

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)	2. TO (Include ZIP Code) Commander USAMRMC ATTN: MCMR-PMM Fort Detrick, MD 21702	3. FROM (Include ZIP Code) Commander, HHD USAMRMC 1520 Friedman Drive Fort Detrick, MD 21702
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) DOE, JOHN M	5. GRADE OR RANK/PMOS/AOC SFC/68W	6. SOCIAL SECURITY NUMBER 000-00-0000
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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)

- Soldier is requesting a Voluntary Retirement on 1 January 2013, with a release from active duty on 31 December 2012.
- Eligible Criteria: a. DERS: 20111201, b. ETS: 20151031, c. BASD: 19860710, d. PEBD: 19860302
- The following information is provided:
 - Retirement date: 1 January 2013
 - Transition Point: Fort Detrick, MPD
 - Mailing address: 1520 Friedman Drive, Fort Detrick, MD 21702
 - Permissive TDY: 5 - 30 November 2012 (in 5 day increments Mon - Fri)
 - Transition Leave: 1 December 2012 - 30 December 2012
 - Duty phone number: 301-619-0000
 - Address upon retirement: 785 Merry-Go-Round Drive, Frederick, MD 21702
 - Spouse name: Mary Doe
- Once my retirement is approved, I understand that I am no longer eligible for promotion.
- I have been advised not to make any firm or final commitments associated with my retirement to include jobs, housing, schooling, or movement of my family and household goods prior to the approval of my retirement.

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)