

PERSONNEL ACTION

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

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 7013, Secretary of the Army; DA PAM 600-8, Military Human Resources Management Administrative Procedures.

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

NOTE: For additional information see the System of Records Notice A0600-8-104 AHRC.

<https://dpcl.dod.mil/Portals/49/Documents/Privacy/SORNs/Army/A006-8-104-AHRC.pdf>

ROUTINE USE(S): There are no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

DISCLOSURE: Voluntary, however, failure to impart pertinent information may result in a delay or error in processing the request for personnel action.

SECTION I - PERSONAL IDENTIFICATION

1. THRU (Include ZIP Code) Army Recovery Care Program (ARCP) MCWT-MCB 2530 Crystal Drive Arlington, VA 22202	2. TO (Include ZIP Code) Soldier Recovery Unit 371 Brannon Road Bldg 663 Schofield Barracks, HI 96857	3. FROM (Include ZIP Code)
4. NAME (Last, First, MI)	5. GRADE OR RANK / PMOS / AOC	6. DOD ID NUMBER

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above Soldier's duty status is changed from _____ to _____
10 U.S.C. Section 12301(h) 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): SRU Admission
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> 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)

REQUEST TYPE: ARNG on Continuous Orders >30 days OR ARNG NOT on Continuous Orders >30 days

DISPOSITION RECOMMENDATION: SRU Admission

COMPO: ARNG / Compo 2

AGR: No

CURRENT UNIT UIC:

PACKET POC:

UNIT PHONE:

UNIT EMAIL:

HOR ADDRESS:

CITY:

STATE:

ZIP:

TEL/HOME PHONE:

MILITARY EMAIL:

CIVILIAN EMAIL:

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)

ADDENDUM - RECOMMENDATIONS FOR APPROVAL / DISAPPROVAL

15. NAME (Last, First, MI)		16. DOD ID NUMBER	
AUTHORITY	a. TO REGIONAL HEALTH COMMAND - RECOVERY CARE OFFICE (RHC-RCO)		b. FROM
	c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL
d. NAME (Last, First, MI)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE / POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO SRU		b. FROM RHC-RCO
	c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL
d. NAME (Last, First, MI)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE / POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO		b. FROM
	c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL
d. NAME (Last, First, MI)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE / POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO INSTALLAION TOL		b. FROM
	c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL
d. NAME (Last, First, MI)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE / POSITION Final Approval Authority		h. SIGNATURE	
i. COMMENTS Note: Please use "attachments" to enclose TOL Denial Memo (if applicable)			