

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 1/25TH SBCT FORT WAINWRIGHT AK, 99703	2. TO (Include ZIP Code) MILITARY PERSONNEL DIVISION ATTN: TRANSITIONS BLDG 3401, RM 124 FORT WAINWRIGHT AK, 99703	3. FROM (Include ZIP Code) COMMANDER HHC 3-21 IN, 1/25TH SBCT FORT WAINWRIGHT AK, 99703
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) [REDACTED]	5. GRADE OR RANK/PMOS/AOC E4/SPC/68W/10	6. SOCIAL SECURITY NUMBER [REDACTED]
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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"/> Releasng 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) Chapter 5-16
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required) [REDACTED] 10. DATE (YYYYMMDD)
20161014

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

- Soldier is ~~is~~ **NOT** mission essential [REDACTED] (Commander's initials)
- Delay of school enrollment until normal ETS will/will NOT cause undue hardship as stated in Soldier's memo.
- Soldier ~~is~~ **NOT** requesting to leave 10 days prior to the date classes convene. (if yes, justification must be in the Soldier's memo)
- Soldier is ~~is~~ **NO** on initial enlistment of less than 3 years or a former senior ROTC cadet ordered to active duty because of breach of contract
- Current ETS 20170328; Requested ETS 20170107
- Transitional leave dates 20161209-20170107
- Total transitional leave & requested drop will/will NOT exceed 90 days.

Encl:
DA Form 4187-1-R
Memorandum from Soldier
Memorandum from school official
Proof of paid school fees or ability to pay fees
Memorandum from Education Center
DA Form 31
LES

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 [REDACTED]	13. SIGNATURE [REDACTED]	14. DATE (YYYYMMDD)
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REQUEST AND AUTHORITY FOR LEAVE

This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10.
The proponent agency is DCS, G-1. (See *Instructions on reverse*.)

1. CONTROL NUMBER

14. DEPARTURE		
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY
15. EXTENSION		
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY
16. RETURN		
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY
17. REMARKS		
Chargeable leave is from _____ to _____		

PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL

18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.

19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:

For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC):

Should you require other assistance call PAP:

20. DEPARTED UNIT	21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT
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24. PART III - DEPENDENT TRAVEL AUTHORIZATION			
<input type="checkbox"/> (Space available or required cash reimbursable)		<input type="checkbox"/> ONE WAY	
<input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25		<input type="checkbox"/> ROUND TRIP	

DEPENDENT INFORMATION

a. DEPENDENTS (Last name, First, MI)	b. RELATIONSHIP	c. DATES OF BIRTH (Children)	d. PASSPORT NUMBER

PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION

26. DESIGNATION AND LOCATION OF HEADQUARTERS		27. ACCOUNTING CITATION
28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT

ISSUE NO. GRADE PAY DATE VIDEO CODE ETC BRANCH ADDRESS REGION COVERED



WWW.DFAS.MIL



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Review your trip

Nice Job! You picked one of our best value flights. Book now so you don't miss out on this price!

Trip Summary

Traveler 1: Adult \$1 Booking Fee

Fri, Dec 9 From Fairbanks Intl. (FAI) To Sacramento Intl. (SMF)

Trip Total: \$14 Only 7 tickets left at this price



Best Value

Rates are quoted in US dollars

Best Price Guarantee

1:15am FAI 9:42am SMF 7h 27m, 1 stop SEA

Important Flight Information

- Tickets are non-refundable 24 hours after booking and non transferable. A fee of \$200.00 per ticket is charged for itinerary changes. Name changes are not allowed.

Show flight and baggage fee details

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ENLISTED RECORD BRIEF

BRIEF DATE	NAME	RANK - DOR	20090521	PMOS	68W	SSN	COMPONENT
SECTION I - Assignment Information	SECTION II - Security Data	SECTION III - Service Data	SECTION IV - Personal/Family Data	REGULAR			



DEPARTMENT OF THE ARMY
HEADQUARTERS AND HEADQUARTERS COMPANY
3RD BATTALION 21ST INFANTRY REGIMENT
BLDG 3210 SANTIAGO AVENUE
FORT WAINWRIGHT AK 99703-5000

20 October 2016

MEMORANDUM FOR RECORD

SUBJECT: Request for School Droop

1. I [REDACTED] am requesting to attend school on 17 January 2017. The reason why I wish to attend school at this time is that I will be more financially secure than I would be if I waited for the next term of enrollment, which begins in late June 2017. If I attend the January 2017 semester, I will be more financially secure with the money I've saved up at this time, as well as being able to initiate my BAH a month after leaving the Army, which will greatly impact my financial situation.

2. The point of contact for this is the undersigned, [REDACTED]
or [REDACTED].mil@mail.mil.

[REDACTED]



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, U.S. ARMY GARRISON FORT WAINWRIGHT
1046 MARK ROAD #6000
FORT WAINWRIGHT, ALASKA 99703-6000

12 October 2016

MEMORANDUM FOR RECORD)

SUBJECT: Status of Desired College and Statement of Ability to Pay

1. Solano Community College is accredited by the Western Association of Colleges and Schools Commission on Colleges (WASC) and recognized as a regionally accrediting agency and is listed in the Accredited Institutions of Postsecondary Education.
2. SPC [REDACTED] has applied for and been accepted to the college and has paid the enrollment fees. Classes start 17 January 2017.
3. POC is the undersigned at [REDACTED] or [REDACTED]@mail.mil.

[REDACTED]
Education Services Officer
Ft Wainwright Education Center

FWA ARMY EDUCATION CENTER



DEPARTMENT OF THE ARMY
HEADQUARTERS AND HEADQUARTERS COMPANY
3RD BATTALION 21ST INFANTRY REGIMENT
BLDG 3210 SANTIAGO AVENUE
FORT WAINWRIGHT AK 99703-5000

APVR-SBC-HHC

18 October 2016

MEMORANDUM FOR RECORD

SUBJECT: Excess Leave

1. I SPC [REDACTED] understand that I will have excess leave days accrued after submitting this school drop packet. Knowing this I wish to sell my remaining 34 days of leave back to the Army.
2. The point of contact for this is the undersigned, SPC [REDACTED] at [REDACTED] or [REDACTED]mil@mail.mil

[REDACTED]

SOLANO

COMMUNITY COLLEGE

<http://www.solano.edu>

October 7, 2016

To Whom IT May Concern:

This letter is written at the request of [REDACTED]. Mr. [REDACTED] has applied to attend the spring 2017 semester at Solano Community College, a public institution of higher learning. The semester begins January 17, 2017 and ends May 25, 2017. Solano Community College is located in Fairfield, California and is regionally accredited by the Western Association of Schools and Colleges.

Mr. [REDACTED] has received our welcome letter and we look forward to assisting him in reaching his educational goals.

Sincerely,

[REDACTED]
Admissions & Records Analyst
Solano Community College
707-864-7200