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This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY TRAINING	24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY AR 635-200, CHAP 4	26. SEPARATION CODE MBK	27. REENTRY CODE NA
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE		
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE		30. MEMBER REQUESTS COPY 4 (Initials) DER

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SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY TRAINING	24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY AR 635-200, CHAP 4	26. SEPARATION CODE MBK	27. REENTRY CODE 1
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE		
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE		30. MEMBER REQUESTS COPY 4 (Initials) YES

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) HQS 1-623D FA (HIMARS) 410 CAVALRY DRIVE GLASGOW, KY 42141	2. TO (Include ZIP Code) TAGO KY G1 BNGC FRANKFORT, KY 40601	3. FROM (Include ZIP Code) COMMANDER 203RD FORWARD SUPPORT COMPANY CAMPBELLSVILLE, KY 42718
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) RANDOLPH DANIELLE E	5. GRADE OR RANK/PMOS/AOC E5	6. SOCIAL SECURITY NUMBER xxx-xx-6789
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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 (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 (Enl only)	<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) Address Change
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

20190514

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

HOME ADDRESS
ZIP CODE --> 37067 **Changed**
PHONE NUMBER OF NEXT-OF-KIN --> 2709035100
PHONE NUMBER CIVILIAN EMPLOYER --> 8597321003 **Changed**
PHONE NUMBER HOME --> 2704858017 **Changed**
ADDRESS CITY --> FRANKLIN **Changed**
STATES OF THE UNITED STATES --> TN **Changed**
STREET ADDRESS --> 6012 MONTE BELLA PLACE **Changed**

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)

SSG Clay Benningfield

Clay Benningfield

20190514