

# PERSONNEL ACTION

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

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended  
**PRINCIPAL PURPOSE:** To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.  
**ROUTINE USES:** The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.  
**DISCLOSURE:** Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) COMMANDER ATTN: DMPO FORT JACKSON, SC 29207	3. FROM (Include ZIP Code) COMMANDER USA STUDENT DETACHMENT ATTN: FINANCE SECTION FORT JACKSON, SC 29207
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## SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) DOE, JOHN	5. GRADE OR RANK/PMOS/AOC 03/CPT/	6. SOCIAL SECURITY NUMBER
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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) START HARDSHIP DUTY PAY (HDP)
<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) (Continue on separate sheet)

REQUEST START HARDSHIP DUTY PAY FOR MEXICO CITY, MEXICO

EFFECTIVE: 2019 06 27

JFTR LOCATION: MX002

DEPENDENTS: 1

## 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 Kenny A. Mcrae, CPT, AG, Commanding	13. SIGNATURE	14. DATE (YYYYMMDD)
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15. NAME OF INDIVIDUAL	16. SSN	
<b>ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL</b>		
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 ( <i>Last, First, Middle</i> )	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 ( <i>Last, First, Middle</i> )	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 ( <i>Last, First, Middle</i> )	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 ( <i>Last, First, Middle</i> )	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 ( <i>Last, First, Middle</i> )	e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION	h. SIGNATURE	
i. COMMENTS		