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# 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)* | 2. TO *(Include ZIP Code)* | 3. FROM *(Include ZIP Code)* |
|---|---|---|
| | CDR, PERSCOM<br>ATTN: TAPC-EPM-H<br>2461 EISENHOWER<br>ALEXANDRIA, VA 22331-0454 | COMMANDER (YOUR UNIT)<br>ATTN: UIC<br>UNIT ADDRESS |

**SECTION I - PERSONAL IDENTIFICATION**

| 4. NAME *(Last, First, MI)* | 5. GRADE OR RANK/PMOS/AOC | 6. SOCIAL SECURITY NUMBER |
|---|---|---|
| JOHN DOE | YOUR GRADE OR RANK | 123-45-6901 |

**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)*

| | | | | | |
|---|---|---|---|---|---|
| X | Service School *(Enl only)* | | Special Forces Training/Assignment | | Identification Card |
| | ROTC or Reserve Component Duty | | On-the-Job Training *(Enl only)* | | Identification Tags |
| | Volunteering For Oversea Service | | Retesting in Army Personnel Tests | | Separate Rations |
| | Ranger Training | | Reassignment Married Army Couples | | Leave - Excess/Advance/Outside CONUS |
| | Reassignment Extreme Family Problems | | Reclassification | | Change of Name/SSN/DOB |
| | Exchange Reassignment *(Enl only)* | | Officer Candidate School | | Other *(Specify)* |
| | Airborne Training | | Asgmt of Pers with Exceptional Family Members | | |

| 9. SIGNATURE OF SOLDIER *(When required)* | 10. DATE *(YYYYMMDD)* |
|---|---|
| REQUESTOR'S SIGNATURE | |

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

1. Soldier requests to attend the US Army Flight medic Course (300-F6).

2. Soldier understands that if he/she does not have sufficient time remaining in service to meet the obligation requirements, the soldier will be required to reenlist or extend his current contract of enlistment, IAW Chapter 3, AR 601-280 upon notification of acceptanc efor training.

3. Soldier has been counseled as to the attendance of a service school, IAW AR 614-200 and meets the standards IAW AR 600-9.

4. Soldier volunteers for hazardous duty as a flight crew member.

Encls.

1. Current Emergency Medical Technician Certification ( Basic / Intermedicate / Paramedic ).
2. Current Basic Life Support Certification
3. Current Class III FDME and DA Form 4186
4. DA Form 2A and 2-1
5. DA Form 705

**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)* |
|---|---|---|
| Commander's Name | Commander's Signature | |