

PERSONNEL ACTION

For use of this form, see DA PAM 600-8; the proponent is the DCS, G-1.

PRIVACY ACT STATEMENT**AUTHORITY:** 10 U.S.C. 7013, Secretary of the Army; DA PAM 600-8, Military Human Resources Management Administrative Procedures.**PRINCIPAL****PURPOSE:** To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.**NOTE:** For additional information see the System of Records Notice A0600-8-104 AHRC.<https://dpcl.dod.mil/Portals/49/Documents/Privacy/SORNs/Army/A006-8-104-AHRC.pdf>**ROUTINE USE(S):** There are no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.**DISCLOSURE:** Voluntary, however, failure to impart pertinent information may result in a delay or error in processing the request for personnel action.**SECTION I - PERSONAL IDENTIFICATION**

1. THRU (Include ZIP Code) (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
4. NAME (Last, First, MI) ADAMS, JOHN	5. GRADE OR RANK / PMOS / AOC CPT	6. DOD ID NUMBER 1234567890

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): Congressional Fellowship Program
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
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SECTION IV - REMARKS (Applies to Sections II, III, and V)

"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 -		
<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. COMMANDER / AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE (YYYYMMDD)

ADDENDUM - RECOMMENDATIONS FOR APPROVAL / DISAPPROVAL

15. NAME (<i>Last, First, MI</i>)		16. DOD ID NUMBER	
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 (<i>Last, First, MI</i>)		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 (<i>Last, First, MI</i>)		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 (<i>Last, First, MI</i>)		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 (<i>Last, First, MI</i>)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE / POSITION		h. SIGNATURE	
i. COMMENTS			