

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) Health Services Specialist, HIARNG (NGHI-PER-SPT) 91-1227 Enterprise Avenue Kapolei, HI 96707-2150	2. TO (Include ZIP Code) NGB, ATTN: ARNG-HRP-P (Medical Actions Team) 111 South George Mason Drive Arlington, VA 22204-1382	3. FROM (Include ZIP Code) COMMANDER Current UIC:
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 DRILL STATUS (M-DAY) to

RCMC-M or RCMC-T 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): Volunteer for RCMC-M or RCMC-T
<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)

Current Unit: UIC: POC:

Unit Phone: Unit email:

HOR: City: State: Zip:

Home Phone: Alternate Phone:

Soldier's AKO Email:

Sex: ETS (enlisted): MRD (Officer/ WO): PEBD:

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			