Email Form to: usarmy.riley.imcom.mbx.education-service-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 ODCSPER

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 a personnel action being requested by the soldier.
DISCLOSURES:	Voluntary. Failure to provide social security number may result in a 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)*
	Education Services ATTN: Main Post Testing 217 Custer Avenue Fort Riley, KS 66442	

SECTION I – PERSONNEL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY 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: *(Check as appropriate)*

	Service School *(Enl only)*		Special Forces Training/Assignment		Identification Card
	ROTC or Reserve Component Duty		On-the-Job Training *(Enl only)*		Identification Tags
	Volunteering for Oversea Service		Retesting in Army Personnel Test		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)* **AFCT**
	Airborne Training		Asgmt of Pers with Exceptional Family Members		

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

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

The Armed Forces Classification Test (AFCT) evaluates active duty personnel who which to improve their ASVAB scores for reenlistment or reclassification.

The AFCT can be administered a total of four times in a Soldier's career (initial test plus three retests). The first administration of the AFCT is considered the initial test; this does not include the initial enlistment ASVAB. Requests for the first and second retests may be approved by the Soldier's immediate commander but not earlier than six months after the previous test. The third retest (4th administration) requires an Exception To Policy (ETP) approved by the APT Program Manager. All requests for a retest must include the previous test date and scores, and the General Technical (GT) scores obtained. The TCO can provide a sample ETP Request.

☐ I request to be administered the AFCT examination.

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

☐ This is an initial AFCT examination.

--or--

☐ This is an AFCT retest. My last test was: (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)*