

**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) YOUR OPR (ORGANIZATION)INFORMATION	2. TO (Include ZIP Code) Human Capital Management Division National Guard Bureau 111 S. George Mason Drive Arlington, VA 22204	3. FROM (Include ZIP Code) CPT JOHN ADAMS
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**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI) ADAMS, JOHN	5. GRADE OR RANK/PMOS/AOC CPT	6. SOCIAL SECURITY NUMBER 000-00-0000
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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"/> Congressional Fellowship Program

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

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

"I UNDERSTAND IF AWARDED THIS FELLOWSHIP, I WILL INCUR TWO SEPARATE ACTIVE DUTY SERVICE OBLIGATIONS (ADSOS) IN THE UNITED STATES ARMY. ADSOS WILL BE THREE TIMES THE LENGTH OF THE PERIOD, COMPUTED IN DAYS, WHICH I AM EDUCATED UNDER THE PROVISIONS OF THIS PROGRAM. ONE ADSO WILL BE FROM PURSUING A GRADUATE DEGREE FROM GEORGE WASHINGTON UNIVERSITY AND THE SECOND ADSO WILL BE FROM PARTICIPATING IN THE ARMY CONGRESSIONAL FELLOWSHIP PROGRAM. BOTH ADSOS WILL BE SERVED CONCURRENTLY, APPROXIMATELY A FOUR YEAR ADSO. I UNDERSTAND THE GRADUATE DEGREE ADSO WILL NOT BEGIN UNTIL THE DAY AFTER I GRADUATE FROM GEORGE WASHINGTON UNIVERSITY AND MY SECOND ADSO WILL NOT BEGIN UNTIL THE DAY AFTER I COMPLETE THIS PROGRAM. I ALSO UNDERSTAND I AM OBLIGATED TO SERVE A TWO YEAR MANDATORY UTILIZATION ASSIGNMENT IMMEDIATELY FOLLOWING AND UTILIZATION ASSIGNMENT UNINTERRUPTED AND WITHOUT ANY DEFERMENT FOR ANY REASON. I UNDERSTAND THE ADSOS I RECEIVE UNDER THIS PROGRAM ARE TO BE SERVED CONSECUTIVELY WITH OTHER CIVILIAN ADSOS. I AUTHORIZE RELEASE OF COPIES OF MY APPLICATION TO OTHERS WHO MAY REQUIRE THEM IN CONNECTION WITH MY NOMINATION AS AN ARMY CONGRESSIONAL FELLOW."

**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)