

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) HSS, HIARNG (NGHI-PER-SPT) 91-1227 Enterprise Ave. BLDG 1784 Kapolei, HI 96707	2. TO (Include ZIP Code) Soldier Recovery Unit-Hawaii 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
<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: UNIT ON INSTALLATION - COMPO 1 RA or COMPO 2 (NG) / 3 (RC) AGR ONLY

DISPOSITION RECOMMENDATION: SRU ADMISSION

COMPO: CURRENT UNIT: UIC:

PACKET POC: UNIT PHONE: UNIT EMAIL:

SOLDIER'S HOME OF RECORD ADDRESS (HOR):

CURRENT ADDRESS:

HOME/CELL PHONE: ALTERNATE PHONE:

SOLDIER'S MIL EMAIL: SOLDIER'S CIVILIAN EMAIL:

DEROS: ETS/MRD: PEBD: SEX:

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		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		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		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		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			