

|   |        |  |        |  |        |   |            |
|---|--------|--|--------|--|--------|---|------------|
| <b>CLASSIFICATION/ON-THE-JOB TRAINING ACTION</b>  |        |  |        |  |        | PERSONNEL ACTION NO.<br><b>C-</b>             |            |
| TO: (Organization) _____ /FSM   |        |  |        | FROM: (Organization/Office Symbol) _____ |        |   |            |
| <b>I. INDIVIDUAL IDENTIFICATION</b>   |        |  |        |  |        |   |            |
| NAME (Last, First, MI) _____  |        |  |        | GRADE _____                              |        | SSN _____                                     | UNIT _____ |
| <b>II. PERSONNEL DATA CHANGES</b>   |        |  |        |  |        |   |            |
| <b>AFSC INFORMATION</b>   |        |  |        | <b>OJT INFORMATION</b>                   |        |   |            |
| AWARD AFSC _____ AS _____ AFSC _____  |        | EFFECTIVE _____  |        | ENTER/CONTINUE AFSC _____                |        | TS CODE _____                                 |            |
| REDESIGNATE _____ AS _____ AFSC _____   |        | PAFSC FROM _____ TO _____  |        | WITHDRAW AFSC _____                      |        | TS CODE _____                                 |            |
| CAFSC FROM _____ TO _____   |        | EFFECTIVE _____  |        | COMPLETED AFSC _____                     |        | TS CODE _____                                 |            |
| 2 AFSC FROM _____ TO _____  |        | 3 AFSC FROM _____ TO _____   |        | DATE INITIALLY ENTERED RETNG _____       |        | DIRECTED DUTY AFSC _____ DDA EXPIRATION _____ |            |
| 4 AFSC FROM _____ TO _____  |        | ADD-AFSC FROM _____ TO _____   |        | DATE _____ REASON _____                  |        | OFF-PROJ CLASN UPGRADE DATE _____             |            |
| WITHDRAW AFSC _____   |        | SPECIAL EXPERIENCE IDENTIFIER (S) (Airman Only) _____                  |        | SS RATING _____ AMOUNT _____ AFSC _____  |        | ASSIGN PROFICIENCY PAY _____                  |            |
| DESIGNATE CAFSC SEI _____   |        | DESIGNATE GENERAL SEI _____  |        | EFFECTIVE _____                          |        | PRO PAY STATUS REASON _____                   |            |
| DESIGNATE SEI _____ WITH ( ) AFSC _____   |        | WITHDRAW SEI _____ FROM ( ) AFSC _____                                 |        | WITHDRAW PRO PAY _____ EFFECTIVE _____   |        | MISCELLANEOUS INFORMATION _____               |            |
| DUTY INFORMATION  |        | DAFSC _____ EFFECTIVE DATE _____                                       |        | ADSCD _____ REASON _____                 |        | PROMOTION ELIG STATUS _____                   |            |
| OFFICE SYMBOL _____ DUTY PH _____   |        | POSITION NO. _____ OSC _____   |        | PROMOTED TO _____ EFFECTIVE _____        |        | WITH DATE OF RANK _____                       |            |
| COMD LVL _____ DUTY TITLE _____   |        | ASSIGNMENT AVAIL CODE/DOA _____  |        | DESIGNATE WAFSC _____ EFFECTIVE _____    |        | WITHDRAW WAFSC _____ EFFECTIVE _____          |            |
| OTHER _____   |        |  |        |  |        |   |            |
| AUTHORITY   |        |  |        |  |        |   |            |
| DATE _____  |        | NAME, GRADE, TITLE, DUTY PHONE, SUPERVISOR/REQUESTING OFFICIAL _____   |        |  |        | SIGNATURE _____                               |            |
| <b>III. CONCURRENCE OF MEMBER</b>   |        |  |        |  |        |   |            |
| DATE _____  |        | <input type="checkbox"/> DO <input type="checkbox"/> DO NOT CONCUR     |        | SIGNATURE OF MEMBER _____                |        |   |            |
| <b>IV. INTRA-BASE ASSIGNMENT ACTIONS</b>  |        |  |        |  |        |   |            |
| RNLTD/ EFFECTIVE DATE _____   |        | ASSIGNMENT ACTION NUMBER _____   |        | ASSIGNMENT FROM _____                    |        | ASSIGNMENT TO _____                           |            |
| <b>V. REMARKS</b>   |        |  |        |  |        |   |            |
|   |        |  |        |  |        |   |            |
| <b>VI. APPROVAL BY COMMANDER OR AUTHORIZED REPRESENTATIVE</b>   |        |  |        |  |        |   |            |
| <b>FOR THE COMMANDER</b>  |        | TYPED NAME, GRADE, AND TITLE _____                                     |        |  |        | DATE _____                                    |            |
|   |        |  |        |  |        | SIGNATURE _____                               |            |
| <b>VII. ACTION BY PERSONNEL OFFICIAL</b>  |        |  |        |  |        |   |            |
| <b>FOR THE COMMANDER</b>  |        | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED |        |  |        | DATE _____                                    |            |
|   |        | TYPED NAME, GRADE, AND TITLE _____                                     |        |  |        | HEADQUARTERS _____                            |            |
|   |        |  |        |  |        | SIGNATURE _____                               |            |
| This authorization remains in effect after Airman's discharge and immediate reenlistment at the same station provided that he/she has no break in military service. |        |  |        |  |        |   |            |
| <b>VIII. CSS/FSM COORDINATION RECORD</b>  |        |  |        |  |        |   |            |
| FSM   | 1. FSM | 2. FSM   | 3. FSM | 4. FSM                                   | 5. FSM | 6. CSS  | CSS        |
|   |        |  |        |  |        |   |            |