Attachments Menu

PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended

PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.

ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.

DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU *(Include ZIP Code)*	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*
COMMANDER (Battalion Level) (Brigade Level)	Garrison Director of Human Resources U.S. Army Garrison, Hawaii (IMHW-HRM) Schofield Barracks, HI 96857	COMMANDER (Company Level)

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
DOE, JOHN/JANE A.	E-8/MSG/92Y50	000-00-0000

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)*

☐	Service School *(Enl only)*	☐	Special Forces Training/Assignment	☐	Identification Card
☐	ROTC or Reserve Component Duty	☐	On-the-Job Training *(Enl only)*	☐	Identification Tags
☐	Volunteering For Oversea Service	☐	Retesting in Army Personnel Tests	☐	Separate Rations
☐	Ranger Training	☐	Reassignment Married Army Couples	☐	Leave - Excess/Advance/Outside CONUS
☐	Reassignment Extreme Family Problems	☐	Reclassification	☐	Change of Name/SSN/DOB
☐	Exchange Reassignment *(Enl only)*	☐	Officer Candidate School	☒	Other *(Specify)* Voluntary Retirement
☐	Airborne Training	☐	Asgmt of Pers with Exceptional Family Members		

9. SIGNATURE OF SOLDIER *(When required)*	10. DATE *(YYYYMMDD)*

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

1. I request voluntary retirement effective _____. (i.e., 01 January 2015, must be the 1st day of the month)

2. Location of choice transfer activity: _____. (i.e., USA Transition Center, Scho Bks, HI 96857)

3. As of this date of application, I have ____ days accrued leave. I plan to take ____ days transition leave. I also plan to take ____ days Permissive TDY.

4. I understand that if I desire a retirement ceremony I must contact the 25th ID or 8th TSC for scheduling.

5. I (am / am not) requesting a waiver of my active duty service obligation. (i.e., Waivers for time on station, time in grade, FSTE, IPCOT, eArmyU). I have/have not transferred my Post 9/11 GI Bill. (You must have completed your ADSO for transfer of GI Bill benefits or revoke the transfer if benefits have not yet been used.)

6. My work phone is: _____, my home phone is: _____.
Current mailing address:_____. Spouse name: _____.
Enclosures: ERB, DD Form 4/1,2,3 (Initial Enlistment Contract); DD Form 214 (if prior service); Waiver Justification (if required); copies of approved command sponsorship and early return of dependent orders (if any); Retirement Information Sheet; Retirement Certificate/US Flag Worksheet; PCS orders to 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	13. SIGNATURE	14. DATE *(YYYYMMDD)*

15. NAME OF INDIVIDUAL	16. SSN

ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL

AUTHORITY	a. TO	b. FROM
c. ACTION: ☐ APPROVED ☐ DISAPPROVED	RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL	
d. NAME *(Last, First, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*
g. TITLE/POSITION	h. SIGNATURE	
i. COMMENTS		

AUTHORITY	a. TO	b. FROM
c. ACTION: ☐ APPROVED ☐ DISAPPROVED	RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL	
d. NAME *(Last, First, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*
g. TITLE/POSITION	h. SIGNATURE	
i. COMMENTS		

AUTHORITY	a. TO	b. FROM
c. ACTION: ☐ APPROVED ☐ DISAPPROVED	RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL	
d. NAME *(Last, First, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*
g. TITLE/POSITION	h. SIGNATURE	
i. COMMENTS		

AUTHORITY	a. TO	b. FROM
c. ACTION: ☐ APPROVED ☐ DISAPPROVED	RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL	
d. NAME *(Last, First, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*
g. TITLE/POSITION	h. SIGNATURE	
i. COMMENTS		