

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) Army Education Center ATTN: Army Personnel Testing (APT) 100 Knowledge Drive Fort Stewart, GA 31314	3. FROM (Include ZIP Code)
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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) SIFT
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

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 Selection Instrument for Flight Training (SIFT) exam evaluates a Soldier's special aptitudes that are predictive of success in Army flight training.

Eligibility criteria:

a) Applicants should have a GT score of 110 or higher.
 b) Applicants may not have achieved SIFT score of 40 or above on a previous SIFT exam. If the previous score is lower than 40, only one retest is allowed but not within 180 days of the original test. No further retests are authorized.
 c) Applicants who took the AFAST must wait 180 days before taking the SIFT.

I request to be administered the SIFT examination.
 I have not taken this examination within the last 180 days.
 This is the first time taking the SIFT examination.
 ---OR---
 This is a retest. My last test date was: _____ My score was: _____

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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