

**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 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) BLUE, JETWAY	5. GRADE OR RANK/PMOS/AOC SSG/74D	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	<b>VOLUNTARY RETIRE (TERA)</b>	

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 under TERA for at least \_\_\_ years active federal service (AS), per AR 635-200, chapter 12.  
 2. My desired date of retirement is: (MUST be first of the month and will be 9 to 12 months from Requested Date)  
 3. My Transition Point of choice is: (I understand I am only entitled to reimbursement for travel for closet transition point).  
 4. Number of days accrued leave:  
 5. Number of days Permissive TDY: (AR 600-8-1-10, Leaves and Passes)  
 6. Number of days Total Transitional Leave: (AR 600-8-1-10, Leaves and Passes)  
 7. Current Home Address/Telephone:  
 8. Current Duty Address/Telephone:  
 9. I understand that I must schedule a mandatory pre-retirement counseling at least 120 days out of my desired retirement date.  
 10. I read and understood AR 635-200, chapter 12. \_\_\_\_\_ (Your Initials)

DA Form 31 (Request and authority for Leave) and DA Form 2339 (Application for Voluntary Retirement) attached.

**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)

BROWN, JOE A., CPT, COMMANDING