

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) COMPANY/BATTALION	2. TO (Include ZIP Code) APPROVAL AUTHORITY	3. FROM (Include ZIP Code) SOLDIER
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) LAST, FIRST M.	5. GRADE OR RANK/PMOS/AOC E-5/SGT/42A	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 _____ to _____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

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

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

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

Request early separation to further my education IAW paragraph 5-16, AR 635-200. My current Expiration Term of Service (ETS) date is 20061215. Request early separation effective 20060915. The University of Maryland University College (UMUC) Fall Semester begins 20060905. I am pursuing a Bachelors of Science in Investigative Forensics with a minor in Forensics.

JUSTIFICATION: In order to obtain a degree in this field I must begin the semester this fall because classes are only offered during selected times of year beginning each Fall only. If I am unable to begin the semester, I will have to wait an additional year to effective transition from military to civilian life. This will cause personal hardship upon me. I have attached a statement from my academic advisor and the director of admissions. Both have allowed an exception for me to register for classes up to the day before it begins. I have the GI Bill and am able to pay tuition and fees.

I am not mission essential to my assigned organization.

- 5 Encls
 1. Initial Contract
 2. UMUC AA Letter
 3. UMUC Director, Admin Letter
 4. LES
 5. ERB

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 FIRST M. LAST, CPT, AG, COMMANDER	13. SIGNATURE	14. DATE (YYYYMMDD)
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