

## PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended  
**PRINCIPAL PURPOSE:** To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.  
**ROUTINE USES:** The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.  
**DISCLOSURE:** Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) HRCCOE, EPMD ATTN: KNOX-HRC-EPF-S 1600 Spearhead Division Fort Know, KY 40121	3. FROM (Include ZIP Code) Commander Unit Info
----------------------------	--	--

### SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) DOE, JOHN	5. GRADE OR RANK/PMOS/AOC SSG/74D30	6. SOCIAL SECURITY NUMBER 123-45-7890
--	--	--

### 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) Academic Credit for Completion of CBRN ALC Phase 1
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
---	---------------------

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

1. I certify/verify that (SM NAME) has completed all requirements to be awarded Hazardous Materials Technician certification and is eligible for exemption from CBRN ALC Phase 1.  
 a. IFSAC Seal #:  
 b. Date of Certificate:  
 2. Request the Soldier receive academic credit for CBRN ALC Phase 1.  
 3. Unit assumes fiscal responsibility if Soldier is denied enrollment into CBRN ALC Phase II for lack of certification.  
 4. Source documents  
 a. HAZMAT Awareness and Operations Certificate  
 b. HAZMAT Technician Certificate

FOR Information to SM; REMOVE before submitting:  
 The Battalion Commander for CBRN Soldiers with current HAZMAT Technician certifications can request academic credit for CBRN ACL Phase 1. The request is submitted via DA Form 4187 from BN CDR directly to HRC NCOES, CMF 74 Manager – Ms. Connie Smith @ connie.smith4.civ@mail.mil. The BN CDR is responsible for ensuring the Soldier has the proper certifications prior to submission. That Maneuver Support Center of Excellence NCO Academy, CBRN Advanced Leader's Course website ([http://www.wood.army.mil/newweb/mncoa/cbrn\\_alc.html](http://www.wood.army.mil/newweb/mncoa/cbrn_alc.html)) provides detailed information on the acceptable certifications.

### 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 LTC OR ABOVE	13. SIGNATURE	14. DATE (YYYYMMDD)
---	---------------	---------------------