PERSONNEL ACTION For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.									
		DA	ATA REQUIRED BY THE PRIVACY ACT OF 1974	4					
AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended									
PRINCIPAL PURPOSE:	To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.								
ROUTINE USES:	The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may								
apply to this system.									
DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.									
1. THRU (Include ZIP Code) 2. TO (Include ZIP Code)			TO (Include ZIP Code) 3.	3. FROM (Include ZIP Code)					
4. NAME (Last, First, M	10		5. GRADE OR RANK/PMOS/AOC			6. SOCIAL SECURITY NUMBER			
4. NAWL (Last, 1 1 st, W)	1)		5. GRADE OR RAINFINIOS/ACC	6. SOCIAL SECORITY NUMBER					
		SECT	IION II - DUTY STATUS CHANGE (AR 600-8-6))					
7. The above Soldier's du	uty status is changed f	rom				to			
			effective hours,						
	61	CTIC	ON III - REQUEST FOR PERSONNEL ACTION	_					
8. I request the following									
Service School (Enl o			Special Forces Training/Assignment		Identifica	ation Card			
ROTC or Reserve Con	•/		On-the-Job Training (Enl only)		Identification Tags				
Volunteering For Overs	Volunteering For Oversea Service		Retesting in Army Personnel Tests			e Rations			
Ranger Training			Reassignment Married Army Couples		Leave - Excess/Advance/Outside CONUS				
Reassignment Extreme	e Family Problems		Reclassification		Change of Name/SSN/DOB				
Exchange Reassignme	ent (Enl only)		Officer Candidate School		Other (Specify)				
Airborne Training			Asgmt of Pers with Exceptional Family Members						
9. SIGNATURE OF SOLDIER (When required)					10. DATE (YYYYMMDD)				
	SECTION IV - RE	MAR	RKS (Applies to Sections II, III, and V) (Continue of	on s	eparate	sheet)			
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									
12. COMMANDER/AUTH	HORIZED REPRESEN	ΤΑΤΙ	IVE 13. SIGNATURE			14. DATE (YYYYMMDD)			
	V 0044	01							

15. NAME OF INDIVIDUAL	16. SSN							
ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL								
a. TO	b. FROM							
AUTHORITY								
			PPROVAL					
d. NAME (Last, First, Middle)	e. RANK	f.	DATE (YYYYMMDD)					
g. TITLE/POSITION	h. SIGNATURE							
i. COMMENTS								
a. TO	b. FROM							
AUTHORITY								
c. ACTION: APPROVED DISAPPROVED RECC d. NAME (Last, First, Middle)	MMEND: APPR		PPROVAL DATE (YYYYMMDD)					
g. TITLE/POSITION	h. SIGNATURE							
i. COMMENTS								
	h FDOM							
a. TO	b. FROM							
AUTHORITY								
c. ACTION: APPROVED DISAPPROVED RECC	MMEND: APPRO	OVAL DISA	PPROVAL					
d. NAME (Last, First, Middle)	e. RANK	f.	DATE (YYYYMMDD)					
g. TITLE/POSITION	h. SIGNATURE							
i. COMMENTS								
a. TO	b. FROM							
AUTHORITY								
AUTHORITY								
c. ACTION: APPROVED DISAPPROVED RECC d. NAME (Last, First, Middle)	MMEND: APPRO		PPROVAL DATE (YYYYMMDD)					
u. Innivit (Last, First, Iviluale)		1.						
g. TITLE/POSITION	h. SIGNATURE							
i. COMMENTS								