

# REPORT TO SUSPEND FAVORABLE PERSONNEL ACTIONS (Flag)

For use of this form, see AR 600-8-2; the proponent agency is DCS, G-1.

## SECTION I - ADMINISTRATIVE DATA

|                                                        |               |                     |                                                                                                                                                                  |                     |              |
|--------------------------------------------------------|---------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------|
| a. NAME (Last, First, Middle Initial)                  | b. DoD ID No. | c. RANK             | d. DATE OF RANK                                                                                                                                                  | e. SPECIALTY/PMO/SC | f. COMPONENT |
| g. UNIT, ORG., STATION, ZIP CODE OR APO, MAJOR COMMAND |               | h. UIC              | i. FLAGGED SOLDIER'S EMAIL ADDRESS (.gov or .mil)                                                                                                                |                     |              |
| j. HR OFFICE CONTROLLING FLAGGING ACTION               |               | k. TELEPHONE NUMBER | l. THIS ACTION IS TO:<br><input type="checkbox"/> INITIATE A FLAG (Sections II and IV only)<br><input type="checkbox"/> REMOVE A FLAG (Sections III and IV only) |                     |              |

## SECTION II - INITIATE A FLAG

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                               |                                                                   |                                                                       |                                                                 |                                                                           |                                                   |                                                                               |                                                                            |                                                                                         |                                                  |                                                                     |                                                             |                                                        |                                         |                                                            |                                            |                                                                                   |                                                            |                                                                                                                                                                                                                                                                                          |  |                                           |                                                            |                                               |                                 |  |  |
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| a. NON-TRANSFERABLE FLAG<br><input type="checkbox"/> A FLAG IS INITIATED, EFFECTIVE _____ FOR THE FOLLOWING REASON:<br><table><tr><td><input type="checkbox"/> Adverse Action (A)</td><td><input type="checkbox"/> JAG Lack of License or Certification (O)</td></tr><tr><td><input type="checkbox"/> Involuntary Separation - field initiated (B)</td><td><input type="checkbox"/> Deny Auto Promotion to PV2/PFC/SPC (P)</td></tr><tr><td><input type="checkbox"/> Referred OER, AER, or Relief for Cause NCOER (D)</td><td><input type="checkbox"/> Lautenberg Amendment (Q)</td></tr><tr><td><input type="checkbox"/> Security Violation or Loss of Security Clearance (E)</td><td><input type="checkbox"/> Administratively Non-deployable for Retention (R)</td></tr><tr><td><input type="checkbox"/> HQDA - Delay of Promotion or Removal from a Selection List (F)</td><td><input type="checkbox"/> No Family Care Plan (S)</td></tr><tr><td><input type="checkbox"/> AMEDD Lack of License or Certification (I)</td><td><input type="checkbox"/> Deny Auto Promotion to 1LT/CW2 (T)</td></tr><tr><td><input type="checkbox"/> Commander's Investigation (L)</td><td><input type="checkbox"/> Drug Abuse (U)</td></tr><tr><td><input type="checkbox"/> Law Enforcement Investigation (M)</td><td><input type="checkbox"/> Alcohol Abuse (V)</td></tr><tr><td><input type="checkbox"/> Reserve Components Non-compliance with 10 USC §10206 (N)</td><td><input type="checkbox"/> HQDA - Involuntary Separation (W)</td></tr></table> |                                                                            | <input type="checkbox"/> Adverse Action (A)   | <input type="checkbox"/> JAG Lack of License or Certification (O) | <input type="checkbox"/> Involuntary Separation - field initiated (B) | <input type="checkbox"/> Deny Auto Promotion to PV2/PFC/SPC (P) | <input type="checkbox"/> Referred OER, AER, or Relief for Cause NCOER (D) | <input type="checkbox"/> Lautenberg Amendment (Q) | <input type="checkbox"/> Security Violation or Loss of Security Clearance (E) | <input type="checkbox"/> Administratively Non-deployable for Retention (R) | <input type="checkbox"/> HQDA - Delay of Promotion or Removal from a Selection List (F) | <input type="checkbox"/> No Family Care Plan (S) | <input type="checkbox"/> AMEDD Lack of License or Certification (I) | <input type="checkbox"/> Deny Auto Promotion to 1LT/CW2 (T) | <input type="checkbox"/> Commander's Investigation (L) | <input type="checkbox"/> Drug Abuse (U) | <input type="checkbox"/> Law Enforcement Investigation (M) | <input type="checkbox"/> Alcohol Abuse (V) | <input type="checkbox"/> Reserve Components Non-compliance with 10 USC §10206 (N) | <input type="checkbox"/> HQDA - Involuntary Separation (W) | b. TRANSFERABLE FLAG<br><table><tr><td><input type="checkbox"/> ACFT Failure (J)</td><td><input type="checkbox"/> Army Body Composition Program (K)</td><td><input type="checkbox"/> Punishment Phase (H)</td></tr><tr><td colspan="3">Date Punishment Complete: _____</td></tr></table> |  | <input type="checkbox"/> ACFT Failure (J) | <input type="checkbox"/> Army Body Composition Program (K) | <input type="checkbox"/> Punishment Phase (H) | Date Punishment Complete: _____ |  |  |
| <input type="checkbox"/> Adverse Action (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> JAG Lack of License or Certification (O)          |                                               |                                                                   |                                                                       |                                                                 |                                                                           |                                                   |                                                                               |                                                                            |                                                                                         |                                                  |                                                                     |                                                             |                                                        |                                         |                                                            |                                            |                                                                                   |                                                            |                                                                                                                                                                                                                                                                                          |  |                                           |                                                            |                                               |                                 |  |  |
| <input type="checkbox"/> Involuntary Separation - field initiated (B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Deny Auto Promotion to PV2/PFC/SPC (P)            |                                               |                                                                   |                                                                       |                                                                 |                                                                           |                                                   |                                                                               |                                                                            |                                                                                         |                                                  |                                                                     |                                                             |                                                        |                                         |                                                            |                                            |                                                                                   |                                                            |                                                                                                                                                                                                                                                                                          |  |                                           |                                                            |                                               |                                 |  |  |
| <input type="checkbox"/> Referred OER, AER, or Relief for Cause NCOER (D)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Lautenberg Amendment (Q)                          |                                               |                                                                   |                                                                       |                                                                 |                                                                           |                                                   |                                                                               |                                                                            |                                                                                         |                                                  |                                                                     |                                                             |                                                        |                                         |                                                            |                                            |                                                                                   |                                                            |                                                                                                                                                                                                                                                                                          |  |                                           |                                                            |                                               |                                 |  |  |
| <input type="checkbox"/> Security Violation or Loss of Security Clearance (E)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Administratively Non-deployable for Retention (R) |                                               |                                                                   |                                                                       |                                                                 |                                                                           |                                                   |                                                                               |                                                                            |                                                                                         |                                                  |                                                                     |                                                             |                                                        |                                         |                                                            |                                            |                                                                                   |                                                            |                                                                                                                                                                                                                                                                                          |  |                                           |                                                            |                                               |                                 |  |  |
| <input type="checkbox"/> HQDA - Delay of Promotion or Removal from a Selection List (F)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> No Family Care Plan (S)                           |                                               |                                                                   |                                                                       |                                                                 |                                                                           |                                                   |                                                                               |                                                                            |                                                                                         |                                                  |                                                                     |                                                             |                                                        |                                         |                                                            |                                            |                                                                                   |                                                            |                                                                                                                                                                                                                                                                                          |  |                                           |                                                            |                                               |                                 |  |  |
| <input type="checkbox"/> AMEDD Lack of License or Certification (I)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Deny Auto Promotion to 1LT/CW2 (T)                |                                               |                                                                   |                                                                       |                                                                 |                                                                           |                                                   |                                                                               |                                                                            |                                                                                         |                                                  |                                                                     |                                                             |                                                        |                                         |                                                            |                                            |                                                                                   |                                                            |                                                                                                                                                                                                                                                                                          |  |                                           |                                                            |                                               |                                 |  |  |
| <input type="checkbox"/> Commander's Investigation (L)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Drug Abuse (U)                                    |                                               |                                                                   |                                                                       |                                                                 |                                                                           |                                                   |                                                                               |                                                                            |                                                                                         |                                                  |                                                                     |                                                             |                                                        |                                         |                                                            |                                            |                                                                                   |                                                            |                                                                                                                                                                                                                                                                                          |  |                                           |                                                            |                                               |                                 |  |  |
| <input type="checkbox"/> Law Enforcement Investigation (M)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Alcohol Abuse (V)                                 |                                               |                                                                   |                                                                       |                                                                 |                                                                           |                                                   |                                                                               |                                                                            |                                                                                         |                                                  |                                                                     |                                                             |                                                        |                                         |                                                            |                                            |                                                                                   |                                                            |                                                                                                                                                                                                                                                                                          |  |                                           |                                                            |                                               |                                 |  |  |
| <input type="checkbox"/> Reserve Components Non-compliance with 10 USC §10206 (N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> HQDA - Involuntary Separation (W)                 |                                               |                                                                   |                                                                       |                                                                 |                                                                           |                                                   |                                                                               |                                                                            |                                                                                         |                                                  |                                                                     |                                                             |                                                        |                                         |                                                            |                                            |                                                                                   |                                                            |                                                                                                                                                                                                                                                                                          |  |                                           |                                                            |                                               |                                 |  |  |
| <input type="checkbox"/> ACFT Failure (J)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Army Body Composition Program (K)                 | <input type="checkbox"/> Punishment Phase (H) |                                                                   |                                                                       |                                                                 |                                                                           |                                                   |                                                                               |                                                                            |                                                                                         |                                                  |                                                                     |                                                             |                                                        |                                         |                                                            |                                            |                                                                                   |                                                            |                                                                                                                                                                                                                                                                                          |  |                                           |                                                            |                                               |                                 |  |  |
| Date Punishment Complete: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                               |                                                                   |                                                                       |                                                                 |                                                                           |                                                   |                                                                               |                                                                            |                                                                                         |                                                  |                                                                     |                                                             |                                                        |                                         |                                                            |                                            |                                                                                   |                                                            |                                                                                                                                                                                                                                                                                          |  |                                           |                                                            |                                               |                                 |  |  |

## SECTION III - REMOVE A FLAG

|                                                                                                                                                                                                                                                                                 |                                                       |                                                     |                                                       |                                                     |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|----------------------------------------|
| a. FLAG TO REMOVE<br><input type="checkbox"/> A FLAG (Two-Digit Flag Code) _____, WITH AN EFFECTIVE DATE OF _____, IS HEREBY REMOVED.<br>EFFECTIVE DATE OF THIS FLAG REMOVAL IS _____, FOR THE FOLLOWING REASON:                                                                |                                                       |                                                     |                                                       |                                                     |                                        |
| b. DISPOSITION<br><table><tr><td><input type="checkbox"/> Final Action Favorable (C)</td><td><input type="checkbox"/> Final Action Unfavorable (D)</td><td><input type="checkbox"/> Final Action Specified (E)</td><td><input type="checkbox"/> Erroneous (Z)</td></tr></table> |                                                       | <input type="checkbox"/> Final Action Favorable (C) | <input type="checkbox"/> Final Action Unfavorable (D) | <input type="checkbox"/> Final Action Specified (E) | <input type="checkbox"/> Erroneous (Z) |
| <input type="checkbox"/> Final Action Favorable (C)                                                                                                                                                                                                                             | <input type="checkbox"/> Final Action Unfavorable (D) | <input type="checkbox"/> Final Action Specified (E) | <input type="checkbox"/> Erroneous (Z)                |                                                     |                                        |

## SECTION IV - AUTHENTICATION

|                                                        |               |                                                  |        |              |
|--------------------------------------------------------|---------------|--------------------------------------------------|--------|--------------|
| a. UNIT COMMANDER'S NAME (Last, First, Middle Initial) | b. DoD ID No. | c. RANK                                          | d. UIC | e. COMPONENT |
| f. UNIT, ORG., STATION, ZIP CODE/APO, MAJOR COMMAND    |               | g. UNIT COMMANDER'S EMAIL ADDRESS (.gov or .mil) |        |              |
|                                                        |               | h. UNIT COMMANDER'S SIGNATURE                    |        | i. DATE      |

## SECTION V - VALIDATION (Required for any Flag over 6 months old)

|                                                      |               |                                                |        |              |
|------------------------------------------------------|---------------|------------------------------------------------|--------|--------------|
| a. BN COMMANDER'S NAME (Last, First, Middle Initial) | b. DoD ID No. | c. RANK                                        | d. UIC | e. COMPONENT |
| f. UNIT, ORG., STATION, ZIP CODE/APO, MAJOR COMMAND  |               | g. BN COMMANDER'S EMAIL ADDRESS (.gov or .mil) |        |              |
|                                                      |               | h. BN COMMANDER'S SIGNATURE                    |        | i. DATE      |

# Report To Suspend Favorable Personnel Actions Flag

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