

**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) Commander, (Your Bn/Sqdn) Ft Knox, KY 40121 Commander, (Your Bde/Regt) Ft Knox, KY 40121	2. TO (Include ZIP Code) Commander, USA Garrison & Ft Knox ATTN: IMKN-HRM-R (Retirement Services) Ft Knox, KY 40121-4215	3. FROM (Include ZIP Code) Commander, (Your unit address) Ft Knox, KY 40121 With duty location if applicable
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**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI) DOE, JOHN D.	5. GRADE OR RANK/PMOS/AOC SFC/19K4H	6. SOCIAL SECURITY NUMBER 123-45-6789
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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	<input type="checkbox"/> Request for Voluntary Retirement

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

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

1. IAW AR 635-200, Chapter 12, I request voluntary retirement effective \_\_\_\_\_. (dd/mm/yyyy)  
 2. I understand that I must submit this request in a timely manner (NET 12 months and NLT 9 months prior to retirement date).  
 3. Authorized Transition Point: \_\_\_\_\_  
 Requested Transition Point (at no expense to the Government): \_\_\_\_\_  
 4. I (have/have not) met all service remaining obligations and (do/do not) require a waiver. (Attach justification for waiver if applicable).  
 5. I (am/am not) currently on the DA Promotion Selection List. Sequence # \_\_\_\_\_  
 6. I (am/am not) currently flagged per AR 600-8-2.  
 7. I (have/have not) been alerted for assignment instructions. Cycle # and date \_\_\_\_\_  
 8. I (did/did not) elect to take the Career Status Bonus (CSB/Redux).  
 9. I tentatively request transitional leave starts \_\_\_\_\_ ends \_\_\_\_\_. PTDY starts \_\_\_\_\_ ends \_\_\_\_\_.  
 10. I am aware that my spouse and I must be counseled on the Survivor Benefit Plan (SBP) NLT 60 days prior to date of retirement.  
 11. Copy of retirement ceremony information sheet is enclosed. (Applicable to Soldiers who want to participate. There is no ceremony in December).  
 12. AKO e-mail address: \_\_\_\_\_  
 13. Duty #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 14. Spouse's Name: \_\_\_\_\_  
 15. Current mailing address: \_\_\_\_\_  
 16. Mailing address after retirement: \_\_\_\_\_

**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

13. SIGNATURE

14. DATE (YYYYMMDD)