CURTAILMENT OF TOUR

1. Action clerk receives documentation for action

2. The 4187-R, ERB, and the 2-1 must be included in packet.

3. After the PSD CDR reviews packet, it will be forwarded to the BN CDR for recommendation of approval/disapproval.

4. Upon signature, the packet will be forwarded to the Strength Management **B**ranch.

5. If action is approved, SMD clerk updates DEROS in SIDPERS and makes copies for soldier S1, Cdr, 1SG, and forwards copy to Records clerk to update soldier's 201 File.

Circle the appropriate copy designator

Copy 1 Copy 2 Copy 3 Copy 4

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)*	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*
HQ CMD, USANATO ATTN: ACH-PSD-ACT APO AE 09705	Commander, USANATO ATTN: ACDP-SMB-E APO AE 09705	Commander PSD CO, USANATO APO AE 09705

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
Devane, David J.	SGT/95B	332-04-9664

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)*

	Service School *(Enl only)*		Special Forces Training/Assignment		Identification Card
	ROTC or Reserve Component Duty		On-the-Job Training *(Enl only)*		Identification Tags
	Volunteering For Oversea Service		Retesting in Army Personnel Tests		Separate Rations
	Ranger Training		Reassignment Married Army Couples		Leave - Excess/Advance/Outside CONUS
	Reassignment Extreme Family Problems		Reclassification		Change of Name/SSN/DOB
	Exchange Reassignment *(Enl only)*		Officer Candidate School	X	Other *(Specify)* Curtailment
	Airborne Training		Asgmt of Pers with Exceptional Family Members		

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

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

1. IAW AR 614-30, soldier requests a 30 day curtailment.

2. The following information is provided:

   a. DEROS: 030707
   b. Requested DEROS: 030606
   c. ETS: 040828
   c. Last PCS: 000426
   d. Marital Status: Single

Justiciation: Soldier needs a minimum of 13 months in order to PCS back to the states.

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)*
Roger A. Wheatley, CW2, USA, Commanding		