

**PERSONNEL ACTION**  
For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended  
**PRINCIPAL PURPOSE:** To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.  
**ROUTINE USES:** The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.  
**DISCLOSURE:** Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU <i>(Include ZIP Code)</i>	2. TO <i>(Include ZIP Code)</i> Education Services ATTN: Main Post Testing 217 Custer Avenue Fort Riley, KS 66442	3. FROM <i>(Include ZIP Code)</i>
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**SECTION I - PERSONAL IDENTIFICATION**

4. NAME <i>(Last, First, MI)</i>	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
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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 ACTION**

8. 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 type="checkbox"/> Other <i>(Specify)</i>
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input checked="" type="checkbox"/> <b>DLPT</b>

9. SIGNATURE OF SOLDIER <i>(When required)</i>	10. DATE (YYYYMMDD)
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**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 (ETP) request.

I request to be administered the DLPT examination in the \_\_\_\_\_ language.

I have not taken this examination within the last 180 days.

This is the first time to take the DLPT examination.

--or--

This is a DLPT retest. My last test was taken on: \_\_\_\_\_ (YYYY/MM/DD) and my score was: \_\_\_\_\_

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

**The Commander/Authorized Representative must check both "Has been Verified" and "Is Approved" blocks in Section V, #11.**

**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 -

HAS BEEN VERIFIED     RECOMMEND APPROVAL     RECOMMEND DISAPPROVAL     IS APPROVED     IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE (YYYYMMDD)
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