

PERSONNEL ACTION FORM ADDENDUM

For use of this form see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

| | |
|-----------------------|--------|
| 1. NAME OF INDIVIDUAL | 2. SSN |
|-----------------------|--------|

3. RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL

| | | | |
|----|------------------|-------------------|----------|
| a. | (1) ORGANIZATION | (2) OFFICE SYMBOL | (3) DATE |
|----|------------------|-------------------|----------|

(4) ACTION
 APPROVED DISAPPROVED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL RETURNED

(5) COMMENTS

| | |
|----------|-------------------------|
| (6) NAME | (7) TITLE/POSITION/RANK |
|----------|-------------------------|

| | |
|---------------|---------------------------------------|
| (8) SIGNATURE | (9) HEADQUARTERS POC TELEPHONE NUMBER |
|---------------|---------------------------------------|

| | |
|-------------------|---|
| (10) FORWARDED TO | (11) ENCLOSURES <input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE |
|-------------------|---|

| | | | |
|----|------------------|-------------------|----------|
| b. | (1) ORGANIZATION | (2) OFFICE SYMBOL | (3) DATE |
|----|------------------|-------------------|----------|

(4) ACTION
 APPROVED DISAPPROVED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL RETURNED

(5) COMMENTS

| | |
|----------|-------------------------|
| (6) NAME | (7) TITLE/POSITION/RANK |
|----------|-------------------------|

| | |
|---------------|---------------------------------------|
| (8) SIGNATURE | (9) HEADQUARTERS POC TELEPHONE NUMBER |
|---------------|---------------------------------------|

| | |
|-------------------|---|
| (10) FORWARDED TO | (11) ENCLOSURES <input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE |
|-------------------|---|

| | | | |
|----|------------------|-------------------|----------|
| c. | (1) ORGANIZATION | (2) OFFICE SYMBOL | (3) DATE |
|----|------------------|-------------------|----------|

(4) ACTION
 APPROVED DISAPPROVED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL RETURNED

(5) COMMENTS

| | |
|----------|-------------------------|
| (6) NAME | (7) TITLE/POSITION/RANK |
|----------|-------------------------|

| | |
|---------------|---------------------------------------|
| (8) SIGNATURE | (9) HEADQUARTERS POC TELEPHONE NUMBER |
|---------------|---------------------------------------|

| | |
|-------------------|---|
| (10) FORWARDED TO | (11) ENCLOSURES <input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE |
|-------------------|---|

4. **DISTRIBUTION** *(List all organizations to receive copy)*