

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 25th Trans Schofield Barracks, HI 96857-5000	2. TO (Include ZIP Code) Directorate of Human Resources Reassignment Section Schofield Barracks, HI 96857-5000	3. FROM (Include ZIP Code) Commander 45th STB Schofield Barracks, HI 96857-5000
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) Doe, Jane A.	5. GRADE OR RANK/PMOS/AOC E-7/92Y	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"/> COT/IPCOT request

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 55-46 Para 5-3, AR 614-30 Para 4-1 and JFTR U7200, I request COT/IPCOT benefits.

2. The following information provided:

- Current address (home): 123 Ohata Court, Wahiawa, Hawaii 96786
- Leave address (leave destination): 456 Lane Drive, Fort Lee, Virginia 23801
- Home of Record (where you enlisted): Fort Lee, Virginia 23801
- WCLZAA
- Dependents information:

NAME	DATE OF BIRTH	RELATIONSHIP	CITIZENSHIP
John B. Doe	Not Applicable	Spouse	United States
Jaime C. Doe	7 January 2006	Daughter	United States

Enls

- Soldier's PCS orders bringing the Soldier and dependents to Hawaii **(verify COT entitlement and dependents information)**
- DD Form 4-1 (first page only) Soldiers Enlistment contract for proof of HOR
- Approved DA 31 (leave form) when the Soldier is taking leave
- IPCOT Memorandum (memorandum approved by your appropriate G-1 approving authority)
- ** DA 31 (leave form PCSing the Soldier from losing OCONUS command to Hawaii)
- ERB
- **Final DD Form 1351-2 Travel Voucher (to verify your traveling from OCONUS to OCONUS Hawaii)

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 SNUFFY, JOE C., LTC, AG, Commanding	13. SIGNATURE	14. DATE (YYYYMMDD)
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