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, Human Resource Cmd** **ATTN: AHRC-ARE** **1 Reserve Way** **St Louis, MO 63132-5200**	3. FROM *(Include ZIP Code)* **Current Assignment**

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)* **DOE, MARIE J.**	5. GRADE OR RANK/PMOS/AOC **SSG/75H3P**	6. SOCIAL SECURITY NUMBER **111-11-1111**

SECTION II - DUTY STATUS CHANGE *(AR 600-8-6)*

7. The above soldier's duty status is changed from

_____   _____   _____

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	**X** Other *(Specify)*
Airborne Training	Asgmt of Pers with Exceptional Family Members	**REFRAD NON-REGULAR**

9. SIGNATURE OF SOLDIER *(When required)* **SOLDIERS SIGNATURE**	10. DATE CURRENT DATE

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

1. **Request REFRAD for Non Regular voluntary retirement at age 60.**
2. **Request RERAD effective (Must be at least one day prior to the last day of the previous month you start drawing retirement. Example. If your Retirement date is 1 Nov 02, then your requested REFRAD should be on or about 30 Oct 02)**
3. **Request transfer to IRR Conrtol Group for one day.**
4. **Request to be placed on Retired List.**
5. **Desired date of retirement: _____**
6. **Transition Point: (Closest to place of duty)**
7. **I will have _____ days of accrued leave. (AR 600-8-10 Leaves and Passes). I am not authorized permissive TDY.**
8. **I'm requesting a transition report date of: _____**
9. **Current Home Address/Telephone: _____**
10. **I under stand that I must schedule a mandatory pre-retirement counseling, saviour benefit briefing and a medical physical at least 120 days out of my desired retirement date.**
11. **DA Form 31 (Request and authority for Leave) is attached.**
12. **DD forms 108 and 2656 have been submitted to ARPC-PSP-T (Retired Pay) for processing.**

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 CURRENT DATE