

SAMPLE DA Form 4187 (Training Service Obligation Waiver)

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) HQ, CADET COMMAND ATTN: Green to Gold Scholarship 55 Patch Rd., Bldg. 56 Fort Monroe, VA 23651-1052	2. TO (Include ZIP Code) Commander, PERSCOM ATTN: TAPC-EPT-F 200 Stovall Street Alexandria, VA 22332	3. FROM (Include ZIP Code) Soldier's Unit
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) DOE, John M.	5. GRADE OR RANK/PMOS/AOC SGT/97B2O	6. SOCIAL SECURITY NUMBER 000-00-0000
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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 (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) Training Service Obligation Waiver
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required) (Soldier must sign and date this form)	10. DATE (YYYYMMDD)
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SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

1. Soldier requires 2 years of active duty service as well as an additional 3 months of active duty service for every one month of specialized training received in order to be eligible for an ROTC Green to Gold Scholarship.
2. Soldier's MOS training for 97B was _____ weeks in length (Day Month Year - Day Month Year), requiring him to have _____ months of active duty service.
3. Soldier is requesting a waiver of _____ months of his service obligation in order to apply for the Green to Gold Scholarship Program and fulfill his new service obligation as a commissioned officer.
4. The following information is provided:
 - a. BASD: 18 June 1997
 - b. ETS: 30 November 2004
 - c. DOB: 11 September 1978

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 (Print Commander's Signature Block)	13. SIGNATURE (Commander must sign and date this form)	14. DATE (YYYYMMDD)
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