Circle the appropriate copy designator

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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, USA MEDDAC 1650 Cochrane Circle Fort Carson, CO 80913	Commander, PERSCOM ATTN: TAPC-EPM 200 Stovall Street Alexandria, VA 22331-0400	Medical Company, USA MEDDAC 1650 Cochrane Circle Fort Carson, CO 80913

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
[redacted].	SSG/68A3O	[redacted]

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)*

	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	X	Other *(Specify)* REASSIGNMENT
	Airborne Training		Asgmt of Pers with Exceptional Family Members		

9. SIGNATURE OF SOLDIER *(When required)*	10. DATE *(YYYYMMDD)*
	20110112

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

1. Requesting reassignment to Fort Sam Houston to be an Instructor at the 68A School.

2.Soldier meets the standards of AR 600-9.

3. Soldier is not under any suspension of favorable action.

4. I understand if this request is approved and I do not have sufficient remaining service to meet service obligations I will be required to reenlist or extend my current enlistment.

5. Soldeir has been at current duty station for 17 Months.

6. Soldier's BASD:09 APR 99

7. Soldier's ETS: 30 APR 22

8. Soldeir's DOR: 01 SEP 07

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)*
[redacted], CPT, MS, CDR		20110120