

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) HQ, CADET COMMAND ATTN: Green to Gold, Bldg. 203 232 Old Ironsides Ft. Knox, KY 40121	2. TO (Include ZIP Code) US Army Human Resources Command ATTN: KNOX-HRC-EPF-A 1600 Spearhead Division Avenue Ft. Knox, KY 40122-5306	3. FROM (Include ZIP Code) Your Command Info
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) Your info	5. GRADE OR RANK/PMOS/AOC Your info	6. SOCIAL SECURITY NUMBER
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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 (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)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/> Training Service Obligation Waiver

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 requires 2 years of active duty service as well as an additional 3 months of active duty service for every one month of specialized training received.

2. Soldier's MOS training for (MOS) was ___ months in length, requiring an additional ___ months of active duty service.

3. Soldier is requesting a waiver of ___ months of the total service obligation to participate in the ROTC Green to Gold _____ Program .

4. The following information is provided:

a. BASD:
 b. ETS:
 c. School Name:
 d. School Start Date
 e. Requesting a discharge under the provisions of AR 635-200, Chapter 16, Para 16-2(b)(1)(f) (NOT NECESSARY FOR ADO)
 f. Requested separation date: (NOT NECESSARY FOR ADO)

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)
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Appendix M
Sample Request for Time in Service Waiver to HQDA
(Sample DA Form 4187)

PERSONNEL ACTION			
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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) HQ, CADET COMMAND ATTN: Green to Gold Scholarship 55 Patch Rd., Bldg. 56 Fort Monroe, VA 23651-1052	2. TO (Include ZIP Code) Commander, PERSCOM ATTN: TAPC-PDT-P 200 Stovall Street Alexandria, VA 22332	3. FROM (Include ZIP Code) Soldier's Unit	
SECTION I - PERSONAL IDENTIFICATION			
4. NAME (Last, First, MI) DOE, John M.	5. GRADE OR RANK/PMOS/AOC PFC/68F10	6. SOCIAL SECURITY NUMBER 000-00-0000	
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) Time-in-Service Waiver	
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members		
9. SIGNATURE OF SOLDIER (When required) (Soldier must sign and date this form)			10. DATE (YYYYMMDD)
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)			
1. Soldier requests a Time-in-Service (TIS) waiver for attendance/acceptance to the Green to Gold Program.			
2. The following information is provided: a. BASD: 18 June 1997 b. ETS: 30 November 2004 c. School Name: (Enter the university or college you are planning on attending) d. School Start Date: (DDMMYYYY) e. Requesting a discharge under the provisions of AR 635-200, Chapter 16, para 16-2b(1)(f) f. Requesting Separation Date: (DDMMYYYY) (cannot be more than 30 days prior to the School Start Date)			
3. I will have served _____ months on Active Duty at the time of my requested date of separation.			
4. I have met all the other eligibility requirements UP AR 145-1 for this program.			
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 -			
<input type="checkbox"/> HAS BEEN VERIFIED <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED			
12. COMMANDER/AUTHORIZED REPRESENTATIVE (Print Commander's Signature Block)	13. SIGNATURE (Commander must sign and date this form)	14. DATE (YYYYMMDD)	