

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)

Your S-1 (PSB) BN BDE
Complete Mailing Address

2. TO (Include ZIP Code)

Fort Hamilton Garrison Community Army
Education Center
IMHA-HRE Testing
Brooklyn, NY 11252-5190

3. FROM (Include ZIP Code)

Your Unit
Complete Mailing 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)

<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 checked="" 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 type="checkbox"/>	Other (Specify)
<input type="checkbox"/>	Alborne Training	<input type="checkbox"/>	Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/>	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

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

- Request administration of the Armed Forces Classification Test (AFCT).
- Reason for exam : (Ex: Improve GT Score, qualification for OCS, ect.)
- Soldier's current line scores are as follows: (Not Applicable for cadets)
GT: GM: EL: CL: MM: SC: CO: FA: ST:
- Last exam conducted: (INITIAL ENTRY) and/or (FIRST RETEST) *** IF APPLICABLE***
- Email address of CDR, S-1, or personnel authorized to receive test results.
- POC for this action: Name, Phone Number,

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)