



DA Form 4187 Top Half

Soldiers personal and unit information

1. THRU (Include ZIP Code)		2. TO (Include ZIP Code) COMMANDER 8th Army ATTN: ACofS G1, EAPE-PPP-CS APO, AP, 96205		3. FROM (Include ZIP Code) COMMANDER Soldiers Unit Information XXXXXXXXXXXXXXXXXX APO, AP, 96XXX	
SECTION I - PERSONAL IDENTIFICATION					
4. NAME (Last, First, MI) SNUFFY, JOSEPH A.		5. GRADE OR RANK/PMOS/AOC SPC / E4 / 42A		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)					
<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) COMMAND SPONSORSHIP FOR AREA # (Soldiers Assigned Area)
<input type="checkbox"/>	Airborne Training	<input type="checkbox"/>	Asgmt of Pers with Exceptional Family Members		
9. SIGNATURE OF SOLDIER (When required)				10. DATE (YYYYMMDD)	

Soldiers Signature and Date

Soldiers Area of Assignment



Family Information

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Retention NCO
If Necessary

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

IAW Joint Travel Regulations, AR 55-46 Paragraph 2-10, USFK Regulation 614-1, I hereby request to change my tour in Korea from Dependent Restricted to Accompanied.

Family members who I am requesting Command Sponsorship for have not been convicted of an offense covered by 42 USC 16911. The following Family information is provided:

NAME	RELATIONSHIP	DATE OF BIRTH	DATE OF MARRIAGE	VERIFIED IN EMILPO
Snuffy, Jane A.	Wife	1 / 1 / 1980	1 / 1 / 2000	Yes
Snuffy, John D.	Son	1 / 1 / 2001	N/A	Yes
Snuffy, Joan B.	Daughter	1 / 1 / 2002	N/A	Yes

I understand that I must have at least 12 months between my current DEROS and ETS date following this request. If I do not, I will be required to extend or reenlist to meet this requirement. If necessary for approval, my retention NCO is: **SFC PHILLIPS, MARK**

I do not have a Suspension of Favorable Action in my record. I am not on assignment instructions to depart Korea.

Attachments: ERB/ORB, DA Form 5888 with EFMP Stamp, DD Form 2792 and/or DD Form 2792-1 & Individual Education Plan (IEP) if EFMP Warranted on DA Form 5888, PCS Orders to Korea, Pinpoint Orders received in Korea, Current I.E.S, Travel Voucher AOP from MyPay settling travel to Korea, DD Form 1172 if PCS Orders states Dependents NO

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)
SPC Snuffy's Direct Supervisor Will Sign Here->		

Soldiers Direct Supervisor will fill and sign here



Attachments Menu

After clicking on the attachments menu, add documents to the form electronically only

A screenshot of a web form. At the top right, there is a button labeled "Attachments Menu" with a red arrow pointing to it. Below the button, the form contains the following text:

ACTION
 e proponent agency is DCS, G-1.

PRIVACY ACT OF 1974
 needed

...ers in accordance with DA PAM 600-8.

A screenshot of the "Attachments" menu. The menu title is "Attachments". Below the title is a toolbar with icons for "Open", "Save", "Add", "Delete", and a refresh icon. The "Add" button is highlighted with a red arrow. Below the toolbar is a table with two columns: "Name" and "Description".

Name	Description

Each document that requires attachment will be attached to this form. Only one file submissions will be accepted for processing.



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ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL		
AUTHORITY	a. TO COMMANDER Soldiers Battalion Information XXXXXXXXXXXXXXXXXX	b. FROM COMMANDER Soldiers Unit Information XXXXXXXXXXXXXXXXXX
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		
d. NAME (Last, First, Middle)		e. RANK
f. DATE (YYYYMMDD)		
g. TITLE/POSITION		h. SIGNATURE
i. COMMENTS IF THE SOLDIERS REQUEST REQUIRES P3 COMMANDERS OVERRIDE THEN THE FOLLOWING WILL BE FILLED IN AND RECOMMENDED FOR APPROVAL. COMPANY TO BATTALION TO BRIGADE ALL RECOMMENDING ACTION.		
AUTHORITY	a. TO COMMANDER Soldiers Brigade Information XXXXXXXXXXXXXXXXXX	b. FROM COMMANDER Soldiers Battalion Information XXXXXXXXXXXXXXXXXX
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		
d. NAME (Last, First, Middle)		e. RANK
f. DATE (YYYYMMDD)		
g. TITLE/POSITION		h. SIGNATURE
i. COMMENTS		



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AUTHORITY	a. TO COMMANDER 8th Army ATTN: ACofS G1, EAPE-PPP-CS	b. FROM COMMANDER Soldiers Brigade Information XXXXXXXXXXXXXXXXXX
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		
d. NAME (Last, First, Middle)		f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE
i. COMMENTS		
AUTHORITY	a. TO Military Personnel Division - Korea ATTN: Command Sponsorship Program Office APO, AP, 96205	b. FROM COMMANDER 8th Army ATTN: ACofS G1, EAPE-PPP-CS
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) CAMPBELL, DAVID CHARLES		f. DATE (YYYYMMDD) 20151130
g. TITLE/POSITION COMMAND SPONSORSHIP PROGRAM MANAGER		h. SIGNATURE
i. COMMENTS CS IS APPROVED FOR AREA X. USE CS POSITION NUMBER X1234 NO INBOUND ENTITLEMENTS / INBOUND ENTITLEMENTS AUTHORIZED FROM FORT CAMPBELL, KY		

This section will be completed by 8th Army G1 CS program office.

