

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.
DISCLOSURES: 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) Cdr, Group/Battalion Cdr, RSC/Division	2. TO (Include ZIP Code) Commander, HRC-STL ATTN: AHRC-ARE 1 Reserve Way St Louis, MO 63132-5200	3. FROM (Include ZIP Code) Current Assignment
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) DOE, MARIE J.	5. GRADE OR RANK/PMOS/AOC SSG/42A3P	6. SOCIAL SECURITY NUMBER 111-11-1111
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SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ effective _____ hours. _____ to _____ 19 _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following actions: (Check as appropriate)

Service School (Enl only)	Special Forces Training/Assignment	Identification Card
ROTC or Reserve Component Duty	On-The-Job Training (Enl only)	Identification Tags
Volunteering for Overseas 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 (Enl only)	Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify)
Airborne Training	Asgmt of Pers with Exceptional Family Members	RETIREMENT LIEU PCS

9. SIGNATURE OF SOLDIER (When required) SOLDIERS SIGNATURE	10. DATE (YYYYMMDD) CURRENT DATE
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SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

1. Request voluntary retirement for at least 20 years active service (AS) LIEU PCS, per AR 635-200, chapter 12. Order# _____ Dated: _____.

2. My desired date of retirement is: _____ (MUST be first day of month and will be 6 months from A)

3. Transition Point of choice is: _____ (I understand I am only entitled to reimbursement for travel for closest transition point)

4. Number of days accrued leave: _____ (as of last day of separation month)

5. Number of days Permissive TDY: _____ (AR 600-8-10, Leaves and Passes)

6. Number of days Total Transitional Leave: _____ (AR 600-8-10, Leaves and Passes)

7. Current Home address/telephone: _____

8. Current Duty address/telephone: _____

9. I understand that I must schedule a mandatory pre-retirement counseling at least 120 days out of my desired retirement date.

10. I read and understood AR 635-200, chapter 12. _____ (Your Initials)

DA Form 31 (Request and authority for Leave) and DA Form 2339 (Application for Voluntary Retirement) is attached. (if forwarding request directly to ARADMD you must provide a copy through your chain of command)

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 LOCAL COMMANDERS SIGNATURE BLOCK ONLY	13. SIGNATURE LOCAL COMMANDERS SIGNATURE ONLY	14. DATE (YYYYMMDD) CURRENT DATE
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