

Enclosure 1
Army directed exemptions from SL/SM

1. Soldiers with a mandatory retirement date will be returned to home station 90 days prior to separation or retirement to ensure sufficient transition processing (enlisted retention control points are not mandatory retirements.)
2. Soldiers eligible for disability retirement, separation for physical disability, or other physical conditions, including Soldiers who have a permanent 3 or 4 profile who are pending final decision under the Physical Disability Evaluation System.
3. Soldiers pending separation because of dependency or hardship.
4. Soldiers whose quality of service warrants separation. This includes, but is not limited to, Soldiers pending adverse personnel actions to include involuntary separation or voluntary resignation in lieu of elimination or for the good of the service (e.g., misconduct, poor duty performance, qualitative management program, alcohol or drug rehabilitation failure, or punitive discharges under provisions of the UCMJ).
5. Soldiers in violation of the Army's homosexual conduct policy.
6. Soldiers pending separation who are conscientious objectors.
7. Soldiers who do not meet military personnel security program standards.
8. Soldiers pending separation for the convenience of the government (e.g., surviving sons or daughters, parenthood, pregnancy, or failure to meet procurement medical fitness standards).
9. Soldiers identified for ARSOF accession courses.
10. Soldiers on AI to Recruiting Command and/or to perform duties as a production recruiter (detailed recruiter or holding MOS 79R).
11. Soldiers on AI to Drill Sergeant School and/or drill sergeant duty.
12. Soldiers identified for Explosive Ordnance (EOD) training.
13. Soldiers who are on duty with the OIF or OEF units in a TCS, TDY, or attached status.
14. Enlisted Soldiers on assignment to DML "SMD" or DMSL "SOA".
15. Enlisted Soldiers participating in the Bonus Extension and Retraining (BEAR) program or identified for reclassification under the MOS Medical Retention Board (MMRB) or DA directed reclassification training.
16. Soldiers scheduled for officer and warrant officer producing programs (e.g., Green to Gold/OCS/WOCS).
17. Soldiers scheduled for Army Medical Department (AMEDD) related schooling including flight, nursing, physician's assistant, and long term health education and training.
18. Central Selection List (CSL) commands:
 - a. Commanders at battalion and brigade level will not change command while deployed. The intent is to allow commanders and Soldiers to complete the deployment together as a team. General officer (GO) commanders of CSL units will determine whether to change commanders before or after deployment.
 - b. Officers slated to assume CSL command in non-OIF/OEF units will PCS as scheduled. CSA pre-command course (PCC) program still applies.
19. Officers approved for separation under the Army National Guard Combat Reform Initiative (ANGCRI) program.
20. Officers twice non-selected for promotion who are not subsequently selectively continued for further service on active duty.
21. Officers who are twice nonselected for promotion and are selected for SELCON but have already conducted final outprocessing on or before the effective date of stop loss.

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 (Include ZIP Code) BCT Commander
2. TO (Include ZIP Code) Commander, HRC ATTN: (???? Branch, Branch Manager's Name) Alex, VA 22331
3. FROM (Include ZIP Code) Company Commander

SECTION I - PERSONAL 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)
Table with columns for request types: Service School, ROTC or Reserve Component Duty, Volunteering For Oversea Service, Ranger Training, Reassignment Extreme Family Problems, Exchange Reassignment, Airborne Training, Special Forces Training/Assignment, On-the-Job Training, Retesting in Army Personnel Tests, Reassignment Married Army Couples, Reclassification, Officer Candidate School, Asgmt of Pers with Exceptional Family Members, Identification Card, Identification Tags, Separate Rations, Leave - Excess/Advance/Outside CONUS, Change of Name/SSN/DOB, Other (Specify), Exception to Policy SL/SM

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

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

1. Request an exception to policy under the Army and ICD SM/SL policy.
2. Request approval to PCS/Separate to _____.
3. The following information is in support of this request:
a. Previous Deployment dates _____ thru _____.
b. Pending UCMJ (Yes/No)
c. Enrolled in MACP (Yes/No)
4. Additional Information:

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 [X] RECOMMEND APPROVAL [] RECOMMEND DISAPPROVAL [] IS APPROVED [] IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE
13. SIGNATURE
14. DATE (YYYYMMDD)

PERSONNEL ACTION FORM ADDENDUM

For use of this form see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

1. NAME OF INDIVIDUAL		2. SSN	
3. RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL			
a.	(1) ORGANIZATION	(2) OFFICE SYMBOL	(3) DATE
(4) ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> RETURNED			
(5) COMMENTS			
(6) NAME XXXXXXXXXX		(7) TITLE/POSITION/RANK Battalion Commander	
(8) SIGNATURE		(9) HEADQUARTERS POC TELEPHONE NUMBER	
(10) FORWARDED TO		(11) ENCLOSURES <input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE	
b.	(1) ORGANIZATION	(2) OFFICE SYMBOL	(3) DATE
(4) ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> RETURNED			
(5) COMMENTS			
(6) NAME XXXXXXXXXXXXX		(7) TITLE/POSITION/RANK Brigade Commander	
(8) SIGNATURE		(9) HEADQUARTERS POC TELEPHONE NUMBER	
(10) FORWARDED TO		(11) ENCLOSURES <input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE	
c.	(1) ORGANIZATION	(2) OFFICE SYMBOL	(3) DATE
(4) ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> RETURNED			
(5) COMMENTS			
(6) NAME XXXXXXXXXXXXX		(7) TITLE/POSITION/RANK 1st Cavalry Division Commanding General	
(8) SIGNATURE		(9) HEADQUARTERS POC TELEPHONE NUMBER	
(10) FORWARDED TO		(11) ENCLOSURES <input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE	
4. DISTRIBUTION <i>(List all organizations to receive copy)</i>			