

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) Commander (Your Unit here) Address 1 Address 2G1- Education Services Branch	2. TO (Include ZIP Code) G1- Education Services Branch 12953 S Minuteman Drive Draper, UT 84020	3. FROM (Include ZIP Code) Soldier / Unit Address 1 Address 2
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 _____ 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): ETP for late STA Submission
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
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SECTION IV - REMARKS (Applies to Sections II, III, and V)

1. I request an state tuition assistance exception to policy for late submission.
2. I understand that I had up to 90 days but no less than 8 days from the class start date to apply.
3. I understand that this exception, if granted, is a one-time action and further exception requests will constitute a pattern of procrastination and will not be approved.
4. The reason for my late submission is:

ONLY RECOMMEND APPROVAL BLOCK can be 'checked' in block 11 before signature and forwarding through channels

MUST be signed by Company Commander at the bottom of this page, block 12 and date in block 14

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 - <input type="checkbox"/> HAS BEEN VERIFIED <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> 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 G1- Education Services Branch 12953 S Minuteman Drive Draper, UT				b. FROM NGUT-PER-EDU 12953 S Minuteman Drive Draper, UT			
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL									
d. NAME (Last, First, MI) Thomas, DaleAnne E.				e. RANK CIV			f. DATE (YYYYMMDD)		
g. TITLE / POSITION Education Services Officer					h. SIGNATURE				
i. COMMENTS ***Comments for DISAPPROVAL only***									

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									