

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) Cdr, Group/Battalion Cdr, RRC/Division	2. TO (Include ZIP Code) Commander, HRC-St. Louis ATTN: AHRC-ARE 1 Reserve Way St. Louis, MO 63132	3. FROM (Include ZIP Code) Current Unit of Assignment
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) DOE, MARIE J.	5. GRADE OR RANK/PMOS/AOC SSG42A30	6. SOCIAL SECURITY NUMBER 123-45-6789
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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 checked="" type="checkbox"/> 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 Overseas 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	Other (Specify)
Arborne Training	Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)
Soldier's Signature Required

10. DATE (YYYYMMDD)

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

1. Course Number:
 2. Course Title:
 3. Dates Soldier Unavailable for Training:
 4. Are you currently mobilized or deployed: Yes/No If yes, will command allow attendance at approved training: Yes/No
 5. Current HD/WT: _____ Date of last APFT _____ PASS/FAIL/PROFILE (circle) If profile: Temp/Permanent (circle)
 6. Security Clearance:
 7. Duty Position Title/MOS:
 8. Home address and duty phone:
 9. Statement: "I meet the ATRRS prerequisites for enrollment in the requested course". Soldier's initials: _____
 10. I want to Fly/Drive (circle). You will be notified if rental car is authorized.
 11. Soldier has Government Travel Card: Yes/No (circle)

Encl:

Certified copy of DA Form 3349 (Physical Profile)

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

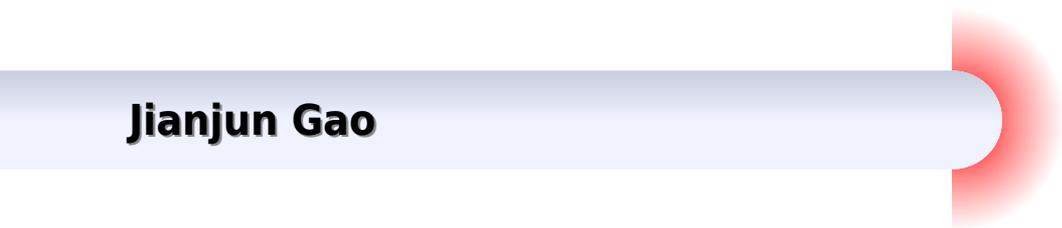
11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL IS APPROVED IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE Local Unit Commander's Signature Block	13. SIGNATURE Local Commander or Designated Rep Only	14. DATE (YYYYMMDD)
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Example Da Form 4187 For Compassionate Reassignment

Jianjun Gao



Example Da Form 4187 For Compassionate Reassignment:

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Table of Contents Example Da Form 4187 For Compassionate Reassignment

1. Understanding the eBook Example Da Form 4187 For Compassionate Reassignment
 - The Rise of Digital Reading Example Da Form 4187 For Compassionate Reassignment
 - Advantages of eBooks Over Traditional Books
2. Identifying Example Da Form 4187 For Compassionate Reassignment
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Example Da Form 4187 For Compassionate Reassignment
 - User-Friendly Interface
4. Exploring eBook Recommendations from Example Da Form 4187 For Compassionate Reassignment
 - Personalized Recommendations
 - Example Da Form 4187 For Compassionate Reassignment User Reviews and Ratings
 - Example Da Form 4187 For Compassionate Reassignment and Bestseller Lists

5. Accessing Example Da Form 4187 For Compassionate Reassignment Free and Paid eBooks
 - Example Da Form 4187 For Compassionate Reassignment Public Domain eBooks
 - Example Da Form 4187 For Compassionate Reassignment eBook Subscription Services
 - Example Da Form 4187 For Compassionate Reassignment Budget-Friendly Options
6. Navigating Example Da Form 4187 For Compassionate Reassignment eBook Formats
 - ePub, PDF, MOBI, and More
 - Example Da Form 4187 For Compassionate Reassignment Compatibility with Devices
 - Example Da Form 4187 For Compassionate Reassignment Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Example Da Form 4187 For Compassionate Reassignment
 - Highlighting and Note-Taking Example Da Form 4187 For Compassionate Reassignment
 - Interactive Elements Example Da Form 4187 For Compassionate Reassignment
8. Staying Engaged with Example Da Form 4187 For Compassionate Reassignment
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Example Da Form 4187 For Compassionate Reassignment
9. Balancing eBooks and Physical Books Example Da Form 4187 For Compassionate Reassignment
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Example Da Form 4187 For Compassionate Reassignment
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Example Da Form 4187 For Compassionate Reassignment
 - Setting Reading Goals Example Da Form 4187 For Compassionate Reassignment
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Example Da Form 4187 For Compassionate Reassignment
 - Fact-Checking eBook Content of Example Da Form 4187 For Compassionate Reassignment
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning

- Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
14. Embracing eBook Trends
- Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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