

**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) 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)
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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									