

**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) Commander As appropriate	2. TO (Include ZIP Code) Commandant 101st ABN DIV (ASLT) ATTN: 101st NCOA Ft. Campbell, KY 42223	3. FROM (Include ZIP Code) Commander As Appropriate
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**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI) Smith, John	5. GRADE OR RANK/PMOS/AOC SSG/11B3	6. SOCIAL SECURITY NUMBER 123-45-6789
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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 checked="" 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 type="checkbox"/>	Other (Specify)
<input type="checkbox"/>	Airborne Training	<input type="checkbox"/>	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)**

- (1) Request enrollment into Battle Staff Noncommissioned officer Course (BSNCOC), Class#/dates:  
 (2) Soldiers must have a Memorandum for Record from the first O-5 in the Soldier's chain of command stating that the Soldier is in an authorized ASI 2S position or on orders to an assignment requiring an ASI 2S qualification.  
 (3) Commanders O-5 and above may request training for Soldiers in grades E5 and above not slotted in ASI 2S coded positions on a space available basis as an exception to policy through the Chief Instructor, BSNCOC, USASMA, Ft Bliss, TX, 79918-8002 FOR the Commandant, USASMA, ATTN: ATSS-B, Ft Bliss, TX, 79918-8002.  
 (4) Soldiers must pass an APFT (standard or approved alternate) and have a valid DA Form 705 in their possession when reporting to BSNCOC.  
 (5) Soldiers must meet the height/weight/body fat composition standards IAW AR 600-9.  
 (6) Home/Cell #:  
 (7) School NCO Name and work #:  
 (8) Soldiers AKO address:

**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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Commander