

**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://dpclid.defense.gov/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)
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**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)
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**ADDENDUM - RECOMMENDATIONS FOR APPROVAL / DISAPPROVAL**

15. NAME (Last, First, MI)					16. DOD ID NUMBER				
<b>AUTHORITY</b>		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									
<b>AUTHORITY</b>		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									
<b>AUTHORITY</b>		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									
<b>AUTHORITY</b>		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									
<b>AUTHORITY</b>		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									