

Reclassification Request Form Army

Personal Information

Full Name: _____

Rank: _____

Current MOS (Military Occupational Specialty):

Requested MOS: _____

Unit Name: _____

Duty Station: _____

Date of Request: _____

Eligibility Criteria

- Meet required service time in current MOS
- Completed necessary training courses
- Meet medical and fitness standards
- Received commanding officer's recommendation

Reason for Reclassification Request

(Provide a detailed explanation for the request, including career goals and operational needs.)

Supporting Documents

- Training Certificates
- Performance Evaluations
- Commanding Officer Endorsement
- Physical Fitness Test Results

Commanding Officer Approval

Officer's Name: _____

Rank: _____

Signature: _____

Date: _____

Human Resources Decision

Approved **Denied**

Remarks: _____

HR Officer Name: _____

Signature: _____

Date: _____