

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODSPER.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397
PRICIPAL 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 personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in delay or error in processing of the request for personnel action.

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|----------------------------|--|----------------------------|
| 1. THRU (Include ZIP Code) | 2. TO (Include ZIP Code) Army Education Center ATTN: Army Personnel Testing (APT) 100 Knowledge Drive Fort Stewart, GA 31314 | 3. FROM (Include ZIP Code) |
|----------------------------|--|----------------------------|

SECTION I - PERSONAL IDENTIFICATION

| | | |
|---------------------------|---------------------------|---------------------------|
| 4. NAME (Last, First, MI) | 5. GRADE OR RANK/PMOS/AOC | 6. SOCIAL SECURITY NUMBER |
| PRIMARY EMAIL | | PRIMARY PHONE NUMBER |

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:

| | | |
|---|--|---|
| <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/Assignment | <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) DLAB |
| <input type="checkbox"/> Airborne Training | <input type="checkbox"/> Asgmt of Pers with Exceptional Family Members | |

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| 9. SIGNATURE OF MEMBER (When required) | 10. DATE (YYYYMMDD) |
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SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

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

Personnel who fail to qualify for language training with a score of 95 or higher on the initial test may retest after a 6 month waiting period. First and second retests may be given upon approval by the Soldier's immediate Commander. Requests for retests within the 6 month period, for third or subsequent retests, must be based on a valid military requirement documented by the unit Commander. Third and fourth retests require an Exception to Policy (ETP) packet that is escalated from the Ft. Stewart Test Control Officer (TCO) to the Army Personnel Testing (APT) program manager at HQ ACES in Ft. Knox, KY for processing. ALL requests for a retest must include the previous test date(s) and score(s). The test must be taken within 30 days of the Commander's signature date.

I request to be administered the DLAB examination.
 I have not taken this examination within the last 180 days.
 This is an initial DLAB examination
 ---OR---
 This is a DLAB retest. My last test date(s) was/were: _____ My score(s) was/were: _____

The Brigade S1/PAC point of contact is (name, email, phone number):

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that 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) |
|---|---------------|---------------------|