ENLISTED PERSONNEL MANAGEMENT
ELECTRONIC SOP

Cancellation of In-Place Consecutive Overseas Tour (IPCOT)

Eligibility Criteria:

- **Must not be serving on approved IPCOT**
- **Must not be flagged**

Documentation Required:

- **DA Form 4187**
- **Enlisted Records Brief (ERB) not more than 60 days old**

Approval Authority:

1st PERSOM / HQDA

Disapproval Authority:

Delegated to G-1 Enlisted Personnel Management by MACOM Commander

Circle the appropriate copy designator

Copy 1 Copy 2 Copy 3 Copy 4

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)*	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*
Commander Battalion Address	Commander 1st Infantry Division ATTN: AETV-BGA-EPM APO AE 09036	Commander Unit Address

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
ANY, SOLDIER	E-5/75H	000-11-2222

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)*

	Service School *(Enl only)*		Special Forces Training/Assignment		Identification Card
	ROTC or Reserve Component Duty		On-the-Job Training *(Enl only)*		Identification Tags
	Volunteering For Oversea Service		Retesting in Army Personnel Tests		Separate Rations
	Ranger Training		Reassignment Married Army Couples		Leave - Excess/Advance/Outside CONUS
	Reassignment Extreme Family Problems		Reclassification		Change of Name/SSN/DOB
	Exchange Reassignment *(Enl only)*		Officer Candidate School	X	Other *(Specify)* Request for Cancellation of IPCOT
	Airborne Training		Asgmt of Pers with Exceptional Family Members		

9. SIGNATURE OF SOLDIER *(When required)*	10. DATE *(YYYYMMDD)*

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

1. Request for cancellation of approved IPCOT.

REQUESTED DEROS: ETS DATE: ARRIVAL DATE TO USAREUR: HOR:

REASON:

2. I am not currently serving on the approved IPCOT in question. I also verify that I have not received any benefites related to said IPCOT.

3 Encl(s)
1-2. Battalion Commander or higher Memorandum of Recommendation or DA 4187-1-R
3. Current legible ERB (60 days old or less)

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)*
Commander's Full Name, Rank, Commanding		