

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 (<i>Include ZIP Code</i>)	2. TO (<i>Include ZIP Code</i>) Education Services ATTN: Army Personnel Testing 3041 Sidco Drive Nashville, TN 37204	3. FROM (<i>Include ZIP Code</i>) YOUR UNIT
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (<i>Last, First, MI</i>) SELF EXPLANATORY	5. GRADE OR RANK/PMOS/AOC SELF EXPLANATORY	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 ACTION8. I request the following action: (*Check as appropriate*)

<input type="checkbox"/> Service School (<i>Enl only</i>)	<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 (<i>Enl only</i>)	<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 (<i>Enl only</i>)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (<i>Specify</i>) DLPT
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (*When required*)

10. DATE (YYYYMMDD)

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

The Defense Language Proficiency Test (DLPT) exam evaluates a Soldier's proficiency in both written and spoken passages of a given language. Soldiers in a linguist MOS or who qualify for FLPB pay must test annually from the last test date.

Eligibility criteria:

- a) Applicants cannot have taken a previous DLPT exam in the same language within 180 days.
 b) Applicants who fail to qualify for recertification of their language proficiency may retest after 180 days.
 c) Applicants who request a retest within 180 days must meet requirements of AR 11-6, para 5-7 and may apply with an Exception to Policy request.

___ I request to be administered the DLPT examination in the _____ language.

___ I have not taken this exam within the last 180 days.

___ This is the first time taking a DLPT examination.

-OR-

___ This is a DLPT retest. My last test was taken _____ (YY/MM/DD) and my score was _____ .

Approval of this request must be based on a Soldier's individual personnel record to ensure testing/retesting requirements have been met and verified.

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL11. 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 SELF EXPLANATORY	13. SIGNATURE	14. DATE (YYYYMMDD)
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