

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 GSB, 7TH SFG (A) EGLIN AFB 32542	2. TO (Include ZIP Code) Commander, HRC ATTN: EPMD-RECLASS 1600 Spearhead Division Avenue Fort Knox, KY 40122	3. FROM (Include ZIP Code) Commander S&D, GSB, 7TH SFG (A) EGLIN AFB, FL 32542

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) Fletcher, Dale A.	5. GRADE OR RANK/PMOS/AOC SSG/92R	6. SOCIAL SECURITY NUMBER 540-98-0772
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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 (<i>Enl only</i>)	Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	On-the-Job Training (<i>Enl only</i>)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input checked="" type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (<i>Enl only</i>)	Officer Candidate School	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	
9. SIGNATURE OF SOLDIER (When required)		10. DATE (YYYYMMDD) 20151027

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

1. Reclassification Type: Mandatory Voluntary MND2 Reclass Soldier not at fault Fast Track; SM does not need SMAPP memo
2. Requested MOS(S): 91F, 92A, 88M, 56M, 42A
- SRB Recoupment: Y
- 12 months Time on Station: Y
- Qualified IAW DA Pam 611-21, ATRRS, and RETAIN Min Quals for requested MOS(S): Y
- Meets SRR or qualified to reenlist/extend for SRR: Y
- Soldier is not on assignment
- Soldier has fulfilled all SRRs: Y
- Earliest Date Elig to move: Sm can move at next available class date.

Encls

1. 09U Counseling
2. APFT card
3. Security Clearance Memo
4. Typing Test

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 -	
<input type="checkbox"/> HAS BEEN VERIFIED	<input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED
12. COMMANDER/AUTHORIZED REPRESENTATIVE	
Nina J. Traylor, CPT, LG, Commander	13. SIGNATURE 
14. DATE (YYYYMMDD) 20151027	

15. NAME OF INDIVIDUAL Fletcher, Dale A.		16. SSN 540-98-0772	
ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL			
AUTHORITY	a. TO Commander, HRC ATTN: EPMD-RECLASS 1600 Spearhead Division Avenue Fort Knox, KY 40122	b. FROM Commander GSB, 7th SFG (A) EGLIN AFB, FL 32542	
	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) BROWN, CLARENCE T.		e. RANK LTC	f. DATE (YYYYMMDD) 20150825
g. TITLE/POSITION Battalion Commander		h. SIGNATURE 	
i. COMMENTS <p>RETENTION IS IN THE BEST INTEREST OF THE ARMY AND SEPARATION IS NOT WARRANTED WHEN PROCESSING LAW PARAGRAPH 1B.</p>			
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	f. DATE (YYYYMMDD)
g. TITLE/POSITION		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	f. DATE (YYYYMMDD)
g. TITLE/POSITION		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	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			

PHYSICAL PROFILE

For use of this form, see AR 40-501; the proponent agency is the Office of the Surgeon General.

1. MEDICAL CONDITION: (Description in lay terminology) <input checked="" type="checkbox"/> INJURY? Or <input type="checkbox"/> ILLNESS/DISEASE?			2. CODES (Table 7-2 AR 40-501)		3. Temporary Permanent	<table border="1" style="width: 100%;"><tr><td>P</td><td>U</td><td>L</td><td>H</td><td>E</td><td>S</td></tr><tr><td>1</td><td>1</td><td>2</td><td>1</td><td>1</td><td>1</td></tr></table>					P	U	L	H	E	S	1	1	2	1	1	1
P	U	L	H	E		S																
1	1	2	1	1	1																	
Chronic low back pain with radiculopathy (L5/S1 fusion with retained hardware & multilevel DDD)			B																			
4. PROFILE TYPE						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																
a. TEMPORARY PROFILE (Expiration date YYYYMMDD) (Limited to 3 months duration)						<input type="checkbox"/> <input checked="" type="checkbox"/>																
b. PERMANENT PROFILE (Reviewed and validated with every periodic health assessment or after 5 years from the date of issue)						<input checked="" type="checkbox"/> <input type="checkbox"/>																
5. FUNCTIONAL ACTIVITIES THAT EVERY SOLDIER REGARDLESS OF MOS MUST BE ABLE TO PERFORM. IF SOLDIER CANNOT PERFORM ANY ONE OF THESE TASKS, THEN THE PULHES MUST CONTAIN AT LEAST ONE "3" AND SOLDIER MUST BE REFERRED TO A MEB. CAN THE SOLDIER:																						
FUNCTIONAL ACTIVITY: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																						
<p>a. Carry and fire individual assigned weapon? <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>b. Evade direct and indirect fire? <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>c. Ride in a military vehicle for at least 12 hours per day? <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>d. Wear a helmet for at least 12 hours per day? <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>e. Wear body armor for at least 12 hours per day? <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>f. Wear load bearing equipment (LBE) for at least 12 hours per day? <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>g. Wear military boots and uniform for at least 12 hours per day? <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>h. Wear protective mask and MOPP 4 for at least 2 continuous hours per day? <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>i. Move 40lbs (for example, duffle bag) while wearing usual protective gear (helmet, weapon, body armor and LBE) at least 100 yards? <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>j. Live in an austere environment without worsening the medical condition? <input checked="" type="checkbox"/> <input type="checkbox"/></p>																						
6. APFT		YES <input type="checkbox"/>	NO <input type="checkbox"/>	ALTERNATE APFT (Fill out if unable to do APFT run otherwise N/A)			N/A	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>													
2 MILE RUN		<input checked="" type="checkbox"/>	<input type="checkbox"/>	APFT WALK			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
APFT SIT-UPS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	APFT SWIM			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
APFT PUSH UPS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	APFT BIKE			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
7. DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501?																						
YES <input type="checkbox"/> NEEDS MMRB				NO <input type="checkbox"/> NEEDS MEB																		
8. FUNCTIONAL LIMITATIONS AND CAPABILITIES AND OTHER COMMENTS:																						
No Airborne Operations																						
<p><input type="checkbox"/> This temporary profile is an extension of a temporary profile first issued on _____</p>																						
9. NAME, GRADE & TITLE OF PROFILING OFFICER Joshua Shehan, CPT, PA-C				10. SIGNATURE <<electronically signed>>			11. DATE (YYYYMMDD) 20151020															
12. NAME & GRADE OF APPROVING AUTHORITY Jennifer Lay, LTC, MD				13. SIGNATURE <<electronically signed>>			14. DATE (YYYYMMDD) 20151020															
15. Commanders can access the electronic profiles of Soldiers in their unit(s) by going to http://www.mods.army.mil/ and clicking on eProfile in the list of applications. Commanders will be required to register and be approved in eProfile before they can gain access to profiles.																						
16. PATIENT'S IDENTIFICATION				17. HOSPITAL OR MEDICAL FACILITY																		
a. NAME: (Last, First) FLETCHER DALE ARTHUR				EGLIN-RTB																		
b. GRADE/RANK: SSG																						
c. SSN: 540980772																						
d. UNIT: WDSNAO: 0007 SF BN 01 CO A SUSTAINMEN																						
				18. PROFILING OFFICER E-MAIL joshua.shehan@us.army.mil																		

PHYSICAL PROFILE - PAGE 2 (OPTIONAL)

PATIENT'S NAME

FLETCHER DALE ARTHUR

DATE (YYYYMMDD)

20151020

CONTINUATION (*From page 1, Item 8*)

Army Physical Fitness Test Scorecard

For use of this form, see FM 7-22; the proponent agency is TRADOC.

NAME (Last, First, MI)
ELC Her, Date
GENDER
Male
UNIT
SD 658 7th SF6A

TEST ONE			TEST TWO			TEST THREE			TEST FOUR		
DATE	GRADE	AGE	DATE	GRADE	AGE	DATE	GRADE	AGE	DATE	GRADE	AGE
Ymaris	35	21 Sep 15	E-6	35		10	185 lbs	70 in	10	185 lbs	70 in
HEIGHT (IN INCHES)			BODY COMPOSITION			HEIGHT (IN INCHES)			BODY COMPOSITION		
WEIGHT: 184 lbs			BODY FAT: %			WEIGHT: 185 lbs			BODY FAT: %		
<input checked="" type="checkbox"/> GO / NO-GO			<input type="checkbox"/> GO / NO-GO			<input checked="" type="checkbox"/> GO / NO-GO			<input type="checkbox"/> GO / NO-GO		
PURAW SCORE			INITIALS			PURAW SCORE			INITIALS		
SU RAW SCORE			POINTS			SU RAW SCORE			POINTS		
102			60			74			89		
INITIALS			POINTS			INITIALS			POINTS		
2MR RAW SCORE			INITIALS			2MR RAW SCORE			INITIALS		
16:09			TM			75			24:4		
TOTAL POINTS			TOTAL POINTS			TOTAL POINTS			TOTAL POINTS		
ALTERNATE AEROBIC EVENT			ALTERNATE AEROBIC EVENT			ALTERNATE AEROBIC EVENT			ALTERNATE AEROBIC EVENT		
W			W			W			W		
TIME			TIME			TIME			TIME		
<input type="checkbox"/> GO			<input type="checkbox"/> GO			<input type="checkbox"/> GO			<input type="checkbox"/> GO		
NO-GO			NO-GO			NO-GO			NO-GO		
NCO/COIC SIGNATURE			NCO/COIC SIGNATURE			NCO/COIC SIGNATURE			NCO/COIC SIGNATURE		
Walter			S.Sgt. Michael A. Hill			S.Sgt. Michael A. Hill			S.Sgt. Michael A. Hill		
COMMENTS			COMMENTS			COMMENTS			COMMENTS		
to record											
SPECIAL INSTRUCTION: USE INK											
LEGEND: PU - PUSH UPS 2MRR - 2 MILE RUN											
SU - SIT UPS APFT - ARMY PHYSICAL FITNESS TEST											

DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army.
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also apply to this system.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI) FLETCHER, DALE A.	Rank/Grade SSG/E6	Date of Counseling 20151027
Organization S&D, GSB, 7TH SFG (A)	Name and Title of Counselor SFC THOMPSON, JILL/CAREER COUNSELOR	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)

MANDATORY RECLASSIFICATION (MND2) RECLASS SOLDIER NOT AT FAULT; 09U MANDATORY COUNSELING

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

I, SSG Fletcher, Dale A., understand I am being processed for a Mandatory Reclassification because I no longer meet the requirements outlined in DA PAM 611-21 for my PMOS. I also understand this reclassification is IAW the needs of the Army and the Army Human Resources Command (HRC) is the final approval authority for this request. HRC will make one of the following decisions.

Approve reclassification into a Secondary MOS (SMOS) or Additional MOS (AMOS) provided the Soldier maintained qualifications (Initials) DAF.

Approve Soldier for reclassification to a new MOS IAW the needs of the Army (Initials) DAF.

Disapprove Reclassification request and place the Special Reporting Code (SRC) 09U on the Soldier's record (Initials) DAF.

HRC will reclassify a Soldier to SRC 09u when the Soldier falls into one of the following categories:

1. Soldiers who have 17 years and 9 months or more Active Federal Service (AFS) and losses qualifications in PMOS will have SRC 09U (Initials) DAF.
2. Soldiers with less than 17 years and 9 months of AFS and the request to reclassify is disapproved because the Soldier does not qualify for, or there are no training vacancies for a shortage/balances MOS (Initials) DAF.

Soldiers who are classified as SRC 09U, must retire or separate not earlier than 90 days or no later than 270 days after the effective date of classification in SRC 09U (Initials) DAF.

Soldiers with 18, but less than 20 years of AFS who are classified in SRC 09U may serve to meet minimum retirement eligibility or 270 days after the effective date of classification of 09U, whichever is later unless involuntarily separated earlier by the Assistant Secretary of the Army (Manpower & Reserve Affairs). (Initials) DAF.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below)
Submit requirements for Mandatory Reclassification

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: I agree disagree with the information above.
Individual counseled remarks:

Signature of Individual Counseled:

Date:

27 Oct 2015

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

Signature of Counselor:

Date:

27 OCT 2015

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: _____ Individual Counseled: _____ Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
GSB, 7TH SPECIAL FORCES GROUP (AIRBORNE)
EGLIN AIR FORCE BASE, FLORIDA 32542

AOSO-SFB-GS

26 October 2015

MEMORANDUM FOR RECORD

SUBJECT: Security Clearance Verification

1. References:

- a. AR 380-67, Personnel Security Program, 09 Sep 88.
- b. AR 600-20, Army Command Policy, ALARACT 188/2014 Screening Of Sexual Harassment/ Assault Response And Prevention Program Personnel And Others In Identified Positions Of Significant Trust, 26 Jul 14.

2. The following SM has a valid and current security clearance; further information is included below:

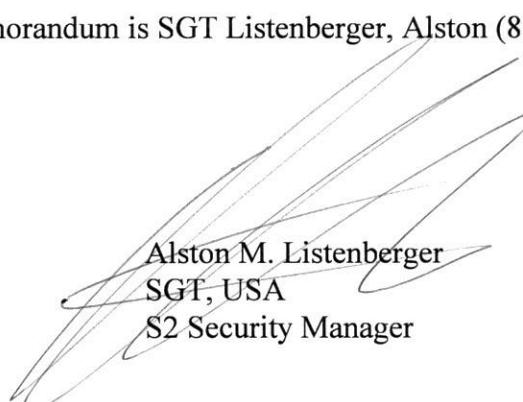
Name: Fletcher, Dale Arthur

SSN: 540-98-0772

Clearance Level/ Access: SECRET

Investigation Type: NACLC from OPM, Open date 2009/03/17, Closed date 2009/04/30.

3. The point of contact for this memorandum is SGT Listenberger, Alston (850) 885-2034 or Alston.listenberger@ahqb.soc.mil.



Alston M. Listenberger
SGT, USA
S2 Security Manager

Chromebox For Meetings



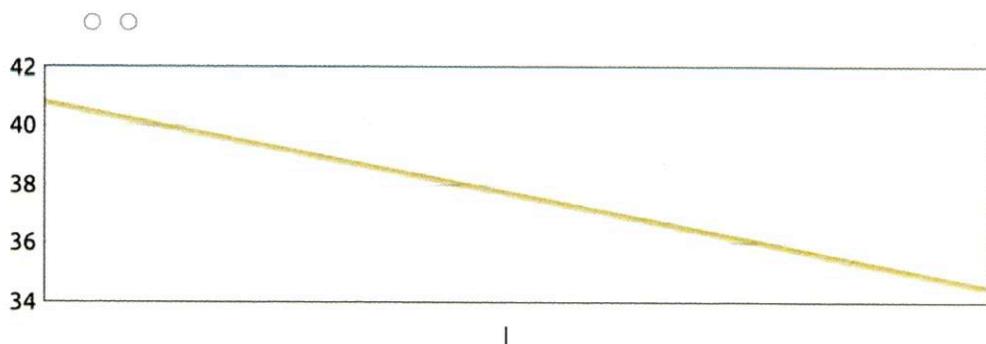
Video Conferencing by Google. HD Camera, Microphone, Speakers.



fletcherusa

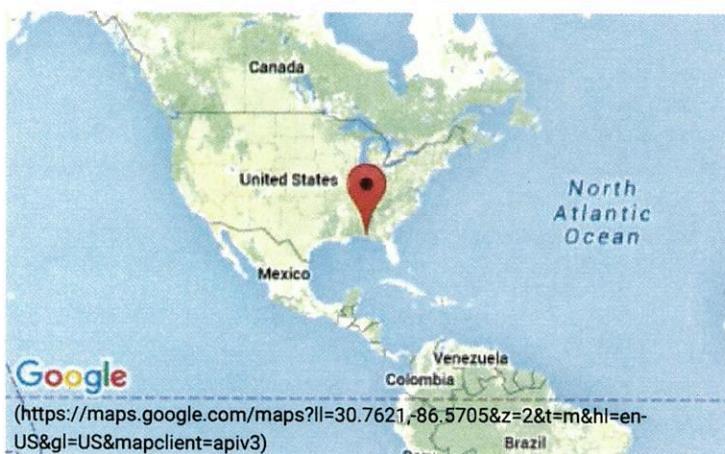
Edit my profile

(/profileedit/)



About

Name	Dale Fletcher
Last login	5 minutes ago
Date joined	5 minutes ago
Quotes contributed (/quotes/?user=fletcherusa)	0 add one (/quotes/)
Description	N/A
Keyboard / Laptop	Asus
Keyboard mapping	QWERTY
Computer usage	0-4 hours / day



Achievements

Speed:



Accuracy:



Quotes:



Tell people your speed, paste this badge on your site:

fletcherusa's typing test (<http://keyhero.com/profile/fletcherusa/?ba>) <a title="fletcherusa's typing t

Recent typing tests

Titanic (/online-typing-test/2877/)	34.51	93.7%	0 minutes ago
Julian Nangpuhan II (/online-typing-test/2920/)	40.83	96.0%	2 minutes ago

Download stats (/export-games/)

Performances

Rank	71851 (/topplayers/) / 172739
Recent speed average of the last games	37.67
Old speed average of the first games	37.67
All time speed	37.67
Recent accuracy average of the last games	94.86%
Old accuracy average of the first games	94.86%
Best speed	40.83
Number of games	2

The speed is expressed in WPM (/news6/) (Words Per Minute).

The accuracy indicates how precise you are during the typing test.
100% means 0 errors.

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