

## 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

### 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"/> 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 checked="" 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 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

- 09U Counseling
- APFT card
- Security Clearance Memo
- 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 -

☐ HAS BEEN VERIFIED ☒ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)

Nina J. Traylor, CPT, LG, Commander



20151027

15. NAME OF INDIVIDUAL Fletcher, Dale A.		16. SSN <div style="text-align: right;">540-98-0772</div>	
<b>ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL</b>			
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 <div style="font-size: 1.2em;">RETENTION IS IN THE BEST INTEREST OF THE ARMY AND SEPARATION IS NOT WARRANTED WHEN PROCESSING LAW PARAGRAPH 1B.</div>			

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? Chronic low back pain with radiculopathy (L5/S1 fusion with retained hardware & multilevel DDD)		2. CODES (Table 7-2 AR 40-501) B		3. Temporary Permanent		P	U	L	H	E	S
						1	1	2	1	1	1
4. PROFILE TYPE										YES	NO
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	NO
a. Carry and fire individual assigned weapon?										<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Evade direct and indirect fire?										<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Ride in a military vehicle for at least 12 hours per day?										<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Wear a helmet for at least 12 hours per day?										<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Wear body armor for at least 12 hours per day?										<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Wear load bearing equipment (LBE) for at least 12 hours per day?										<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Wear military boots and uniform for at least 12 hours per day?										<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Wear protective mask and MOPP 4 for at least 2 continuous hours per day?										<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
j. Live in an austere environment without worsening the medical condition?										<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. APFT	YES	NO	ALTERNATE APFT (Fill out if unable to do APFT run otherwise N/A)			N/A	YES	NO			
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											
<input type="checkbox"/> This temporary profile is an extension of a temporary profile first issued on _____											
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 <a href="http://www.mods.army.mil/">http://www.mods.army.mil/</a> 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: WDSNA0:: 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)

ENDER Fletcher, Dale

GENDER male

UNIT

549658 7TH SFGAD

TEST ONE				TEST TWO				TEST THREE				TEST FOUR			
DATE	GRADE	AGE		DATE	GRADE	AGE		DATE	GRADE	AGE		DATE	GRADE	AGE	
4 Mar 15		35		21 Sep 15	E-6	35									
HEIGHT (IN INCHES)	BODY COMPOSITION			HEIGHT (IN INCHES)	BODY COMPOSITION			HEIGHT (IN INCHES)	BODY COMPOSITION			HEIGHT (IN INCHES)	BODY COMPOSITION		
WEIGHT: 184 lbs	GO / NO-GO	BODY FAT: 18.4 %		WEIGHT: 185 lbs	GO / NO-GO	BODY FAT: 18.5 %		WEIGHT: lbs	GO / NO-GO	BODY FAT: %		WEIGHT: lbs	GO / NO-GO	BODY FAT: %	
10	<input checked="" type="checkbox"/>			70 in	<input checked="" type="checkbox"/>										
PU RAW SCORE	INITIALS	POINTS		PU RAW SCORE	INITIALS	POINTS		PU RAW SCORE	INITIALS	POINTS		PU RAW SCORE	INITIALS	POINTS	
				64	JY	89									
SU RAW SCORE	INITIALS	POINTS		SU RAW SCORE	INITIALS	POINTS		SU RAW SCORE	INITIALS	POINTS		SU RAW SCORE	INITIALS	POINTS	
				60	JY	81									
2MR RAW SCORE	INITIALS	POINTS		2MR RAW SCORE	INITIALS	POINTS		2MR RAW SCORE	INITIALS	POINTS		2MR RAW SCORE	INITIALS	POINTS	
				16:09	JY	74									
ALTERNATE AEROBIC EVENT	TOTAL POINTS			ALTERNATE AEROBIC EVENT	TOTAL POINTS			ALTERNATE AEROBIC EVENT	TOTAL POINTS			ALTERNATE AEROBIC EVENT	TOTAL POINTS		
EVENT				EVENT				EVENT				EVENT			
TIME				TIME				TIME				TIME			
GO <input type="checkbox"/> NO-GO <input type="checkbox"/>				GO <input type="checkbox"/> NO-GO <input type="checkbox"/>				GO <input type="checkbox"/> NO-GO <input type="checkbox"/>				GO <input type="checkbox"/> NO-GO <input type="checkbox"/>			
NCOIC/COIC SIGNATURE				NCOIC/COIC SIGNATURE				NCOIC/COIC SIGNATURE				NCOIC/COIC SIGNATURE			
Walter HSSA				SSC. HSSA											
COMMENTS				COMMENTS				COMMENTS				COMMENTS			
				no record											

SPECIAL INSTRUCTION: USE INK

LEGEND: PU - PUSH UPS

SU - SIT UPS

2MR - 2 MILE RUN

APT - ARMY PHYSICAL FITNESS TEST

DA FORM 705, MAY 2010

PREVIOUS EDITIONS ARE OBSOLETE.



**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)	Rank/Grade	Date of Counseling
FLETCHER, DALE A.	SSG/E6	20151027
Organization	Name and Title of Counselor	
S&D, GSB, 7TH SFG (A)	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, 7<sup>TH</sup> 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:

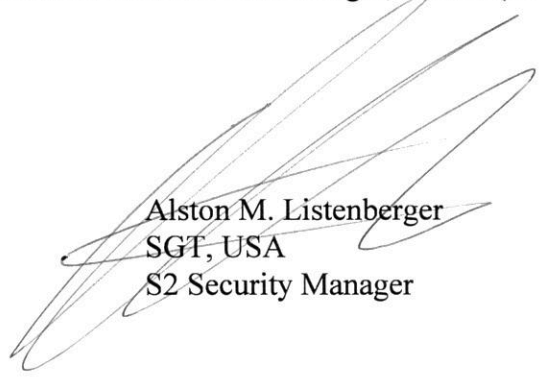
Name: Fletcher, Dale Arthur

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

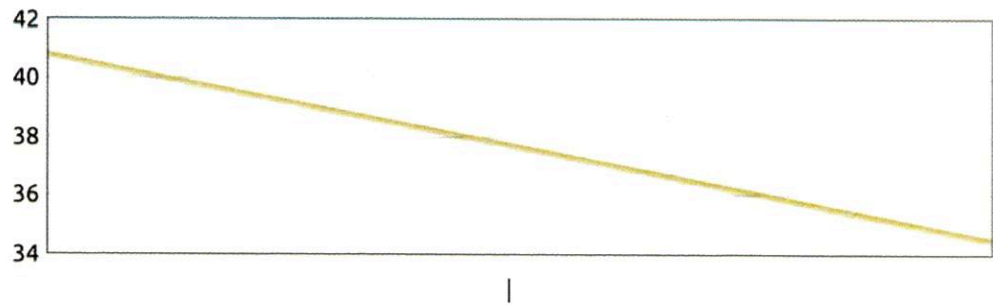
Video Conferencing by Google. HD Camera, Microphone, Speakers.



fletcherusa

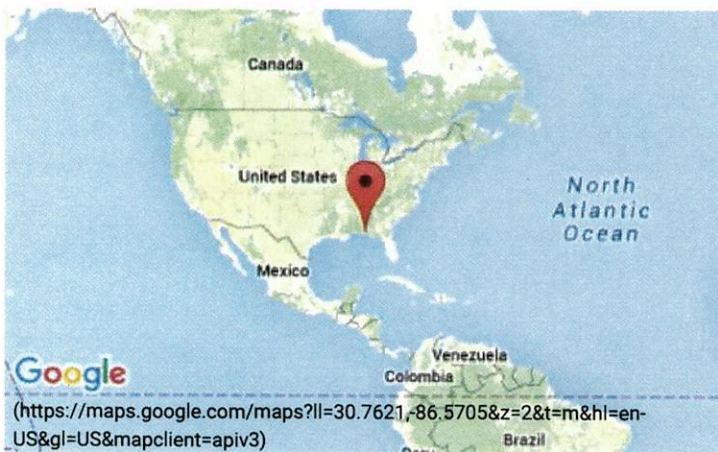
Edit my profile

(/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>) [fletcherusa's typing test](#)

## 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.

Messages | Forum (/practice-typing/)