

# PERSONNEL ACTION

For use of this form, see DA PAM 600-8; the proponent agency is DCS, G-1.

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 10, USC, Section 3013, USC, E.O. 9397 (SSN), as amended  
**PRICIPAL 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)	2. TO (Include ZIP Code)	3. FROM (Include ZIP Code)
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## SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER XXX-XX-
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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/Assignment (Enl Only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting 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) <b>FOREIGN SERVICE MEDAL (NFM)</b>
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD) 20191102
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## SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

- IAW AR 600-8-22 request issuance of permanent orders authorizing the acceptance and wear of the Norwegian Foot-March Skill Insignia (also known as the Road March Badge)
- Required Information:
  - Title of Decoration: The Norwegian Foot-March Skill Insignia (also known as the Road Marching Badge)
  - Name of Awarding Country: Norway
  - Date and Place of Presentation: **02 NOVEMBER 2019, University of Southern Indiana, Evansville, IN**
  - Name and Position of Person Who Presented the Award: Dr. Nils Johansen (ret 2LT), under authorization of the Defense Attaché, RADM Ole Morten Sandquist, Royal Norwegian Embassy, Norwegian Armed Forces
- Badge Qualification Standards:
  - Pack and weight: The guidelines state the pack and weapon together shall weigh a total of 11kg (24.244 pounds). To compensate for the weapon, the event at the University of Southern Indiana requires a 25 pound rucksack to account for the total 11kg requirement.
  - Course Length and Conditions: The course shall be 30km (18.6 miles), on good roads, which are currently all hard ball. Furthermore, participants are only supposed to run the course between 0 and 25 degrees Celsius (32 and 77 degrees Fahrenheit). The course must be completed within the prescribed time varying by age and gender.
  - Copy of Certificate and Translation: Attached
- Request the above be entered in the permanent record and authorized for wear IAQ AR 670-1 upon determination approval from HRC.

## 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) 20191102
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15. NAME OF INDIVIDUAL <b>Adams, William, C.</b>	16. SSN <b>XXX-XX-</b>
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**ADDENDUM-RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL**

AUTHORITY	a. TO Unit iPerms Clerk	b. FROM
c. ACTION <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED    RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		
d. NAME (Last, First, Middle)		e. RANK
g. TITLE/POSITION		f. DATE (YYYYMMDD) 20191102
h. SIGNATURE		i. COMMENTS

Requirements and standards for the Awarding of the Norwegian Foot March Foreign Service Medal was achieved and validated for authorization of award and wear.

AUTHORITY	a. TO	b. FROM
c. ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED    RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		
d. NAME (Last, First, Middle)		e. RANK
g. TITLE/POSITION		f. DATE (YYYYMMDD)
h. SIGNATURE		i. COMMENTS

AUTHORITY	a. TO	b. FROM
c. ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED    RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		
d. NAME (Last, First, Middle)		e. RANK
g. TITLE/POSITION		f. DATE (YYYYMMDD)
h. SIGNATURE		i. COMMENTS

AUTHORITY	a. TO	b. FROM
c. ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED    RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		
d. NAME (Last, First, Middle)		e. RANK
g. TITLE/POSITION		f. DATE (YYYYMMDD)
h. SIGNATURE		i. COMMENTS

i. COMMENTS