

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

4. NAME (<i>Last, First, MI</i>) 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 (<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>)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (<i>When required</i>)	10. DATE (<i>YYYYMMDD</i>)
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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 (<i>YYYYMMDD</i>)
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