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)* Joint Force Headquarters Attn:Discharges - EPM, G1 9800 Goethe Road Sacramento, CA 95826-9101	3. FROM *(Include ZIP Code)*

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER

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	✓	Other *(Specify)* Retirement
Airborne Training	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)*

* _____ IAW AR 135-180, request transfer to the Retired Reserves with an effective date of _____. I understand that I will not attend military training, to include IDT, AT, ADT, etc., after my selected effective date. As a member of the Retired Reserves I am not authorized to earn extra retirement points (perform duty with or without pay or complete Army correspondence courses).

* _____ I understand that the U.S. Army Human Resources Command in Ft. Knox, KY is responsible for all administrative actions to include commissary cards, address changes and corrections, and processing retirement pay upon transfer to the Retired Reserve.

* _____ I will immediately inform the U.S. Army Human Resources Command (1-502-613-8950) of any changes to my physical condition that may preclude my involuntary recall to active military service.

* _____ I have turned in all OCIE and/or uniforms I am not authorized to retain.

* _____ I have enclosed a copy of my Notice of Eligibility ("20-year letter") and a current NGB 23B, Retirement Point History Statement, indicating I have accrued the necessary creditable time in service towards retirement. (Notice of Eligibility will be produced upon discharge if not previously issued)

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)*