

Annex C (Example DA Form 4187) to the Cyber Course Credit Program SOP

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 [Your Higher HQ] [Higher HQ Post, State, Zip]	2. TO (Include ZIP Code) Commandant U.S. Army Cyber School ATTN: Office Chief of Cyber Fort Gordon, GA 30905	3. FROM (Include ZIP Code) Commander [Your Unit] [Your Post, State, Zip]																						
SECTION I - PERSONAL IDENTIFICATION																								
4. NAME (Last, First, MI) Last, First M.	5. GRADE OR RANK/PMOS/AOC Rank/AOC or MOS	6. SOCIAL SECURITY NUMBER 123-45-6789																						
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) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Service School (Enl only)</td><td><input type="checkbox"/> Special Forces Training/Assignment</td><td><input type="checkbox"/> Identification Card</td></tr> <tr><td><input type="checkbox"/> ROTC or Reserve Component Duty</td><td><input type="checkbox"/> On-the-Job Training (Enl only)</td><td><input type="checkbox"/> Identification Tags</td></tr> <tr><td><input type="checkbox"/> Volunteering For Oversea Service</td><td><input type="checkbox"/> Retesting in Army Personnel Tests</td><td><input type="checkbox"/> Separate Rations</td></tr> <tr><td><input type="checkbox"/> Ranger Training</td><td><input type="checkbox"/> Reassignment Married Army Couples</td><td><input type="checkbox"/> Leave - Excess/Advance/Outside CONUS</td></tr> <tr><td><input type="checkbox"/> Reassignment Extreme Family Problems</td><td><input type="checkbox"/> Reclassification</td><td><input type="checkbox"/> Change of Name/SSN/DOB</td></tr> <tr><td><input type="checkbox"/> Exchange Reassignment (Enl only)</td><td><input type="checkbox"/> Officer Candidate School</td><td><input checked="" type="checkbox"/> Other (Specify) Request Cyber Course Credit</td></tr> <tr><td><input type="checkbox"/> Airborne Training</td><td><input type="checkbox"/> Asgmt of Pers with Exceptional Family Members</td><td></td></tr> </table>				<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 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) Request Cyber Course Credit	<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	
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9. SIGNATURE OF SOLDIER (When required) [Digital Signature]		10. DATE (YYYYMMDD) [Enter Date]																						
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)																								
SM requests Cyber Course Credit for [insert course name]. SM meets height/weight requirements IAW AR 600-9. SM holds a TS/SCI security clearance (or a TS with SCI eligibility). SM is currently a Cyber Soldier (17-series) or possesses																								
Enclosures:																								
1. Completed Course Credit Worksheet (Annex A) 2. Current/valid DA Form 705-TEST, ACFT Scorecard 3. Current/valid DA Form 5500 or 5501, Body Fat Content Worksheet 4. Current Soldier Record Brief 5. [List all documents provided for validation; see SOP paragraph 9.b. and Annex A for more information.] 6. " 7. " 8. " 9. " 10. "																								
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 - <table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> HAS BEEN VERIFIED</td><td><input checked="" type="checkbox"/> RECOMMEND APPROVAL</td><td><input type="checkbox"/> RECOMMEND DISAPPROVAL</td><td><input type="checkbox"/> IS APPROVED</td><td><input type="checkbox"/> IS DISAPPROVED</td></tr> </table>				<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																
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12. COMMANDER/AUTHORIZED REPRESENTATIVE CDR Last, First M., Rank		13. SIGNATURE [Digital Signature]																						
		14. DATE (YYYYMMDD) [Enter Date]																						