

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) CDR, Group/Battalion (O5 or designated representative) CDR, RSC/Division	2. TO (Include ZIP Code) Commander, HRC ATTN: AHRC-EPF-M 1600 Spearhead Division Avenue Fort Knox, KY 40122	3. FROM (Include ZIP Code) UNIT
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) DOE, JOHN A.	5. GRADE OR RANK/PMOS/AOC SFC/11B	6. SOCIAL SECURITY NUMBER 111-22-1111
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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)
<input type="checkbox"/>	Airborne Training	<input type="checkbox"/>	Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/>	QMP Separation

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. As a result of my selection for denial of continued service under Qualitative Management Program (QMP) my separation date is now MM/DD/YYYY.
 2. I request separation orders for MM/DD/YYYY.
 3. I am not eligible for non-regular voluntary retirement at age 60.
 4. I am aware that I am not eligible to join the TPU or IMA upon separation from the AGR Program.
 5. I do/do not (select one) request transition leave from ___(date)___ to ___(my separation date)____. A copy of my approved DA 31 is enclosed. I understand that once my separation orders are published, I will not be able to change my reporting date to the Transition Point without justification. I also understand that I am required to clear all unit/post facilities and out process at the Transition Point and Finance & Accounting Office prior to commencing transition leave. Soldiers initials:_____
 6. I desire to cash in _____ days of accrued leave upon separation.
 7. Current Home Address/Telephone:_____
 8. Current Unit Address/Telephone:_____
 9. Unit POC for this action: _____

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 BROWN, JOE A., CPT, COMMANDING	13. SIGNATURE	14. DATE (YYYYMMDD)
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