Circle the appropriate copy designator

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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 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)*	3. FROM *(Include ZIP Code)*
Battalion Unit Address	Installation Adjutant General Personnel Services Division ATTN: Special Actions Fort Bragg, NC 28310	Company Unit Address

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
Doe, Joe A.	SPC/E-4/42A	123-45-6789

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)*

	Service School *(Enl only)*		Special Forces Training/Assignment		Identification Card
	ROTC or Reserve Component Duty		On-the-Job Training *(Enl only)*		Identification Tags
	Volunteering For Oversea Service		Retesting in Army Personnel Tests		Separate Rations
	Ranger Training		Reassignment Married Army Couples		Leave - Excess/Advance/Outside CONUS
	Reassignment Extreme Family Problems		Reclassification		Change of Name/SSN/DOB
	Exchange Reassignment *(Enl only)*		Officer Candidate School	X	Other *(Specify)* Enrollment in the MACP
	Airborne Training		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)*

1. SM is requesting Enrollment in the Married Army Couple Program.

2. Soldier was Married on 2 Sep 2006.

3. Soldiers Spouse information is as follows:

Spouse Name Change: Doe Jane
Spouse SSN: 123-45-6789
Spouse Rank: SPC
Spouse Current Unit: 2/82d IN BN
Spouse Siganture

Encl (1)
Marriage Certificate

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)*
Commander Signature Block		