

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 600-8-24 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) Full address of your Military Personnel Office	2. TO. (Include ZIP Code) Testing Control Officer (TCO) Education Services Division INME-MYR-HR 8601 Zimborski Ave. Fort Meade, MD 20755-5093	3. FROM (Include ZIP Code) Full Unit Address
--	---	---

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) xxxxx, xxxxx, x.	5. GRADE OR RANK/PMOS/AOC xxxx/xxxx/xxxx	6. SOCIAL SECURITY NUMBER 111-11-1111
---	---	--

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) AFCT
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)
20070101

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

INSTRUCTIONS: The following statements (1-5) need to be included: This copy shows required info. Go to <http://www.apd.army.mil/pub/eforms/> for the DA Form 4187. Adobe format can not be saved. Pure Edge is the Army format for saving, if installed on your computer.
 Note: Results will be mailed to Block one (1) - Personnel Office and Block three (3) Unit Address. Soldier will receive a copy of results.
 The ERB is a new requirement for APT testing effective 1 March 2007. You may fax the DA FORM 4187 to (301) 677-4135. Bring the original 4187 on the testing day. An appointment with a counselor is required with a counselor note in EDMIS prior to taking the AFCT. Pre-GT is recommended. Test is scheduled when 4187 is received. Do not include instruction paragraph on your DA4187, only the info below.

- Request to take the AFCT on date(refer to Fort Meade Education Services monthly testing calendar) at (specify time).
- The statement or statements that apply is/are:
 - _____ I have not taken the AFCT before.
 - _____ I have not taken the AFCT within the last six (6) months.
 - _____ This is my _____ Initial Test _____ 1st Retest or _____ 2nd Retest.
- I understand that the ASVAB I took before entering military service does not count as my first test.
- I understand that the DA Form 4187 signed by the Commander must be at the Education Center at least three (3) days prior to the scheduled test date with a copy of the Enlisted Record Brief (ERB), dated within the last two weeks.
- POC is (ISG/PAC) @ (Commercial phone number) and/or email.

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 RANK/NAME	13. SIGNATURE	14. DATE (YYYYMMDD) 20070101
--	---------------	-------------------------------------