

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*)
BDE2. TO (*Include ZIP Code*)
STRENGTH MANAGEMENT
BLDG 2020D
FORT LEWIS, WA 984333. FROM (*Include ZIP Code*)
SCHOOL**SECTION I - PERSONAL IDENTIFICATION**4. NAME (*Last, First, MI*)
DOE, JOHN M5. GRADE OR RANK/PMOS/AOC
SSG/98B306. SOCIAL SECURITY NUMBER
010-00-0000**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*)

Service School (<i>Enl only</i>)	Special Forces Training/Assignment	Identification Card
ROTC or Reserve Component Duty	On-the-Job Training (<i>Enl only</i>)	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 (<i>Enl only</i>)	Officer Candidate School	Other (<i>Specify</i>) SDAP
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)

Request that the above soldier start receiving SDAP-4 per MILPER Message 03-261, date 23 Sep 04

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
PMS

13. SIGNATURE

14. DATE (YYYYMMDD)

REQUEST FOR ORDERS <small>For use of this form, see AR 310-10; the proponent agency is PERSCOM</small>		DATE OF REQUEST
TO: COMMANDER 1ST PERS GRP ATTN: STRENGTH MANAGEMENT FT LEWIS, WA 98433	FROM: SCHOOL	
TITLE OF FORMAT Special Duty Assignment Pay		
STANDARD NAME LINE DOE, JOHN M., SSG, 010-00-0000, 98B30, Univsesity of Home (W1NV00), Somewhere, PA 00000-0000		
LEAD LINE	VARIABLE INFORMATION	
ACTION: AUTHORITY: EFFECTIVE DATE: TERMINATION DATE: PRIMARY MOS: ADDITIONAL INSTRUCTIONS: FORMAT:	START PROFICIENCY PAY MILPER MESSAGE 03-261, dtd 23 Sep 04 Date soldier arrived at the school Indefinite soldier's MOS SDAP-4/\$300.00 330	
REQUESTER'S NAME AND TELEPHONE EXCHANGE/AUTOVON, PLUS EXTENSION (Type or Print) PMS/APMS	SIGNATURE	