

# 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) Retirement Services ATTN: IMLD-HRM-P Bldg 470, Room 2110 B 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) Voluntary Retirement
<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 VOLUNTARY RETIREMENT LAW AR 635-200 CHAPTER 12 (EFFECTIVE RETIREMENT DATE)

2. THE FOLLOWING INFORMATION IS PROVIDED:

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

3. I DID/DID NOT TAKE THE CAREER STATUS BOUNDS (CSB)/

## 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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<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 VOLUNTARY RETIREMENT IN LIEU OF PCS IAW AR 635-200 CHAPTER 12 (EFFECTIVE RETIREMENT DATE 6 MONTHS FROM DATE OF NOTIFICATION)(MUST BE SUBMITTED WITHIN 30 DAYS OF NOTIFICATION)

2. THE FOLLOWING INFORMATION IS PROVIDED:

- a. BASD:
- b. PEBD:
- c. ETS:
- d. DUTY PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_
- e. REQUEST \_\_\_\_\_ DAYS TRANSITIONAL LEAVE AND \_\_\_\_\_ DAYS PERMISSIVE TDY
- f. CURRENT MAILING ADDRESS:
- g. SPOUSE NAME: (if applicable)
- h. RETIREMENT ADDRESS:

3. I DID/DID NOT TAKE THE CAREER STATUS BONUS (CSB).

## 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 - <input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED		
12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE (YYYYMMDD)