

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the current 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) CDR, Group/BN/BDE CDR, RRC/Division	2. TO (Include ZIP Code) Commander, HRC- Fort Knox ATTN: LDD-Military Schools 1600 Spearhead Division Ave Fort Knox, KY 40121	3. FROM (Include ZIP Code) Current Assignment
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOS	6. SOCIAL SECURITY NUMBER
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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) Course Name
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

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

1. Course Number:5F-F55 School Code:181 Loc:600 Massie Rd, Charlottesville,VA 22903-1781
 2. Course Title:JAOAC Class Number:016 Phase:2
 3. Course Length (days, weeks, or months):2 weeks
 4. Primary Class DT:2015-12-07 End DT:2015-12-18
 5. Alternate Class DT:N/A End DT: N/A
 6. Address:
 7. Day Phone: 8. Number of Dependents (PCS only):
 9. HT/WT(in compliance): Y/N 10. Date of last APFT__ PASS/FAIL/PROFILE
 11. Security Clearance(within 10 yrs): Y/N 12. Flags: Y/N
 13. I want to FLY/DRIVE 14. Mobilized/Deployed: Y/N (if yes) end date:
 15. SM has Gov Travel Card: Y/N
 16. I meet the prerequisites to attend this course: Y/N (initials)_____

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)
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