see AR 600-8-6 and DA PA		agency is Oi	OCSPER		
	7 01 036 0						
LUTUANITU	Title 5, Section 3012; T		PRIVACY ACT OF 1974				
AUTHORITY: PRINCIPAL PURPOSE:		me 10, 036, E.O. 9397. dance with DA PAM 600-8-21 when rec	westing a personnel action of	n his/her aw	n behalf		
PRINCIPAL PURPUSE:	(Section III).	Janice With DA I Am 600 0-21 Which for	taconing a parconina action of	.,			
ROUTINE USES:	To initiate the processin	g of a personnel action being requested	by the soldier.				
DISCLOSURE:	Voluntary. Failure to propersonnel action.	ovide social security number may result	in a delay or error in process	ing of the re	quest for		
1. THRU (Include ZIP Code)		2. TO (Include ZIP Code)			•	e ZIP Code)	
BRIGADE LEVEL S-1 or HIGHER		Army Education Cente				IT ADDRESS AND	
ADDRESS (must b		ATTN: IMPC-HI-HR-		IELE	PHOL	NE NUMBER	
personnel records to	be updated)	Tripler AMC, HI 9685	9				
		SECTION I · PERSON	IAL IDENTIFICATION				
4. NAME <i>(Last, First, MI)</i> YOUR NAME		5. GRADE OR RANK		. & PM	os	6. SOCIAL SECURITY NUMBER 123-45-6789	
TOOK WILL			US CHANGE (AR 600-8-6)				
		OLONOUM DOTTOTAL	<u> </u>				
		SECTION III - REQUEST F	OR PERSONNEL ACTION	hours, _			
8. I request the following ac	tion: (Check as appropriate)	OLOTIOIS III - IIILUOLOT I					
Service School (Enl onl)		Special Forces Training/Assign	ment		Identifica	ation Card	
ROTC or Reserve Compo	nent Duty	On-the-Job Training (Enl only,)		Identification Tags		
Volunteering For Oversea	Service	Retesting in Army Personnel To	ests		Separate		
Ranger Training		Reassignment Married Army C	ouples		 	xcess/Advance/Outside CONUS	
Reassignment Extreme F	amily Problems	Reclassification				of Name/SSN/DOB	
Exchange Reassignment	(Enl only)	Officer Candidate School		$\dashv \times$	Other (S)	Specify) REQUEST SPECIAL APT	
Airborne Training		Asgmt of Pers with Exceptiona	I Family Members				
9. SIGNATURE OF SOLDIER	(When required)	is correct and true)		10. [10. DATE <i>(YYYYMMDD)</i> 20081112V		
TOUR SIGNATUR		TION IV - REMARKS (Applies to Section	ns II. III. and V) (Continue or	n separate s	heet/		
Request the followi	ng Army Personnel						
•	5	If you have never taken t	his test before, stat	e it will	be yo	ur initial test.	
	ss: (Required to set						
			nd signature here			******	
********		HIS SECTION FOR YO				*******	
Service members,	to include command	ers, may not verify (sign)	their own DA4187	request	for Ar	rmy Personnel Testing.	
FALSIFYING AN	Y INFORMATIO	N ON THIS FORM IS P	UNISHABLE UND	DER UC	<u>'MJ</u>		
TEST TIME by ap	pointment notification	on made to service membe	r's AKO e-mail add	dress.			
COMMANDER M	UST CHECK "IS A	APPROVED" BOX IN OR	DER TO TEST. D	IGITAI	. SIGN	NATURES WILL NOT BE	

ACCEPTED.

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

1. | certify that the duty status change (Section III) or that the request for personnel action (Section III) contained herein -

11. I certify that the duty status change (Section III) or that the request	for personnel action <i>(Section III)</i> contained herein -	
HAS BEEN VERIFIED RECOMMEND APPROVAL	RECOMMEND DISAPPROVAL	IS APPROVED IS DISAPPROVED
12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE (YYYYMMDD)
COMMANDER'S PRINTED NAME & RANK	COMMANDER'S SIGNATURE	20081112