

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 (Include ZIP Code) Commander [Your Higher HQ] [Higher HQ Post, State, Zip]		2. TO (Include ZIP Code) Commandant U.S. Army Cyber School ATTN: Office Chief of Cyber Fort Gordon, GA 30905	
3. FROM (Include ZIP Code) Commander [Your Unit] [Your Post, State, Zip]			
SECTION I - PERSONAL IDENTIFICATION			
4. NAME (Last, First, MI) Last, First M.		5. GRADE OR RANK/PMOS/AOC Rank/AOC or MOS	
6. SOCIAL SECURITY NUMBER 123-45-6789			
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 (Enl only)	<input type="checkbox"/>	Special Forces Training/Assignment
<input type="checkbox"/>	ROTC or Reserve Component Duty	<input type="checkbox"/>	On-the-Job Training (Enl only)
<input type="checkbox"/>	Volunteering For Oversea Service	<input type="checkbox"/>	Retesting in Army Personnel Tests
<input type="checkbox"/>	Ranger Training	<input type="checkbox"/>	Reassignment Married Army Couples
<input type="checkbox"/>	Reassignment Extreme Family Problems	<input type="checkbox"/>	Reclassification
<input type="checkbox"/>	Exchange Reassignment (Enl only)	<input type="checkbox"/>	Officer Candidate School
<input type="checkbox"/>	Airborne Training	<input type="checkbox"/>	Asgmt of Pers with Exceptional Family Members
<input type="checkbox"/>		<input checked="" type="checkbox"/>	Other (Specify) Request Cyber Course Credit
9. SIGNATURE OF SOLDIER (When required)		10. DATE (YYYYMMDD)	
[Digital Signature]		[Enter Date]	
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)			
SM requests Cyber Course Credit for [insert course name]. SM meets height/weight requirements IAW AR 600-9. SM holds a TS/SCI security clearance (or a TS with SCI eligibility). SM is currently a Cyber Soldier (17-series) or possesses			
Enclosures:			
1. Completed Course Credit Worksheet (Annex A)			
2. Current/valid DA Form 705-TEST, ACFT Scorecard			
3. Current/valid DA Form 5500 or 5501, Body Fat Content Worksheet			
4. Current Soldier Record Brief			
5. [List all documents provided for validation; see SOP paragraph 9.b. and Annex A for more information.]			
6. " "			
7. " "			
8. " "			
9. " "			
10. " "			
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 - <input type="checkbox"/> HAS BEEN VERIFIED <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED			
12. COMMANDER/AUTHORIZED REPRESENTATIVE		13. SIGNATURE	
CDR Last, First M., Rank		[Digital Signature]	
		14. DATE (YYYYMMDD)	
		[Enter Date]	