

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>) BATTALION COMMANDER UNIT NAME UNIT ADDRESS APO, AE 09XXX	2. TO (<i>Include ZIP Code</i>) COMMANDER Warrior Transition Unit-Bavaria East Delta Company APO, AE 09112	3. FROM (<i>Include ZIP Code</i>) COMPANY COMMANDER UNIT NAME UNIT ADDRESS APO, AE 09XXX
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SECTION I – PERSONAL IDENTIFICATION

4. NAME (<i>Last, First, MI</i>) DOE, JOHN A.	5. GRADE OR RANK/PMOS/AOC PFC/11B10	6. SOCIAL SECURITY NUMBER 123-45-6789
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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 ACTION8. 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	<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"/>	Other Candidate School	<input checked="" type="checkbox"/>	Other (Specify)
<input type="checkbox"/>	Airborne Training	<input type="checkbox"/>	Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/>	No Cost Move or Low Cost Move

9. SIGNATURE OF SOLDIER (*When required*)*Signature not required for command-directed moves*

10. DATE (YYYYMMDD)

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

1. Command requests a NCM or LCM of the Soldier to the Warrior Transition Unit Delta Company in Vilseck, Germany.

2. Soldier requires Complex Medical Care management that cannot be met at the unit level.

The following information is provided:

3. DEROS: 20100401

4. ETS: 20120401

5. This is an Accompanied Tour or Unaccompanied Tour.

6. CURRENT UIC and LOCATION: WABC77 1st Battalion 82nd Infantry Brigade

7. REQUESTED REPORT DATE: 15 May 09

8. SOLDIER LIVES IN BARRACKS: YES or NO

Losing Command will be filled IAW DA Manning Guidance.

Encls: Complete WTU Packet

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 COL, EN,
BATTALION COMMANDER13. SIGNATURE
Signature of an O-5 or above

20090501

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