

### 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 <i>(Include ZIP Code)</i> Any Command Address City, State 12345	2. TO <i>(Include ZIP Code)</i> USARC Chaplain Directorate - SFM 4710 Knox Street Ft. Bragg, NC 28310-5000	3. FROM <i>(Include ZIP Code)</i> CH (CPT) John T. Wisdom 123 Listening Ave. Comfort, NC 22222
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#### SECTION I - PERSONAL IDENTIFICATION

4. NAME <i>(Last, First, MI)</i> Wisdom, Greg T.	5. GRADE OR RANK/PMOS/AOC CPT/56A	6. SOCIAL SECURITY NUMBER 999999999
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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 <i>(Enl only)</i>	<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 <i>(Enl only)</i>	<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 <i>(Enl only)</i>	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other <i>(Specify)</i>
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<b>Approval of 7S Combat Med Min. SI</b>

9. SIGNATURE OF SOLDIER <i>(When required)</i> Digital Signature	10. DATE (YYYYMMDD) 20181107
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#### SECTION IV - REMARKS *(Applies to Sections II, III, and V) (Continue on separate sheet)*

DOR: 14 Jan 2015

Enclosures [as applicable]:

1. Association of Clinical Pastoral Education (ACPE) Transcript
2. DA 1059, Combat Medical Ministry Course (preferred) or CMM Course Certificate
3. CPE accredited by CPSP or another organization with Supervisory Chaplain Letter of Recommendation

#### 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  Justin C. Staff, CPT, HHD Commander	13. SIGNATURE  Digital Signature	14. DATE (YYYYMMDD)  20181107
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15. NAME OF INDIVIDUAL		16. SSN	
<b>ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL</b>			
AUTHORITY	a. TO DACH-RCI-Personnel Manager 6000 6th Street, Bldg 1464 Ft. Belvoir, VA 22060	b. FROM USARC Chaplain Directorate - SFM 4710 Knox Road Ft. Bragg, NC 28310-5000	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
d. NAME (Last, First, Middle)		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, Middle)		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, Middle)		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, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			