

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)
BRIGADE2. TO (Include ZIP Code)
1ST PERSONNEL GROUP
RETIREMENT SECTION
FORT LEWIS, WA 984333. FROM (Include ZIP Code)
YOUR UNIT**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI)

5. GRADE OR RANK/PMOS/AOC

6. SOCIAL SECURITY NUMBER

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 (<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>) Request for Voluntary 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)

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

- IAW AR 635-200, para 12-4, request for Enlisted Voluntary Retirement from active duty effective _____ and place on the Retirement List as of _____. (must retire at the end of the month, place of list 1st day of the following month)
- Mailing Address upon Retirement:
- Current ETS date: _____ BASD: _____ BEPD: _____
- Duty Phone: _____ Fax: _____
- Request waiver: (If you need a waiver you would put it here; ie Time on Statoin (12 months); Time in Grade (24 months))
- I have/have not been notified of PCS assignment. (If yes put report month and place of assignment here)
- Request to outprocess _____. (put where you want to outprocess from authorized transition points)
- 1SG Time: (include to-from dates)
- Spouse name: (MSG(P)/SGM/CSM)

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

13. SIGNATURE

14. DATE (YYYYMMDD)

PMS/BDE CDR

REQUEST AND AUTHORITY FOR LEAVE
 This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10.
 The proponent agency is ODCSPER. (See instructions on reverse.)

1. CONTROL NUMBER

PART I

2. NAME (Last, First, Middle Initial) 3. SSN 4. RANK 5. DATE

6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 7. TYPE OF LEAVE
 ORDINARY EMERGENCY
 PERMISSIVE TDY OTHER
 Transitional Leave 8. ORGN, STATION, AND PHONE NO.

9. NUMBER DAYS LEAVE 10. DATES
 a. ACCRUED 60 b. REQUESTED 60 c. ADVANCED d. EXCESS a. FROM b. TO

11. SIGNATURE OF REQUESTOR 12. SUPERVISOR RECOMMENDATION/SIGNATURE
 APPROVAL DISAPPROVAL 13. SIGNATURE AND TITLE OF APPROVING AUTHORITY

14. DEPARTURE
 a. DATE b. TIME c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY

15. EXTENSION
 a. NUMBER DAYS b. DATE APPROVED c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY

16. RETURN
 a. DATE b. TIME c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY

17. REMARKS
 Must end on last day of the month. (this one goes with series of PTDYs)

 Chargeable leave is from _____ to _____

PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL

18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.

19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:

 For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC):
 Should you require other assistance call PAP:

20. DEPARTED UNIT 21. ARRIVED APOD 22. ARRIVED APOE (return only) 23. ARRIVED HOME UNIT

PART III - DEPENDENT TRAVEL AUTHORIZATION

24. (Space available or required cash reimbursable) ONE WAY ROUND TRIP
 (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25

DEPENDENT INFORMATION

a. DEPENDENTS (Last name, First, MI)	b. RELATIONSHIP	c. DATES OF BIRTH (Children)	d. PASSPORT NUMBER

PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION

26. DESIGNATION AND LOCATION OF HEADQUARTERS 27. ACCOUNTING CITATION

28. DATE ISSUED 29. TRAVEL ORDER NUMBER 30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION

REQUEST AND AUTHORITY FOR LEAVE				1. CONTROL NUMBER	
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PART I					
2. NAME (Last, First, Middle Initial)		3. SSN		4. RANK	5. DATE
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input checked="" type="checkbox"/> OTHER TL/PTDY		8. ORGN, STATION, AND PHONE NO.	
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED	b. REQUESTED	c. ADVANCED	d. EXCESS	a. FROM 1st day of PTDY	b. TO Last day of TL
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. EXTENSION					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS Permissive TDY (PTDY) from _____ to _____, Transition Leave (TL) from _____ to _____. PTDY and TL dates will be inclusive if PTDY is taken in conjunction with TL. If PTDY is taken in blocks, a leave form is required for each block. Chargeable leave is from _____ to _____					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
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19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION: For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT	
PART III - DEPENDENT TRAVEL AUTHORIZATION					
24. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP					
25. <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
DEPENDENT INFORMATION					
a. DEPENDENTS (Last name, First, MI)		b. RELATIONSHIP	c. DATES OF BIRTH (Children)	d. PASSPORT NUMBER	
_____		_____	_____	_____	
_____		_____	_____	_____	
_____		_____	_____	_____	
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9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED 60	b. REQUESTED 80	c. ADVANCED	d. EXCESS	a. FROM 030713	b. TO 030930
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
14. DEPARTURE					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY			
15. EXTENSION					
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY			
16. RETURN					
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY			
17. REMARKS PTDY: 13 JUL 03 - 01 AUG 03 Tran Leave: 02 AUG 03 - 30 SEP 03 PTDY and Transitional Leave combine. Chargeable leave is from _____ to _____					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
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PART III - DEPENDENT TRAVEL AUTHORIZATION					
25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
DEPENDENT INFORMATION					
a. DEPENDENTS (Last name, First, MI)		b. RELATIONSHIP	c. DATES OF BIRTH (Children)	d. PASSPORT NUMBER	
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