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

SECTION I - PERSONAL IDENTIFICATION

1. THRU *(Include ZIP Code)*	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*
HSS, HIARNG (NGHI-PER-SPT) 91-1227 Enterprise Ave. BLDG 1784 Kapolei, HI 96707	Soldier Recovery Unit-Hawaii 371 Brannon Road, BLDG 663 Schofield Barracks, HI 96857	

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)*

☐ 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)*: SRU
☐ 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)*

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: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ 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: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ 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: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ 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: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, MI)*	e. RANK	f. DATE *(YYYYMMDD)*

g. TITLE / POSITION	h. SIGNATURE

i. COMMENTS