

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) Directorate of Human Resources ATTN: Retirement Services Officer 5450 Strom Thurmond Blvd Fort Jackson, SC 29207	2. TO (Include ZIP Code) COMMANDER, USAHRC ATTN: AHRC-EPR-F 1600 Spearhead Division Avenue Fort Knox, KY 40122	3. FROM (Include ZIP Code) COMMANDER, 193rd IN Bde ATTN: S-1 5385 Jackson Blvd Fort Jackson, SC 29207
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) Smith, Joe	5. GRADE OR RANK/PMOS/AOC SFC/E-7/79R4P	6. SOCIAL SECURITY NUMBER 123-45-6789
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SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
 _____ 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)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/> Voluntary Retirement

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

1. IAW AR 635-200, Chapter 12, request voluntary retirement effective: 1 January 2014, at which time I will have 22 years of Active Federal Service (AFS)
 2. I understand that I must submit this request in lieu of PCS (NLT 30 days after notification of assignment) for a retirement day of NLT 6 months after my date of notification. My date of notification was: N/A
 3. I have met all service remaining obligations and do not require a waiver
 4. I am not currently flagged IAW AR 600-8-2
 5. I understand that I must attend a mandatory retirement ceremony
 6. I am aware that I must be counseled on the Survivor Benefit Plan (SBP) 60 days prior to the date of retirement
 7. Authorized Place of Retirement: Fort Jackson, SC
 8. Requested Place of Retirement: Fort Jackson, SC
 9. Current mailing address:
 10. Mailing address after retirement:
 11. Email address: joesmith@yahoo.com
 12. Duty phone: 813-751-8816 / Cell phone: 813-787-1308
 13. Career Status Bonus: I elected to participate/ I elected not to participate/ I am not eligible

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)

JOHN R. DOE, CPT, IN, CDR

PERSONNEL ACTION FORM ADDENDUM

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1. NAME OF INDIVIDUAL Smith, Joe	2. SSN 123-45-6789
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3. RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL

a. (1) ORGANIZATION 193rd IN Bde	(2) OFFICE SYMBOL XX-Y-Z	(3) DATE
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(4) ACTION

APPROVED
 DISAPPROVED
 RECOMMEND APPROVAL
 RECOMMEND DISAPPROVAL
 RETURNED

(5) COMMENTS

(6) NAME BOB E. JONES	(7) TITLE/POSITION/RANK Commander, COL
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(8) SIGNATURE	(9) HEADQUARTERS POC TELEPHONE NUMBER SFC Williams, Hank 751-0000
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(10) FORWARDED TO	(11) ENCLOSURES <input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE
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b. (1) ORGANIZATION	(2) OFFICE SYMBOL	(3) DATE
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(4) ACTION

APPROVED
 DISAPPROVED
 RECOMMEND APPROVAL
 RECOMMEND DISAPPROVAL
 RETURNED

(5) COMMENTS

(6) NAME	(7) TITLE/POSITION/RANK
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(8) SIGNATURE	(9) HEADQUARTERS POC TELEPHONE NUMBER
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(10) FORWARDED TO	(11) ENCLOSURES <input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE
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c. (1) ORGANIZATION	(2) OFFICE SYMBOL	(3) DATE
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(4) ACTION

APPROVED
 DISAPPROVED
 RECOMMEND APPROVAL
 RECOMMEND DISAPPROVAL
 RETURNED

(5) COMMENTS

(6) NAME	(7) TITLE/POSITION/RANK
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(8) SIGNATURE	(9) HEADQUARTERS POC TELEPHONE NUMBER
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(10) FORWARDED TO	(11) ENCLOSURES <input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE
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4. DISTRIBUTION *(List all organizations to receive copy)*



DEPARTMENT OF THE ARMY
1ST BATTALION, 4TH INFANTRY REGIMENT
172ND INFANTRY BRIGADE COMBAT TEAM
APO AE 09114

AEAGA-AGP

29 June 2009

MEMORANDUM FOR RECORD

SUBJECT: Victim of Sexual Assault Statement for Administrative Separation

1. DOD instruction 6495.02 and AR 600-200, Chapter 8, Sexual Assault Prevention and response Program Procedures requires Soldiers being administratively separated to sign a statement answering the following questions:

a. Did you file an unrestricted report of a sexual assault in which you were a victim within the past 24 months? YES NO

b. If the answer to (a above) is YES, do you believe that this separation action is a direct or indirect result of your sexual assault, or you're reporting of the sexual assault. YES NO

2. The point of contact for this action is the undersigned at **(Phone Number)** and **(E-mail Address)**.

JANE A. SMITH
CPT, AG
000-00-0000

