

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA FORM 600-8-6 (1, the proponent agency is DDCP/PER

DATE REQUIRED BY THE PRINCIPAL ACT OF 1954

AUTHORITY: Title 5, Section 5525; Title 16, USC, § 1007

PRINCIPAL PURPOSE: Issuing orders in accordance with DA Policy 558-6-21 when requesting a personnel action on behalf of a soldier.

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

ORIGINATOR: Submitter. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. FROM (SOURCE OF CASE)	2. TO (PROPOSED CODE) Education Services ATTN: Main Post Training 217 Cluster Avenue Fort Riley, KS 66442	3. FROM (SOURCE OF CASE)
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4. NAME (LAST, FIRST, MI)	5. GRADE OR RANK (CODE/SC)	6. SOCIAL SECURITY NUMBER
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SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

1. The above soldier's duty status changed from _____ to _____
effective _____ from _____

SECTION III - REQUEST FOR PERSONNEL ACTION

2. I request the following action: (Check all that apply)

<input type="checkbox"/> Return School (Offord)	<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 (Offord)	<input type="checkbox"/> Identification Tag
<input type="checkbox"/> Subuniting For Overseas Service	<input type="checkbox"/> Processing in Army Personnel Tests	<input type="checkbox"/> Separate Platoon
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Soldier	<input type="checkbox"/> Leave - Extended/Duty/Outside COMBAT
<input type="checkbox"/> Reassignment Outside Family Housing	<input type="checkbox"/> Reassignment	<input type="checkbox"/> Change in Name/DOB/POB
<input type="checkbox"/> Postpone Reassignment (Offord)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify)
<input type="checkbox"/> Reserve Training	<input type="checkbox"/> Request of Person with Exceptional Family Members	<input type="checkbox"/> DELAB

3. SIGNATURE OF SOLDIER (Other required)

10. DATE (YYYYMMDD)

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

The Defense Language Aptitude Battery (DLAB) evaluates the aptitude of a Soldier or trainee in a Foreign Language. The test is used to determine eligibility for Army language training. DELAB scores do not expire.

Personnel who fail to qualify for language training with a score of 85 or higher on the initial test may retest after a six-month waiting period. First and second retests may be given upon approval of the test recipient's immediate commander. Requests for retests within the six-month period, for third or subsequent retests must be based on a valid military requirement documented by the unit commander. All requests for a retest must include the previous test date and score.

- ☐ I request to be administered the DELAB examination.
- ☐ I have not taken this examination within the last 180 days.
- ☐ This is an initial DELAB examination.
- OR
- ☐ This is a DELAB retest. My last test was _____ Score: _____

Approval of this request must be based on a Soldier's individual's personnel records or other substantiating eligibility requirements have been met.

SECTION V - CERTIFICATION APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) complies with:

<input type="checkbox"/> HAS BEEN VERIFIED	<input type="checkbox"/> RECOMMEND APPROVAL	<input type="checkbox"/> RECOMMEND DISAPPROVAL	<input type="checkbox"/> IS APPROVED	<input type="checkbox"/> IS DISAPPROVED
12. COMMAND AUTHORIZED REPRESENTATIVE		13. SIGNATURE		14. DATE (YYYYMMDD)

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ML Morrison



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