

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) Retirement Services ATTN: IMNE-LNW-HRMP Bldg 470 Room 2218 H Fort Leonard Wood, MO 65473	3. FROM (Include ZIP Code)
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	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) IN LIEU OF PCS
<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. REQUEST RETIREMENT IN LIEU OF PCS IAW AR 635-200 CHAPTER 12 (EFFECTIVE RETIREMENT DATE 6 MONTHS FROM DATE OF NOTIFICATION) (MUST BE SUBMITTED/APPROVED WITHIN 30 DAYS OF NOTIFICATION)

2. THE FOLLOWING INFORMATION IS PROVIDED:

- a. BASD:
 b. BPED:
 c. ETS:
 d. DUTY PHONE: _____ CELL PHONE: _____ HOME PHONE: _____
 e. REQUEST _____ DAYS TERMINAL LEAVE AND _____ DAYS PERMISSIVE TDY
 f. CURRENT MAILING ADDRESS:
 g. SPOUSE'S NAME: (if applicable)
 h. RETIREMENT ADDRESS:

3. I HAVE/HAVE NOT ATTENDED OR BEEN SELECTED TO ATTEND THE SERGEANTS MAJOR ACADEMY IN PERSON OR BY CORRESPONDENCE.

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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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
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SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

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8. I request the following action: (Check as appropriate)

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<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	VOLUNTARY RETIREMENT

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

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

1. REQUEST VOLUNTARY RETIREMENT IAW AR 635-200 CHAPTER 12 (EFFECTIVE RETIREMENT DATE)
2. THE FOLLOWING INFORMATION IS PROVIDED:
 - a. BASD:
 - b. BPED:
 - c. ETS:
 - d. DUTY PHONE: _____ CELL PHONE: _____ HOME PHONE: _____
 - e. REQUEST _____ DAYS TERMINAL LEAVE AND _____ DAYS PERMISSIVE TDY
 - f. CURRENT MAILING ADDRESS:
 - g. SPOUSE'S NAME: (if applicable)
 - h. RETIREMENT ADDRESS:
3. I HAVE/HAVE NOT ATTENDED OR BEEN SELECTED TO ATTEND THE SERGEANTS MAJOR ACADEMY IN PERSON OR BY CORRESPONDENCE.
4. I AM/AM NOT RETIRING IN LIEU OF PCS

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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