

<b>CLASSIFICATION/ON-THE-JOB TRAINING ACTION</b>					PERSONNEL ACTION NO. <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 _____ WITHDRAW AFSC _____ TS CODE _____			
REDESIGNATE _____ AS _____ AFSC _____ PAFSC FROM _____ TO _____ CAFSC FROM _____ TO _____ EFFECTIVE _____				COMPLETED AFSC _____ TS CODE _____ DATE INITIALLY ENTERED RETNG _____ DIRECTED DUTY AFSC _____ DDA EXPIRATION _____ DATE _____ REASON _____			
2 AFSC FROM _____ TO _____ 3 AFSC FROM _____ TO _____ 4 AFSC FROM _____ TO _____				OFF-PROJ CLASN UPGRADE DATE _____ ASSIGN PROFICIENCY PAY _____			
ADD-AFSC FROM _____ TO _____ WITHDRAW AFSC _____				SS RATING _____ AMOUNT _____ AFSC _____ EFFECTIVE _____ PRO PAY STATUS REASON _____			
SPECIAL EXPERIENCE IDENTIFIER (S) (Airman Only) _____ DESIGNATE CAFSC SEI _____ DESIGNATE GENERAL SEI _____ DESIGNATE SEI _____ WITH ( ) AFSC _____ WITHDRAW SEI _____ FROM ( ) AFSC _____				WITHDRAW PRO PAY _____ EFFECTIVE _____ MISCELLANEOUS INFORMATION _____ ADSCD _____ REASON _____ PROMOTION ELIG STATUS _____ PROMOTED TO _____ EFFECTIVE _____			
<b>DUTY INFORMATION</b>				<b>WITH DATE OF RANK</b>			
DAFSC _____ EFFECTIVE DATE _____ OFFICE SYMBOL _____ DUTY PH _____ POSITION NO. _____ OSC _____ COMD LVL _____ DUTY TITLE _____				ASSIGNMENT AVAIL CODE/DOA _____ DESIGNATE WAFSC _____ EFFECTIVE _____ WITHDRAW WAFSC _____ EFFECTIVE _____ OTHER _____			
<b>AUTHORITY</b>							
DATE _____		NAME, GRADE, TITLE, DUTY PHONE, SUPERVISOR/REQUESTING OFFICIAL _____				SIGNATURE _____	
<b>III. CONCURRENCE OF MEMBER</b>							
DATE _____		<input checked="" 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>							
FOR THE COMMANDER		TYPED NAME, GRADE, AND TITLE _____				SIGNATURE _____	
						DATE _____	
<b>VII. ACTION BY PERSONNEL OFFICIAL</b>							
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		TYPED NAME, GRADE, AND TITLE _____				HEADQUARTERS _____	
FOR THE COMMANDER						SIGNATURE _____	
<i>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.</i>							
<b>VIII. CSS/FSM COORDINATION RECORD</b>							
FSM	1. FSM	2. FSM	3. FSM	4. FSM	5. FSM	6. CSS	CSS

AF FORM 2096, 20140326

PREVIOUS EDITION WILL BE USED.

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TRAINING RECORD COPY (Airman Only)