

PERSONNEL ACTION REQUEST

(Retain a Copy for your Records)

Unit:

(Rank) (Last Name) (First Name) (MI) (SSN/MOS)
 Work Section: Work Phone: Home Phone:

ACTION REQUESTED *(Check one)*

Administrative Action Form (AA Form)
 Allotment
 Leave
 Permissive Temporary Additional Duty (PTAD)
 Record Book / Unit Diary Entries
 Request COMRATS
 Terminal Leave / Separation / Retirement
 Other:

Remarks:

Leave Request

Type of Leave: Number of Days:
 to
 Depart Time Depart Date Return Time Return Date
 Leave Address:
 Leave Phone Number:

Reminders

Current LES attached
 HQBN personnel-attach Annual Lv
 Checklist.
 Leave begins at 1630 (weekdays),
 0800 (weekends, holidays)

Separations Terminal Leave Request

Release from Active Duty
 Discharge
 FMCR PTAD: to
 Retirement TERMLV to
 Other: (Date) (Date)

Be sure to schedule your TAP class
 and a Final Physical.

EAS:

Permissive Temporary Additional Duty (PTAD)

House hunting
 Paternity
 Recruiter's Assistance
 Sports Participation PTAD: to
 Other: (Date) (Date)

PTAD begins at 0800 and expires at
 0759.

Allotments *(Select one)*

Nature of request: Amount of Deduction:
 Change of Deduction: Old New
 Account/Policy #:

Type of Allotment:

Bond Allotments ONLY

Safekeeping (No address necessary)
 Mailed (Address required)
 Co-Owner / Beneficiary (Fill in info below)

Name SSN
 (Co-Owner/Beneficiary)

Did you first attempt making changes
 using your MyPay account?

Savings Allotment-attach the Direct
 Deposit Form signed by the bank.

Insurance Allotment-provide name
 and address of agency

(Printed Name of Member)

(Signature of Member)

(Date)

RECOMMENDATION		REASON FOR DISAPPROVAL	TITLE	SIGNATURE	DATE
<input type="checkbox"/> YES	<input type="checkbox"/> NO		SNCOIC		
<input type="checkbox"/> YES	<input type="checkbox"/> NO		OIC		
<input type="checkbox"/> YES	<input type="checkbox"/> NO		1stSgt		
<input type="checkbox"/> YES	<input type="checkbox"/> NO		Commander		
<input type="checkbox"/> YES	<input type="checkbox"/> NO		SgtMaj		
<input type="checkbox"/> YES	<input type="checkbox"/> NO		XO		
<input type="checkbox"/> YES	<input type="checkbox"/> NO		CO		

FOR BPAC USE ONLY

SRB UNIT DIARY ORDERS CORRESPONDENCE

ACTION TAKEN: _____

Action taken and completed by:

_____ (Printed Name)

_____ (Signature)

_____ (Date)