

## 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 Army Forces Strategic Command 350 Vandenberg Street Peterson AFB, CO 80914-4903	2. TO (Include ZIP Code) AHRC (AHRC-PDZ-RC) EAD Branch 200 Stovall St. Alexandria, VA 22315	3. FROM (Include ZIP Code) Commander USARSTRAT HHC, USARSTRAT 350 Vandenberg Street Peterson AFB, CO 80914-4903
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## SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) [REDACTED]	5. GRADE OR RANK/PMOS/AOC E8/MSG	6. SOCIAL SECURITY NUMBER [REDACTED]
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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) Request For Retirement
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

20040525

## SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

- Request retirement on 2005/03/31
- PEBD: 1983/06/06 BASD: 1985/03/27
- Place entered active duty: Charlotte, North Carolina
- Home of Record and Zip Code: Morganton, North Carolina, 28655
- Date of rank: 2003/09/15
- Date of birth: 1963/09/12
- Date arrived current unit: 2004/01/07
- Authorized place of retirement: Pueblo West, CO 81007
- Requested place of retirement: Pueblo West, CO 81007
- Retirement address: [REDACTED]
- Soldier is requesting ( 20 ) days permissive TDY.
- Soldier is requesting ( 25 ) days transition leave.
- Duty phone: [REDACTED] Home phone: [REDACTED]
- Waivers: None
- On levy: No

## 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 CPT Brian T. Gordon, Commander	13. SIGNATURE [Signature]	14. DATE (YYYYMMDD) 20040525
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