EMAIL FORM TO: usarmy.stewart.usag.list.dhr-education-testing@mail.mil

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.

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

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:

	Service School (Enl only)		Special Forces Training/Assignment		Identification Card
	ROTC or Reserve Component Duty		On-the-Job Training/Assignment		Identification Tags
	Volunteering For Oversea Service		Retesting in Army Personnel Tests		Separate Rations
	Ranger Training		Reassignment Married Army Couples		Leave - Excess/Advance/Outside CONUS
	Reassignment Extreme Family Problems		Reclassification		Change of Name/SSN/DOB
	Exchange Reassignment (Enl only)		Officer Candidate School	X	Other (Specify) **OPI Language**
	Airborne Training		Asgmt of Pers with Exceptional Family Members		

9. SIGNATURE OF MEMBER *(When required)*	10. DATE *(YYYYMMDD)*

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

The Oral Proficiency Interview (OPI) evaluates a Soldier's speaking proficiency in a foreign language not currently available via DLPT computer based testing. A minimum proficiency level is a requirement for linguists and for entitlement to receive the Foreign Language Proficiency Bonus pay (FLPB). Soldiers in a linguist MOS or who qualify for FLPB must test annually from the last test date. FLPB policies are outlined in AR 11-6, chapter 6.

Eligibility criteria: Soldiers who require annual validation of language proficiency must retest on the OPI annually. In order to help ensure FLPB payments are not interrupted, it is best for Soldiers to schedule annual testing between 10-11 months from their last test date. Tested languages are included on the Army selected payment list. Soldiers may retest after 6 months.

☐ I request to be administered the OPI examination in the following language: _____
☐ I have not taken this examination within the last 180 days.
☐ This is an initial OPI examination
---OR---
☐ This is an OPI retest/recertification. 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)*

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