

FT STEWART EMAIL FORM TO: usarmy.stewart.usag.list.dhr-education-testing-fs@mail.mil

HUNTER EMAIL FORM TO: usarmy.stewart.usag.list.dhr-education-testing-haaf@mail.mil

| <b>PERSONNEL ACTION</b>  |                                      |   |   |
|--|--------------------------------------|---|---|
| For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.   |                                      |   |   |
| <b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b>  |                                      |   |   |
| <b>AUTHORITY:</b>  |                                      | Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended  |   |
| <b>PRINCIPAL PURPOSE:</b>  |                                      | To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.  |   |
| <b>ROUTINE USES:</b>   |                                      | The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.         |   |
| <b>DISCLOSURE:</b>   |                                      | Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action. |   |
| <b>1. THRU (Include ZIP Code)</b>  |                                      | <b>2. TO (Include ZIP Code)</b>   |   |
|  |                                      | Army Education Center<br>ATTN: Army Personnel Testing (APT)<br>100 Knowledge Drive<br>Fort Stewart, GA 31314                                |   |
| <b>3. FROM (Include ZIP Code)</b>  |                                      |   |   |
| <b>SECTION I - PERSONAL IDENTIFICATION</b>   |                                      |   |   |
| <b>4. NAME (Last, First, MI)</b>   |                                      | <b>5. GRADE OR RANK/PMOS/AOC</b>  |   |
|  |                                      |   |   |
| <b>SECTION II - DUTY STATUS CHANGE (AR 600-8-6)</b>  |                                      |   |   |
| <b>7. The above Soldier's duty status is changed from _____ to _____</b><br>effective _____ hours, _____   |                                      |   |   |
| <b>SECTION III - REQUEST FOR PERSONNEL ACTION</b>  |                                      |   |   |
| <b>8. I request the following action: (Check as appropriate)</b>   |                                      |   |   |
| <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"/>  | Identification Card                           |
|  |                                      | <input type="checkbox"/>  | Identification Tags                           |
|  |                                      | <input type="checkbox"/>  | Separate Rations                              |
|  |                                      | <input type="checkbox"/>  | Leave - Excess/Advance/Outside CONUS          |
|  |                                      | <input type="checkbox"/>  | Change of Name/SSN/DOB                        |
|  |                                      | <input type="checkbox"/>  | Other (Specify)                               |
|  |                                      | <input type="checkbox"/>  | <b>DLAB</b>                                   |
| <b>9. SIGNATURE OF SOLDIER (When required)</b>   |                                      | <b>10. DATE (YYYYMMDD)</b>  |   |
|  |                                      |   |   |
| <b>SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)</b>  |                                      |   |   |
|  |                                      |   |   |
| <b>PRIMARY EMAIL:</b> _____  |                                      | <b>PRIMARY PHONE #:</b> _____   |   |
| <p>The Defense Language Aptitude Battery (DLAB) evaluates the aptitude of a Soldier to learn a Foreign Language. The test is used to determine eligibility for Army language training. DLAB scores do not expire. Personnel who fail to qualify for language training with a score of 95 or higher on the initial test may retest after a 6 month waiting period. First and second retests may be given upon approval by the Soldier's immediate Commander. Requests for retests within the 6 month period, for third or subsequent retests, must be based on a valid military requirement documented by the unit Commander. Third and fourth retests require an Exception to Policy (ETP) packet that is escalated from the Ft. Stewart Test Control Officer (TCO) to the Army Personnel Testing (APT) program manager at HQ ACES in Ft. Knox, KY for processing. ALL requests for a retest must include the previous test date(s) and score(s). The test must be taken within 30 days of the Commander's signature date.</p> <p>I request to be administered the DLAB examination.<br/>I have not taken this examination within the last 180 days.<br/>This is an initial DLAB examination.</p> <p>---OR---</p> <p>This is a DLAB retest. My last test date(s) was/were: _____ My score(s) was/were _____</p> <p>The Brigade S1/PAC point of contact is (name, email, phone number): _____</p> |                                      |   |   |
| <b>SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL</b>  |                                      |   |   |
| <b>11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -</b>  |                                      |   |   |
| <input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED   |                                      |   |   |
| <b>12. COMMANDER/AUTHORIZED REPRESENTATIVE</b>   |                                      | <b>13. SIGNATURE</b>  |   |
|  |                                      |   |   |
|  |                                      | <b>14. DATE (YYYYMMDD)</b>  |   |
|  |                                      |   |   |