

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 (<i>Include ZIP Code</i>)	2. TO (<i>Include ZIP Code</i>) Education Services ATTN: Army Personnel Testing 3041 Sidco Drive, RM 316 Nashville, TN 37204	3. FROM (<i>Include ZIP Code</i>) YOUR UNIT
-------------------------------------	--	--

SECTION I - PERSONAL IDENTIFICATION

4. NAME (<i>Last, First, MI</i>) SELF EXPLANATORY	5. GRADE OR RANK/PMOS/AOC SELF EXPLANATORY	6. SOCIAL SECURITY NUMBER 000-00-0000
--	---	--

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 ACTION8. I request the following action: (*Check as appropriate*)

<input type="checkbox"/>	Service School (<i>Enl only</i>)	<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 (<i>Enl only</i>)	<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 (<i>Enl only</i>)	<input type="checkbox"/>	Officer Candidate School	<input checked="" type="checkbox"/>	Other (<i>Specify</i>) NAME OF TEST
<input type="checkbox"/>	Airborne Training	<input type="checkbox"/>	Asgmt of Pers with Exceptional Family Members		

9. SIGNATURE OF SOLDIER (<i>When required</i>)	10. DATE (YYYYMMDD)
--	---------------------

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

NOTE: DA Form 4187 must be processed through the Education Services Testing Office NLT 2 working days prior to testing.

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL11. 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 SELF EXPLANATORY	13. SIGNATURE	14. DATE (YYYYMMDD)
---	---------------	---------------------