

**ENCLOSURE 6**  
**ADMINISTRATIVE REMARKS**

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## **Administrative Remarks Overview**

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**Introduction** This enclosure will guide you through the process of drafting Administrative Remarks (CG-3307).

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**Reference** The Pg-7 Instruction (COMDTINST 1000.14(series)) establishes policy and standards for preparation and submission of Administrative Remarks (CG-3307) entries and applies to all personnel involved in this process.

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**ENCLOSURE 6  
ADMINISTRATIVE REMARKS**

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## Preparation and Distribution of CG-3307

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**Preparation** Complete Administrative Remarks (CG-3307) as follows:

<b>Block</b>	<b>Entry</b>
<b>Text Area</b>	Text of entry per the examples in this enclosure. Include <ol style="list-style-type: none"><li>1. Entry Type:</li><li>2. Reference:</li><li>3. Responsible Level:</li><li>4. Entry:</li><li>5. Signature (Note: If the example in this enclosure shows “Commanding Officer” in the signature, then the member’s commanding officer (or “Acting” CO) should sign the entry. If the example shows “By direction” or a title, such as “Personnel Officer”, then the entry may be signed by someone other than the member’s commanding officer.</li><li>6. Member’s Acknowledgement (if required). (Note: If a member is not available for signature, so state, and include the reason(s). If a member refuses to acknowledge an entry, refer the matter to the member’s commanding officer. Commanding Officer’s may seek additional guidance from legal advisors or COMDT (CG-1221) if needed.</li></ol>
<b>1</b>	Member’s permanent unit.
<b>2</b>	Name of unit preparing form, may be left blank if same as item #1. Note: If a unit other than the member’s current permanent duty station is preparing the CG-3307 entry, that unit name <b>MUST</b> also appear beneath the typed signature block
<b>3</b>	Member’s name in Last, First, Middle Initial format.
<b>4</b>	Member’s Employee ID Number.
<b>5</b>	Officer’s Grade (ENS, LTJG, etc.) or Enlisted member’s Rate (SN, BM2, MKC, etc.)
<b>6</b>	Leave blank

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**Distribution** The CG-3307 must be prepared in original and one copy as follows:

1. The original is filed in the SPO PDR, and the copy is mailed to Commander, Personnel Service Center (psd-mr) for electronic imaging into the IPDR.

Note: If sending photocopies to CGPSC, ensure the original document is signed before copying. Alternatively, original signatures may appear on both the original and copy.

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*Continued on next page*

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**Preparation and Distribution of CG-3307, Continued**

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**Distribution**  
(cont'd)

2. There are two exceptions to the distribution of CG-3307's:
    - a. For evaluations not completed in Direct Access - An additional copy of the CG-3307 to document counseling related to enlisted evaluations must be placed inside the original Enlisted Performance Evaluation Form (CG-3788 (series)) and forwarded to PPC (adv).
    - b. Original CG-3307's remaining at time of separation/reenlistment must be attached to either the original Discharge and Reenlistment Contract or DD-214 as directed in PDR Manual.
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**ADMINISTRATIVE REMARKS**

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**CG-3307's for Accession (ACC)**

- ACC-02 DEP Discharge into USCG
  - ACC-03 Drug-Free
  - ACC-04 Pre-Training Physical
  - ACC-05 Missing Social Security Card
  - ACC-06 Resident Alien
  - ACC-07 Not a US citizen
  - ACC-08 Color Vision
  - ACC-09 E-3 without a designator
  - ACC-10 May be eligible for advancement to pay grade E-4
  - ACC-11 Withholding information is punishable under the UCMJ
  - ACC-12 Reserve over 40
  - ACC-13 Reserve Swim Test
  - ACC-14 Reserve Swim Test Member Not Attending Accession Training
  - ACC-15 Reserve Direct Deposit Member Not Attend Accession Training
  - ACC-16 Spouse on Active duty
  - ACC-17 Scholar Program Service Dates
  - ACC-18 Scholar Program Leave
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**ADMINISTRATIVE REMARKS**

Entry Type: Accession (ACC-2)  
Reference: Recruiting Manual, COMDTINST M1100.2 (series)  
Responsible Level: Recruiter  
Entry:

DDMMYYYY: Honorably discharged from the USCGR Delayed Enlistment Program (DEP) for the Convenience of the Government to enlist in the regular Coast Guard on DDMMYYYY having served in the DEP since DDMMYYYY. Time served in the DEP is creditable toward completion of the 8-year military obligation, but IS NOT creditable for purposes of longevity or pay and allowances.

I. M. GUARDIAN, MKC, USCG  
Recruiter-in-Charge

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
			6. PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Accession (ACC-3)  
 Reference: Recruiting Manual, COMDTINST M1100.2 (series)  
 Responsible Level: Recruiter  
 Entry:

DDMMMYYYY: I have been advised that the illegal use or possession of drugs constitute a serious breach of discipline that will not be tolerated in the Coast Guard.

Also, illegal drug use or possession is counter to team spirit and mission performance and jeopardizes safety. I understand that I am not to use, possess or distribute illegal drugs, drug paraphernalia or hemp oil products.

I also understand on reporting to recruit training, I will be tested by urinalysis for the presence of illegal drugs. If my urine test detects the presence of illegal drugs, I may be subject to discharge and receive a general discharge. I hereby affirm that I am drug-free and ready for recruit training.

I. M. GUARDIAN, MKC, USCG  
 Recruiter-in-Charge

DDMMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
			6. PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Accession (ACC-4)  
Reference: Recruiting Manual, COMDTINST M1100.2 (series)  
Responsible Level: Recruiter  
Entry:

DDMMYYYY: I am aware that upon arrival at the recruit training center, I will receive a complete and thorough pretraining physical examination, including a dental examination, which I must pass to be permitted to enter recruit training.

I. M. GUARDIAN, MKC, USCG  
Recruiter-in-Charge

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
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**ADMINISTRATIVE REMARKS**

Entry Type: Accession (ACC-5)  
Reference: Recruiting Manual, COMDTINST M1100.2 (series)  
Responsible Level: Recruiter  
Entry:

DDMMYYYY: I do not possess a social security card, although I have applied for issuance/replacement of one on form SS-5. The Social Security Administration has advised me that the number being issued to me is - - - I authorize the Coast Guard to cite my social security card for number identification purposes prior to forwarding it to me.

I. M. GUARDIAN, MKC, USCG  
Recruiter-in-Charge

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
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**ADMINISTRATIVE REMARKS**

Entry Type: Accession (ACC-6)  
Reference: Recruiting Manual, COMDTINST M1100.2 (series)  
Responsible Level: Recruiter  
Entry:

DDMMYYYY: I certify that I am a resident alien and my number is:

I. M. GUARDIAN, MKC, USCG  
Recruiter-in-Charge

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6.	PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Accession (ACC-7)  
Reference: Recruiting Manual, COMDTINST M1100.2 (series)  
Responsible Level: Recruiter  
Entry:

DDMMMYYYY: I understand I will not be eligible for re-enlistment, may enter only the DC, EM, FS, HS, MK, MST, SK, or YN rating, and will not be eligible to attend Officer Candidate School or become a Chief Warrant Officer until I become a United States citizen.

Enlistee's Signature

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
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**ADMINISTRATIVE REMARKS**

Entry Type: Accession (ACC-8)  
Reference: Recruiting Manual, COMDTINST M1100.2 (series)  
Responsible Level: Recruiter  
Entry:

DDMMYYYYY: I have been advised that my medical examination revealed that I do not have normal color vision. If I enlist in the Coast Guard or (Coast Guard Reserve), I understand I will not be permitted to enter the following ratings: AET, AMT, AST, BM, EM, ET, GM, IT, IV, HS, ME, MK, or OS, or during this period or subsequent enlistments. Furthermore, I have been advised that my defective color vision will prevent my application for an officer commission.

Enlistee's Signature

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Accession (ACC-9)

Reference: Recruiting Manual, COMDTINST M1100.2 (series)

Responsible Level: Recruiter

Entry:

DDMMYYYY: I am aware I am eligible to reenlist with a [Rating] designator; however, I intend to pursue a career as an [Rating] and desire to reenlist as an E-3 without a designator.

Enlistee's Signature

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Accession (ACC-10)  
Reference: Recruiting Manual, COMDTINST M1100.2 (series)  
Responsible Level: Recruiter  
Entry:

DDMMYYYY: I have been advised, per Article 5-C-33, Personnel Manual, COMDTINST M1000.6 (SERIES), that I may be eligible for advancement to pay grade E-4, in my formerly held rating, without having to attend class "A" school or compete in the servicewide exam, if I am found eligible in all respects and I am recommended for advancement. I must serve a minimum of 6 months on my present enlistment, and either hold a designator or have been rated at the time of my last separation from active duty. My commanding officer's recommendation must be submitted within 5 years of my latest separation from active duty. If I am ineligible or not recommended for advancement under this program, I understand I must compete for advancement to pay grade E-4.

Enlistee's Signature

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER (Last, First, MI)		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
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**ADMINISTRATIVE REMARKS**

Entry Type: Accession (Reserve) (ACC-11)  
Reference: Recruiting Manual, COMDTINST M1100.2 (series)  
Responsible Level: Recruiter  
Entry:

DDMMYYYY: I hereby certify that all information on my enlistment documents is current and accurate. I have not had any involvement with the police or had any changes in dependency unless noted on those documents. I understand withholding information is punishable under the Uniform Code of Military Justice (UCMJ) and may result in less than honorable discharge for fraudulent enlistment.

Enlistee's Signature

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6.	PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Accession (Reserve) (ACC-12)  
Reference: Recruiting Manual, COMDTINST M1100.2 (series)  
Responsible Level: Recruiter

Entry:

DDMMYY: I am over the age of 40 and understand that I will not be able to complete 20 satisfactory years of federal service by the age of 60, and that I cannot earn Reserve Retirement under 49 C.F.R. 1.45(a)(1).

Enlistee's Signature

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
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**ADMINISTRATIVE REMARKS**

Entry Type: Accession (Reserve) (ACC-13)  
Reference: Recruiting Manual, COMDTINST M1100.2 (series)  
Responsible Level: Recruiter

Entry:

DDMMYYYY: I have been advised that all members enlisting in the Coast Guard Reserve must take a difficult swimming test at recruit training (RP & RK), Reserve Officer Candidate Indoctrination (ROCI), and Reserve Enlisted Basic Indoctrination (REBI). I understand that I cannot graduate from recruit training, ROCI, or REBI unless I have passed this swimming test.

Enlistee's Signature

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6.	PAGE 7

## ADMINISTRATIVE REMARKS

Entry Type: Accession (Reserve) (ACC-14)  
Reference: Recruiting Manual, COMDTINST M1100.2 (series)  
Responsible Level: Recruiter

Entry:

DDMMYYYY: (for all reserve applicants except RP & RK): I understand that inability to satisfy the swimming requirement detailed in E-2 Performance Requirements 2.05-P of the Enlisted Professional Military Education (E-PME) Manual, COMDTINST M1510.2 (series), will adversely affect my career. I have been advised that the possible effects include: prohibition from advancement, reenlistment, or an afloat duty assignment; or involuntary transfer to the IRR, or discharge.

Enlistee's Signature

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6.	PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Accession (ACC-15)  
Reference: Recruiting Manual, COMDTINST M1100.2 (series)  
Responsible Level: Recruiter

Entry:

DDMMYYYY: I hereby acknowledge and agree that I have the duty to establish and maintain an account with a financial institution for the direct deposit of my Coast Guard net pay and allowances. I understand that I am required to execute the appropriate forms at my first assigned drilling unit to ensure that my Coast Guard net pay and allowances are deposited directly into this account. I understand that I may freely choose to change financial institutions to satisfy this requirement. I understand that I will continue to have the duty to maintain such an account for the direct deposit of my Coast Guard net pay and allowances as long as I remain a member of the selected reserve unless I receive a specific exemption from this requirement from the Coast Guard. I understand that failure to establish and maintain such an account in the absence of a specific exemption may subject me to administrative and/or disciplinary action under the Uniform Code of Military Justice (UCMJ).

Signature of Enlistee/Applicant

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER (Last, First, MI)		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Accession (ACC-16)

Reference: Recruiting Manual, COMDTINST M1100.2 (series) (2.B.1.e.3)

Responsible Level: Recruiter

Entry:

DDMMYYYY: I understand I am accepted for enlistment with a spouse and [Number] dependents. My spouse is an active duty Coast Guard member in the grade of [PayGrade]. The Coast Guard shall make every attempt to co-locate me with my spouse, but co-location is not guaranteed.

\_\_\_\_\_  
DDMMYYYY

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Accession (ACC-17)

Reference: Coast guard Academy Scholar Program Administration, COMDTINST 5342.2(series)

Responsible Level: Academy Central Accession Point

Entry: Statement of Understanding Concerning Creditable Service as a Scholar and Cadet

DDMMYY: I understand that per Title 10 U. S. Code §971, officers may not count service performed as a cadet or midshipman for any purpose and that service performed as a cadet is not creditable for longevity for pay purposes or retirement after appointment as an officer (commissioned or warrant). I further understand that non-Delayed Entry Program (DEP) prior enlisted active service performed prior to appointment to cadet status IS creditable for longevity for pay purposes and retirement.

I acknowledge that if I complete the U. S. Coast Guard Academy course of instruction and am appointed an Ensign in the Regular Coast Guard, all active service (other than DEP time) performed prior to cadet appointment will be creditable for pay purposes and retirement. If I am appointed to cadet status from prior enlisted service status and disenrolled from the Academy prior to graduation, my cadet service IS creditable for longevity for pay purposes and retirement if I return to enlisted status; however, if I am later appointed to commissioned or warrant officer status my Pay Base Date (PBD) and Active Duty Base Date (ADBD) must be adjusted to exclude the cadet service time.

I have been afforded the opportunity to read and understand the foregoing and have had all my questions answered to my satisfaction.

\_\_\_\_\_  
SCHOLAR SIGNATURE

\_\_\_\_\_  
FIRST MI LAST, RATE/RANK, USCG/USCGR  
Signature of Counselor

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE  
(required if recipient is a minor)

\_\_\_\_\_  
WITNESS SIGNATURE, at [City], [State]

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER (Last, First, MI)		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
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**ADMINISTRATIVE REMARKS**

Entry Type: Accession (ACC-18)

Reference: Coast guard Academy Scholar Program Administration, COMDTINST 5342.2(series)

Responsible Level: Academy Central Accession Point

Entry: Statement of Understanding Concerning Leave earned while in the CGA Scholar Program

DDMMMYYYY: I understand that:

I will earn up to 25 days of annual leave (at the rate of 2.5 days per month) during my ten-month course of instruction and that I must use this leave in conjunction with any absences away from the immediate vicinity of my preparatory school campus that is not classified as temporary duty, permissive duty, sick leave, or liberty. I will read and comply with the Coast Guard Scholar Leave Request and Approval Policy & Procedures as established by the Coast Guard Academy. Annual leave will be deducted from my leave account whenever I am away from my preparatory school campus during holidays or other breaks in classes and that I must keep track of the days of leave that I take.

Any days of leave that I have not used when I complete my course of instruction, or otherwise separate from the Coast Guard Scholar Program, I may sell at the daily Basic Pay rate for my pay grade times the number of unused accrued days. Any days of leave sold when I separate from the Coast Guard Scholar Program will be counted against my future career leave sell-back cap of 60 days.

I further understand that if I have used more days of leave than I have earned (excess leave usage) when I leave the Coast Guard Scholar Program, I will incur a debt to the government that must be repaid. Indebtedness due to excess leave usage will not be considered for remission of indebtedness (per Title 14 U. S. Code §461) nor waiver of collection of erroneous overpayments (per Title 10 U. S. Code §2774).

I have been afforded the opportunity to read and understand the foregoing and have had all my questions answered to my satisfaction.

\_\_\_\_\_  
SCHOLAR SIGNATURE

\_\_\_\_\_  
FIRST MI LAST, RATE/RANK, USCG/USCGR  
Signature of Counselor

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE  
(required if recipient is a minor)

\_\_\_\_\_  
WITNESS SIGNATURE, at [City], [State]

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
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**ENCLOSURE 6  
ADMINISTRATIVE REMARKS**

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**CG 3307's for Advancement and Reduction (AR)**

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AR-01 Reduction in Rate

AR-02 Obligated Service for Advancement to E-7 E-8 E-9

AR-03 Reduction in Rate Observation Period Complete

AR-04 Withdrawal of Advancement Recommendation

AR-05 Voluntary Removal from CWO Eligibility List

AR-06 Voluntary Removal from CWO Eligibility List-Hardship

AR-07 Voluntary Removal from ADV List

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**ADMINISTRATIVE REMARKS**

Entry Type: Advancement and Reduction (A&R-1)

Reference: Enlisted Accessions, Evaluations, and Advancements, COMDTINST M1000.2 (series)

Responsible Level: Unit

Entry:

DDMMYYYY: Rate Last Name informed this date that he or she is a candidate for reduction in rate by reason of incompetence per Article 3.A.30.c., Enlisted Accessions, Evaluations, and Advancements, COMDTINST M1000.2 (series). Rate Name's (provide specifics on which mark(s) meet the reduction in rate criteria) for the period ending (date). Advised that he or she has three months from this date to demonstrate satisfactory progress and meet the requirements or Article 3.A.30.c in order to retain his or her present rate, and that failure to do so will result in reduction in rate to (rate). A special performance evaluation will be completed at that time for the purpose of determining competency, particular areas that require improvement are: provid specifics.....

A. B. SEA, CAPT, USCG  
Commanding Officer

: I have read and understand the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER (Last, First, MI)		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6.	PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Advancement and Reduction (A&R-2)

Reference: Enlisted Accessions, Evaluations, and Advancements, COMDTINST M1000.2 (Series)

Responsible Level: Unit

Entry:

DDMMYY: As a result of being above the cutoff for advancement to (RATE) I understand that I will be required to meet the two year obligated service requirement per Article 3.A.19.e, Enlisted Accessions, Evaluations, and Advancements, COMDTINST M1000.2 (Series). I agree not to request voluntary retirement or early release to be effected prior to completion of required obligated service as stated above.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
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**ADMINISTRATIVE REMARKS**

Entry Type: Advancement and Reduction (A&R-3)

Reference: Enlisted Accessions, Evaluations, and Advancements, COMDTINST M1000.2 (series)

Responsible Level: Unit

Entry:

DDMMYYYY: Rate Name's three month observation period to satisfy the requirements of Article 3.A.30.c, Enlisted Accessions, Evaluations, and Advancements, COMDTINST M1000.2 (series), completed this date. Rate Name has been determined to be incompetent in the rate of (RATE). The required special evaluation was completed this date. Effective this date, Rate Name is being reduced to (RATE).

A. B. SEA, CAPT, USCG  
Commanding Officer

\_\_\_\_\_ : I have read and understand the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
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**ADMINISTRATIVE REMARKS**

Entry Type: Advancement and Reduction (A&R-4)

Reference: Enlisted Accessions, Evaluations, and Advancements, COMDTINST M1000.2 (series)

Responsible Level: Unit

Entry:

DDMMYY: Per Article 3.A.4.e(5)(b), Enlisted Accessions, Evaluations, and Advancements, COMDTINST M1000.2 (series), recommendation and nomination for advancement and participation in the MONTH YEAR servicewide competition for RATE is withdrawn. (Explain Reason e. g. Unsatisfactory conduct, NJP, civil conviction)

A. B. SEA, CAPT, USCG  
Commanding Officer

\_\_\_\_\_ : I have read and understand the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER (Last, First, MI)		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6.	PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Advancement and Reduction (A&R-5)

Reference: Officer Accessions, Evaluations, and Promotions, COMDTINST M1000.3 (Series)

Responsible Level: Unit

Entry:

DDMMYY: I have read and understand Article 1.D.10c, Officer Accessions, Evaluations, and Promotions, COMDTINST M1000.3 (Series). I voluntarily elect to be removed from the eligibility lists for appointment to warrant grade. I understand that I will not be eligible to be a candidate for appointment to warrant grade for (two or five whichever is applicable) years from the anniversary date of this election. I understand that I will be eligible to reapply as a candidate for appointment to warrant grade on or about (date).

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Advancement and Reduction (A&R-6)

Reference: Officer Accessions, Evaluations, and Promotions, COMDTINST M1000.3 (Series)

Responsible Level: Unit

Entry:

DDMMYYYY: I have read and understand Article 1.D.10.c, Officer Accessions, Evaluations, and Promotions, COMDTINST M1000.3 (series). I voluntarily elect to be removed from the eligibility lists for appointment to warrant grade. I understand that I will not be eligible to be a candidate for appointment to warrant grade until my personal hardship has been resolved.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Advancement and Reduction (A&R-7)

Reference: Enlisted Accessions, Evaluations, and Advancements, COMDTINST M1000.2 (Series)

Responsible Level: Unit

Entry:

DDMMYYYY: I have read and understand Article 3.A.19.f., Enlisted Accessions, Evaluations, and Advancements, COMDTINST M1000.2 (Series). I voluntarily elect to be removed from the eligibility lists for advancement to (Rate). I understand that I will not be eligible to participate in the Servicewide Exam for one year from the date of this election.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	

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**ENCLOSURE 6**  
**ADMINISTRATIVE REMARKS**

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**CG-3307's for Assignment and Transfer (AT)**

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AT-01 Availability for Unrestricted Assignment  
AT-02 HUMS Transfer  
AT-03 Unsuitable for Special Duty  
AT-04 Suitability for Icebreaker Duty  
AT-05 Member to Member OCONUS Re-assignment  
AT-06 Overseas Screening  
AT-10 Transfer to IRR

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**ADMINISTRATIVE REMARKS**

Entry Type: Assignment and Transfer (A&T-01)

Reference: Section 1-B, Military Assignments and Authorized Absences, COMDTINST M1000.8 (series)

Responsible Level: Unit

Entry:

DDMMYY: I have been counseled on the requirement of Article 1-B-11, Military Assignments and Authorized Absences, COMDTINST M1000.8 (series) regarding my availability for unrestricted worldwide assignment. I further certify that the situation, which occasioned my original request, in my memo 1326 of [insert date of memo], has been completely alleviated and I am now available for unrestricted worldwide assignment.

FIRST MI. LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Assignment and Transfer (A&T-2)

Reference: Section 1-B, Military Assignments and Authorized Absences, COMDTINST M1000.8 (series)

Responsible Level: Unit

Entry:

DDMMYY: Received orders for Humanitarian assignment (HUMS) under the provisions of Article 1-B-11, Military Assignments and Authorized Absences, COMDTINST M1000.8 (series). Instructions concerning nonentitlement to expenses incurred in the execution of these orders have been explained to me this date. In view of a permissive travel authorization for HUMS to a new permanent duty station being issued, I understand that under no circumstances will I be reenlisted or extended without Commander (CG PSC-EPM) approval. I must present clear documentation that my hardship situation is completely resolved, and that I am available for unrestricted reassignment in accordance with service needs, for Commander (CG PSC-EPM) approval to be granted.

FIRST MI. LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Assignment and Transfer (A&T-3)

Reference: Section 1-E, Military Assignments and Authorized Absences, COMDTINST M1000.8 (series)

Responsible Level: Unit

Entry:

DDMMYY: Found to be unsuitable as (enter assigned special duty) due to (state reasons and specifics) per Article 1-E-4, Military Assignments and Authorized Absences, COMDTINST M1000.8 (series). Commander (CG PSC-EPM) notified this date and reassignment requested.

A. B. SEA, CAPT, USCG  
Commanding Officer

:

: I have been counseled and understand the reason(s) for the above action.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER (Last, First, MI)		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Assignment and Transfer (A&T-4)

Reference: Section 1-C, Military Assignments and Authorized Absences, COMDTINST M1000.8 (series)

Responsible Level: Unit

Entry:

DDMMYYYY: I have read and understand Article 1-C-11, Military Assignments and Authorized Absences, COMDTINST M1000.8 (series), relating to suitability of members to serve on icebreaker duty. Neither I nor my dependents possess any physical or mental abnormalities, except as indicated, which might result in a determination that I be disqualified for such duty: (state disqualification or indicate "none to my knowledge"). I consider myself fully qualified for icebreaker duty.

FIRST MI. LAST

DDMMYYYY: Compliance with the provisions of Article 1-C-11, Military Assignments and Authorized Absences, COMDTINST M1000.8 (series), is certified. [Rate Last Name] is considered to be suitable in all respects for icebreaker duty.

A. B. SEA, CAPT, USCG  
Commanding Officer

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Assignment and Transfer (A&T-5)

Reference: Section 1-H, , Military Assignments and Authorized Absences, COMDTINST M1000.8 (series)

Responsible Level: Unit

Entry:

DDMMYYYY: I understand that neither my spouse nor I will be considered for reassignment under the provisions of Article 1-H-8b, Military Assignments and Authorized Absences, COMDTINST M1000.8 (series), until eligible for normal rotation.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. Employee ID Number.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Assignment and Transfer (A&T-6)

Reference: Section 1-H, Military Assignments and Authorized Absences, COMDTINST M1000.8 (series)

Responsible Level: Unit

Entry:

OVERSEAS SCREENING

(DDMMYYYY): I, [Rate FirstName MI LastName, USCG or USCGR], am aware that failure to divulge disqualifying information, or amplifying information (medical, dental, psychological, physical, or educational problem(s)) pertaining to the questions on the checklist for overseas screening, may ultimately result in disciplinary action punishable under the UCMJ.

FIRST MI LAST (Member's Signature)

FIRST MI LAST (Spouse's Signature)

DDMMYYYY: On the basis of all available information I [endorse] or [do not endorse] the member's orders to the overseas assignment. (A copy of the completed checklist will be forwarded to the receiving command.)

A. B. SEA, CAPT, USCG  
Commanding Officer

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER (Last, First, MI)		4. Employee ID Number.	5. GRADE/RATE	6.	PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Assignment and Transfer (A&T-10)

Reference: Section 5-B, Reserve Policy Manual, COMDTINST M1001.28(series)

Responsible Level: Unit

Entry:

DDMMMYYYY: You are hereby transferred to the Inactive Ready Reserve (IRR) for the following reason [state reason(s)].

You do/do not have a reserve obligation and are/are not required to return to the SELRES. Any future request to return to the SELRES from the IRR will be at the discretion of the receiving command and Commander (CG PSC-RPM).

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMMYYYY: I have been counseled and understand the reason(s) for the above action.

FIRST MI. LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER (Last, First, MI)		4. Employee ID Number.	5. GRADE/RATE	6. PAGE 7	

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**ENCLOSURE 6  
ADMINISTRATIVE REMARKS**

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**Selective Reserve (SELRES) Enlisted Bonus Programs (BON)**

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BON-01 SELRES Reenlistment - Extension Bonus Unit

BON-02 SELRES Enlistment Bonus - Recruiting Office

BON-03 SELRES Enlistment Bonus - Unit

BON-04 SELRES Affiliation Bonus - Unit

BON-05 SELRES Bonus Absence due to recall

BON-06 SELRES Bonus Authorized a period of non-availability

BON-07 SELRES Bonus with A School Requirement

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**ADMINISTRATIVE REMARKS**

Entry Type: Selective Reserve Reenlistment/Extension Bonus (BON-1)

Reference: Military Bonus Programs, COMDTINST M7220.2 (series)

Responsible Level: Unit

Entry:

DDMMYY: I have been advised that I am eligible for a [enter amount] dollar SELRES Enlistment or Affiliation Bonus. Receipt of this bonus commits me to SELRES participation through [enter date].

I hereby acknowledge that I have read and fully understand the contents and explanation of Military Bonus Programs, COMDTINST M7220.2 (series) and ALCOAST message number and year.

FIRST MI LAST (Signature of Member)

FIRST MI LAST, RATE, USCG/USCGR  
Signature of Counselor

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
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**ADMINISTRATIVE REMARKS**

Entry Type: Selective Reserve Enlistment Bonus (BON-2)

Reference: Military Bonus Programs, COMDTINST M7220.2 (series)

Responsible Level: Recruiting Office

Entry:

DDMMMYYYY: I have been advised that I am eligible for a [enter amount] dollar SELRES Enlistment or Affiliation Bonus. Receipt of this bonus commits me to SELRES participation through [enter date].

I hereby acknowledge that I have read and fully understand the contents of Military Bonus Programs, COMDTINST M7220.2 (series) and ALCOAST [message number and year].

FIRST MI LAST (Signature of Member)

FIRST MI LAST, RATE, USCG/USCGR  
Signature of Counselor

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Selective Reserve Enlistment Bonus (BON-3)  
 Reference: Military Bonus Programs, COMDTINST M7220.2 (series)  
 Responsible Level: Unit

Entry:  
 DDMMYY: I have been advised that I am eligible for a [enter amount] dollar SELRES Enlistment or Affiliation Bonus. Receipt of this bonus commits me to SELRES participation through [enter date].

I hereby acknowledge that I have read and fully understand the contents of Military Bonus Programs, COMDTINST M7220.2 (series) and ALCOAST [enter message number and year].

FIRST MI LAST (Signature of Member)

FIRST MI LAST, RATE, USCG/USCGR  
 Signature of Counselor

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
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**ADMINISTRATIVE REMARKS**

Entry Type: Selective Reserve Affiliation Bonus (BON-4)

Reference: Military Bonus Programs, COMDTINST M7220.2 (series)

Responsible Level: Unit

Entry:

DDMMYY: I have been advised that I am eligible for a [enter amount] dollar SELRES Enlistment or Affiliation Bonus. Receipt of this bonus commits me to SELRES participation through [enter date].

I hereby acknowledge that I have read and fully understand the contents of Military Bonus Programs, COMDTINST M7220.2 (series) and ALCOAST Message Number/Year.

FIRST MI LAST (Signature of Member)

FIRST MI LAST, RATE, USCG/USCGR  
Signature of Counselor

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER (Last, First, MI)		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Selective Reserve Reenlistment/Extension Bonus (BON-5)

Reference: Military Bonus Programs, COMDTINST M7220.2 (series)

Responsible Level: Unit

Entry:

DDMMYY: I have been advised that I will be placed in a period of authorized absence for 12 months due to involuntary recall to active duty under 10 USC 12302. During this 12-month period, I will retain my current SELRES bonus eligibility.

I further acknowledge that I have read and fully understand the contents and explanation of Military Bonus Programs, COMDTINST M7220.2 (series).

FIRST MI LAST (Signature of Member)

FIRST MI LAST, RATE, USCG/USCGR  
Signature of Counselor

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
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**ADMINISTRATIVE REMARKS**

Entry Type: Selective Reserve Reenlistment/Extension Bonus (BON-6)

Reference: Military Bonus Programs, COMDTINST M7220.2 (series)

Responsible Level: Unit

Entry:

DDMMYY: I have been advised that I will be authorized a period of non-availability and temporarily assigned to the Active Status Pool (ASP) for 12 months due to [enter reason for assignment].

Upon completion of the 12-month period, I will be required to extend my enlistment in the Ready Reserve to serve my full contract period in the SELRES in order to receive my total bonus entitlement.

Failure to extend for the necessary additional service or continued assignment in the ASP over 12 months will result in my bonus eligibility being adjusted for time spent in the ASP.

I further acknowledge that I have read and fully understand the contents and explanation of Military Bonus Programs, COMDTINST M7220.2 (series).

FIRST MI LAST (Signature of Member)

FIRST MI LAST, RATE, USCG/USCGR  
Signature of Counselor

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER (Last, First, MI)		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Selected Reserve (SELRES) Affiliation Bonus (BON-7)  
 Reference: Military Bonus Programs, COMDTINST M7220.2 (series)  
 Responsible Level: Unit  
 Entry:

DDMMYYYY: I have been advised that:

If I fail to complete Class "A" School training, I will immediately be reassigned to an Unbudgeted SELRES position to complete the minimum one year affiliation per 5.B.1 of the Reserve Policy Manual, COMDTINST M1001.28 (series).

I am eligible for an affiliation bonus of [enter amount] based on [enter number of months] months of remaining Initial Military Obligation. The criteria of ALCOAST [enter message number/year applies. In addition, the bonus payment is contingent upon successful completion of [enter rating] "A" School and the request for payment will not be submitted by servicing SPO until I have successfully completed [enter rating] "A" School. My eligibility period will commence the day of assignment to the SELRES and commits me to SELRES participation through [enter date].

I hereby acknowledge that I have read and fully understand the contents of Military Bonus Programs, COMDTINST M7220.2 (series) and ALCOAST [enter message number/year].

FIRST MI LAST (Signature of Member)

FIRST MI LAST, RATE, USCG/USCGR  
 Signature of Counselor

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER (Last, First, MI)		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
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**ENCLOSURE 6**  
**ADMINISTRATIVE REMARKS**

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**CG-3307's for Performance and Discipline (PD)**

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PD-01 Overweight-No Probation Reccomend Discharge\_Sep\_ISL  
PD-01A Weight Probation Period Extension 30 Days  
PD-01B Weight Probation Period Abeyance 6 months  
PD-02 Weight Probation Semiannual / PD-02A Weight Probation Non Semiannual  
PD-03 Weight Probation Complete\_Met Weight Standards  
PD-04 Weight Separation Post Probation  
PD-05 Missed Vessel Movement  
PD-06 General\_Positive  
PD-07 General\_Negative  
PD-08 UCMJ Code of Conduct Acknowledgement  
PD-09 Obligation to Provide Continuous and Adequate Support of Dependents  
PD-10 Failure to Pay Depts  
PD-10A Counseled Government Travel Charge Card Payment 61 Days Late  
PD-10B Counseled Government Travel Charge Card Misuse  
PD-11 Unsat Conduct of Personal Affairs and Support of Dependents  
PD-12 Counseling for Inappropriate Relationships  
PD-13 Alcohol Incident  
PD-14 Involved in an Alcohol Incident  
PD-15 Involved in an Alcohol-Related Situation  
PD-16 Completion of Afer Care\_Alcohol Dependent  
PD-16 Completion of After Care\_Alcohol Abusive  
PD-16 Completion of After Care\_Self-Referral  
PD-17 Alcohol Abusive or Alcohol-Drug Dependent  
PD-18 Begin 90 Day Aftercare Program  
PD-19 Begin 12 Month Aftercare Program  
PD-20 Alcohol-Drug Screening and Determination  
PD-21 Counseling for Placement on Performance Probation  
PD-22 Awarded General Discharge  
PD-23A Qualified Permanent Cutterman  
PD-23B Failed to Maintain Cutterman Qualification  
PD-24 OOD\_Inport  
PD-24 OOD\_Underway  
PD-25 EOIT Certified  
PD-26 Completed PQS or qualified certified as (specify watchstation)  
PD-27 Restraining Order\_Military Protective Order  
PD-28 Conviction for Domestic Violence

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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-01)  
 Reference: Chapter 4.A.1., Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series)  
 Responsible Level: Unit  
 Entry:  
 DDMMYYYY: You have this date been determined to be \_\_\_\_\_ pounds overweight. Your measurements are: Height: \_\_\_\_\_ (inches), Weight: \_\_\_\_\_ (pounds), Waist: \_\_\_\_\_ (inches), Neck: \_\_\_\_\_ (inches), Buttocks (females only): \_\_\_\_\_ (inches). Your age is: [years] and your percent body fat is: \_\_\_\_\_. In accordance with Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series), your probationary period would require greater than 35 weeks by weight calculation and more than 8 months by body fat standards. Therefore you are hereby notified that, instead of probation, you will be recommended for separation (if active duty), recommended for transfer to the ISL (if reservist), or recommended to return to the Department of Health and Human Services (Public Health Service). By signature below, you acknowledge both this entry and that you have been afforded the opportunity to review Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series).

A. B. SEA, CAPT, USCG  
 Commanding Officer

DDMMYYYY: I acknowledge the above entry and understand I have no met the requirement of the Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series).

FIRST MI. LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-01A)

Reference: Chapter , Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series)

Responsible Level: Unit

Entry:

DDMMYYYYY: Your probationary period has warranted special consideration and is extended for thirty days, in accordance with the Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series). If you fail to reach compliance by the end of this extension, you will be recommended for separation (if active duty), recommended for transfer to the ISL (if reservist), or recommended to return to the Department of Health and Human Services (Public Health Service). By signature below, you acknowledge both this entry and that you have been afforded the opportunity to review COMDTINST M1020.8(series).

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMYYYYY: I acknowledge the above entry and understand I have met the requirement of the Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series).

FIRST MI. LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-01B)

Reference: Chapter 5.C., Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series)

Responsible Level: Unit

Entry:

DDMMMYYYY: In accordance with the Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series), you are hereby granted a one-time, six month exception to support you in your quest to stop using tobacco. You are strongly encouraged to complete a personal wellness profile and aggressively pursue your basic fitness plan. At any time during this period if it is determined that you are using tobacco, this exception period will immediately be lifted, and you will be reweighed and placed on probation if appropriate. If you fail to reach compliance by the end of your probationary period, you will be recommended for separation (if active duty), recommended for transfer to the ISL (if reservist), or recommended to return to the Department of Health and Human Services (Public Health Service). By signature below, you acknowledge both this entry and that you have been afforded the opportunity to review Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series).

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMMYYYYY: I acknowledge the above entry and understand I have met the requirement of the Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series).

FIRST MI. LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-02A)  
 Reference: Chapter 3.B., Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series)  
 Responsible Level: Unit  
 Entry:  
 DDMMYY: You have this date been determined to be \_\_\_\_\_ pounds overweight. Your measurements are: Height: \_\_\_\_\_ (inches), Weight: \_\_\_\_\_ (pounds), Waist: \_\_\_\_\_ (inches), Neck: \_\_\_\_\_ (inches), Buttocks (females only): \_\_\_\_\_ (inches). Your age is: [years] and your percent body fat is: \_\_\_\_\_. In accordance with Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series), you are hereby notified that you are required to lose \_\_\_\_\_ pounds or drop to at least or below \_\_\_\_\_ % body fat by [date]. In addition, you are to complete both a personal wellness profile and a detailed fitness plan; participate in a mandatory fitness activity at least one hour per day three days per week; and perform a monthly mandatory fitness assessment until your probationary period ends. You are counseled that compliance is a condition of continued service. This non-compliant semiannual weigh-in is considered your first/second strike. If you fail to reach compliance by the end of this probationary period, you will be recommended for separation (if active duty), recommended for transfer to the ISL (if reservist), or recommended to return to the Department of Health and Human Services (Public Health Service). By signature below, you acknowledge both this entry and that you have been afforded the opportunity to review the Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series).

A. B. SEA, CAPT, USCG  
 Commanding Officer

DDMMYY: I acknowledge the above entry and understand I have not met the requirement of the Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series).

FIRST MI. LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
3. NAME OF MEMBER (Last, First, MI)		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-02)

Reference: Chapter 3.B., Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series)

Responsible Level: Unit

Entry:

DDMMYYYY: You have this date been determined to be \_\_\_\_\_ pounds overweight. Your measurements are: Height: \_\_\_\_\_ (inches), Weight: \_\_\_\_\_ (pounds), Waist: \_\_\_\_\_ (inches), Neck: \_\_\_\_\_ (inches), Buttocks (females only): \_\_\_\_\_ (inches). Your age is: [years] and your percent body fat is: \_\_\_\_\_. In accordance with Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series), you are hereby notified that you are required to lose \_\_\_\_\_ pounds or drop to at least or below \_\_\_\_\_ % body fat by [date]. In addition, you are to complete both a personal wellness profile and a detailed fitness plan; participate in a mandatory fitness activity at least one hour per day three days per week; and perform a monthly mandatory fitness assessment until your probationary period ends. You are counseled that compliance is a condition of continued service. This non-compliant weigh-in probation is considered your first/second probationary period within the last fourteen months. If you fail to reach compliance by the end of this probationary period, you will be recommended for separation (if active duty), recommended for transfer to the ISL (if reservist), or recommended to return to the Department of Health and Human Services (Public Health Service). By signature below, you acknowledge both this entry and that you have been afforded the opportunity to review the Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series).

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMYYYY: I acknowledge the above entry and understand I have not met the requirement of the Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series).

FIRST MI. LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
3. NAME OF MEMBER (Last, First, MI)		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-03)

Reference: Chapter 3.C.8., Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series)

Responsible Level: Unit

Entry:

DDMMMYYYY: On this date your probationary period has come to an end. You weighed (pounds) or achieved % body fat and have successfully met the requirements of the Weight/Physical Fitness Standards for Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series).

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMMYYYY: I acknowledge the above entry and understand I have met the requirement of the Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series).

FIRST MI. LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-04)

Reference: Chapter 4., Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series)

Responsible Level: Unit

Entry:

DDMMYYYY: On this date your probationary period has come to an end OR this is your 3<sup>rd</sup> Strike OR this would have been your 3<sup>rd</sup> probationary period within 14 months. You weighed (pounds) and had a calculated % body fat. You have not achieved your maximum allowable weight and percent body fat. In accordance with chapter 4, Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series), you are hereby notified that you will be recommended for separation (if active duty), recommended for transfer to the ISL (if reservist), or recommended to return to the Department of Health and Human Services (Public Health Service).

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMYYYY: I acknowledge the above entry and understand I have not met the requirement of the Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series).

FIRST MI. LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6.	PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-5)

Reference: Section 10-B., Personnel and Pay Procedures Manual, PPCINST M1000.2 (series)

Responsible Level: Unit

Entry:

DDMMMYYYY: Missed sailing of this vessel from (place of sailing) on (date) en route to (destination). Member had knowledge of the time movement was scheduled.

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMMYYYY: (if vessel deploys for 10 or more days): Member's records and personal effects transferred to (name of unit).

A. B. SEA, CAPT, USCG  
Commanding Officer

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-6)

Reference: None

Responsible Level: Unit

Entry:

(General – Positive)

DDMMYYYY: NOTE: Entry must be member specific and describe who, what, when, where, why and how. Blanket entries describing generalities, which are photocopied for inclusion in many members' PDRs, are not authorized.

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-7)

Reference: None

Responsible Level: Unit

Entry:

(General – Negative)

DDMMYYYY: NOTE: Entry must be member specific and describe who, what, when, where, why and how. Blanket entries describing generalities, which are photocopied for inclusion in many members' PDRs, are not authorized.

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-8)

Reference: Art. 1.A.4.b., Discipline and Conduct, COMDTINST M1600.2 (series)

Responsible Level: Unit

Entry:

DDMMMYYYY: Necessary articles of the Uniform Code of Military Justice (UCMJ), and the Code of Conduct explained upon completion of six months of active duty (or) upon reenlistment as required by Article 1.A.4.b., Discipline and Conduct, COMDTINST M1600.2 (series).

A. B. SEA, CAPT, USCG  
Commanding Officer or By Direction

DDMMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-9)

Reference: Art. 2.E.4.a., Discipline and Conduct, COMDTINST M1600.2 (series)

Responsible Level: Unit

Entry:

DDMMMYYYY: Counseled (or) Counseled, again, concerning civil and moral obligations to provide continuous and adequate support of lawful dependents.

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-10)

Reference: Art. 2.D.4.d., Discipline and Conduct, COMDTINST M1600.2 (series)

Responsible Level: Unit

Entry:

DDMMYYYY: Unreliable due to failure to pay debts. (Describe circumstances surrounding entry-such as the dates, debts, and actions taken).

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-10A)  
Reference: Art. 2.D.4.d., Discipline and Conduct, COMDTINST M1600.2 (series) and Government Travel Charge Card (GTCC) Program Policies and Procedures COMDTINST M4600.18 (series)

Responsible Level: Unit

Entry:

DDMMYYYY: [RANK] [LASTNAME], you have been found unreliable due to failure to pay debts. Your Government Travel Card is past due at least 61 days in the amount of [\$0.00]. Per a General Order issued in COMDTINST 4600.14(series) you were required to submit your travel claim within 3 work days of returning to this unit and were required to pay your account in full on or before the statement due date.

On this date you have been counseled that failure to meet financial obligations brings discredit upon the Service, burdens the command administratively, and jeopardizes your ability to maintain a security clearance. Additionally, you need to understand that failure to pay your debts can reflect negatively in performance evaluations and may become grounds for denial of reenlistment or discharge from the Service.

You are directed to pay your account balance in full immediately. Failure to do so may result in further administrative and/or disciplinary actions being taken against you.

Meeting your financial obligations is your responsibility. However, there are several resources available to assist you with financial planning. Your supervisor [or the command financial counselor or Command Master Chief] can assist you with setting up an appropriate appointment.

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-10B)

Reference: Art. 2.D.4.d., Discipline and Conduct, COMDTINST M1600.2 (series) and Government Travel Charge Card (GTCC) Program Policies and Procedures COMDTINST M4600.18 (series)

Responsible Level: Unit

Entry:

DDMMYYYY: [RANK] [LASTNAME], it has been found that on [enter number of occasions] occasions totaling [\$enter the amount] you used your GTCC for purchases that were not authorized by an approved set of travel orders. This is in direct violation of a General Order issued in COMDTINST 4600.14(series).

Your GTCC account has been closed for misuse. You will need to ensure that future travel orders include authorization to use the Centrally Billed Account for common carrier transportation and authorization for travel advances as required to meet the travel requirements.

On this date, you have been counseled that misuse of your GTCC, which is only for authorized official travel related expenses, brings discredit upon the Service, burdens the command administratively, jeopardizes your ability to maintain a security clearance, and may prevent you from being assigned OCONUS. Additionally, you need to understand that this misuse can reflect negatively in your performance evaluations and may become grounds for denial of reenlistment or discharge from the Service.

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-11)

Reference: Art. 2.E.4.a(4)(b), Discipline and Conduct, COMDTINST M1600.2 (series)

Responsible Level: Unit

Entry:

DDMMMYYYY: Unreliable due to unsatisfactory conduct of personal affairs and support of dependents. Describe circumstances surrounding entry-such as the dates, debts, and actions taken).

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMMYYYY: I acknowledge the above counseling and understand the actions being initiated.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-12)

Reference: Art. 2.A.6.c., Discipline and Conduct, COMDTINST M1600.2 (series)

Responsible Level: Unit

Entry:

DDMMYYYY: Document formal counseling pertaining to improper relationships. Counseling may include a direct order to terminate a relationship.

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-13)

Reference: Chap 2, Coast Guard Drug and Alcohol Abuse Program, COMDTINST M1000.10 (series)

Responsible Level: Unit

Entry:

DDMMMYYYY: On (date) you received an alcohol incident when your abuse of alcohol was determined to be a significant and/or causative factor, (describe what happened). List (time, dates, place, pertinent information, arrested by, BAC if done, etc.)

You were counseled on USCG policies concerning alcohol use and abuse as well as the serious nature of this incident. The unit CDAR will arrange an appointment with a provider who will determine the nature of your relationship with alcohol. It is recommended that you abstain from the use of alcohol until your screening and assessment is completed. (Note any action pending, if any.)

This is considered your first documented alcohol incident. (Underage drinking violation only: Your command may request removal of this incident from your permanent record after three years if no further incidents occur.) Any further incidents will result in you being processed for separation as per Coast Guard Drug and Alcohol Abuse Program, COMDTINST M1000.10 (series).

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-14)

Reference: Chap 2, Coast Guard Drug and Alcohol Abuse Program, COMDTINST M1000.10 (series)

Responsible Level: Unit

Entry:

DDMMYYYY: On (DATE) you were involved in an alcohol incident. (Describe what happened. List time, dates, place, pertinent information, arrested by, BAC if done, etc.)

You were previously counseled on (ENTER DATE) on USCG policies concerning alcohol use and abuse as well as the serious nature of this incident. The unit CDAR will arrange an appointment with a provider who will determine the nature of your relationship with alcohol. It is recommended that you abstain from the use of alcohol until your screening and assessment is completed. (Note any action pending, if any.).

This is considered your (second) documented alcohol incident. You will be processed for separation from the U.S. Coast Guard, as per Coast Guard Drug and Alcohol Abuse Program, COMDTINST M1000.10 (series).

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-15)

Reference: Chap 2, Coast Guard Drug and Alcohol Abuse Program, COMDTINST M1000.10 (series)

Health Promotion Manual, COMDTINST M6200.1 (series)

Responsible Level: Unit

Entry:

DDMMYYYY: On (date) you were involved in an alcohol-related situation. Alcohol was not considered a significant or causative in describe the circumstances, violations, or actions pending).

This is not considered an alcohol incident, but it is entered for documentation purposes only. You have been advised of the contents of Coast Guard Drug and Alcohol Abuse Program, COMDTINST M1000.10 (series) concerning conduct expected of Coast Guard personnel.

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-16)

Reference: Chap 2, Coast Guard Drug and Alcohol Abuse Program, COMDTINST M1000.10 (series)  
Health Promotion Manual, COMDTINST M6200.1 (series)

Responsible Level: Unit

Entry:

DDMMYY: Congratulations! On (date) you successfully completed your (3 or 12 month) after care plan as per Chapter 2, Health Promotion Manual, COMDTINST M6200.1 (series). I encourage you to continue to incorporate positive life style changes into your daily routine and remember what you have learned. You must abstain from alcohol indefinitely. A relapse or incident may lead to separation or reinstatement of a continued care program. You have been advised of the contents of Chapter 2, Coast Guard Drug and Alcohol Abuse Program, COMDTINST M1000.10 (series), concerning conduct expected of Coast Guard personnel.

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER (Last, First, MI)		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-16)

Reference: Chap 2, Coast Guard Drug and Alcohol Abuse Program, COMDTINST M1000.10 (series)  
Health Promotion Manual, COMDTINST M6200.1 (series)

Responsible Level: Unit

Entry:

DDMMYY: Congratulations! On (date) you successfully completed your (3 or 12 month) after care plan as per Chapter 2, Health Promotion Manual, COMDTINST M6200.1 (series). I encourage you to continue to incorporate positive life style changes into your daily routine and remember what you have learned. If you return to a pattern of alcohol misuse, take the first step and ask for help. Future alcohol misuse or incidents may lead to separation and shall be addressed by your command. You have been advised of the contents of Chapter 2, Coast Guard Drug and Alcohol Abuse Program, COMDTINST M1000.10 (series), concerning conduct expected of Coast Guard personnel.

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-16)

Reference: Chap 2, Coast Guard Drug and Alcohol Abuse Program, COMDTINST M1000.10 (series)  
Health Promotion Manual, COMDTINST M6200.1 (series)

Responsible Level: Unit

Entry:

DDMMYYYY: Congratulations! On (date) you successfully completed your (3 or 12 month) after care plan as per Chapter 2, Health Promotion Manual, COMDTINST M6200.1 (series). I encourage you to continue to incorporate positive life style changes into your daily routine and remember what you have learned. You may now request removal of the screening letter and treatment plan from your Personnel Data Record as Chapter 2, Coast Guard Drug and Alcohol Abuse Program, COMDTINST M1000.10 (series). A permanent record of the screening and treatment will be kept on your health record in accordance with the Health Promotion Manual, COMDTINST M6200.1 (series). You have been advised of the contents of Chapter 2, Coast Guard Drug and Alcohol Abuse Program, COMDTINST M1000.10 (series), concerning conduct expected of Coast Guard personnel.

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-17)

Reference: Chap 2, Coast Guard Drug and Alcohol Abuse Program, COMDTINST M1000.10 (series)  
Health Promotion Manual, COMDTINST M6200.1 (series)

Responsible Level: Unit

Entry:

DDMMMYYYY: On (date) you were screened at (name of facility) and determined to be (alcohol abusive or alcohol/drug dependent) as per Diagnostic and Statistical Manual of the American Psychiatric Association (DSM IV) and recommended for (type or treatment or education).

You have indicated that you do not want to receive the treatment, which was recommended by medical authority as outlined above. By doing so you waive all right to any future benefits under the Department of Veterans Affairs program for treatment or chemical dependency.

You will be processed for separation per Chapter 1, of Military Separations, COMDTINST M1000.4 (series).

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMMYYYY: I acknowledge the above entry and hereby waive my right to benefits under the Department of Veterans Affairs program for treatment of chemical dependency.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-18)  
 Reference: Chap 2, Coast Guard Drug and Alcohol Abuse Program, COMDTINST M1000.10 (series)  
 Health Promotion Manual, COMDTINST M6200.1 (series)  
 Responsible Level: Unit  
 Entry:  
 DDMMYYYY: On (date) you successfully completed (type of treatment) program at (name of facility).  
 Congratulations on your accomplishment and your perseverance for personal recovery.

In accordance with chapter 2 of the Health Promotion Manual, COMDTINST M6200.1 (series), your aftercare (continued care) plan shall consist of, but not limited to:

- a. For a period of 90 days, you will abstain from alcohol. This will allow you to incorporate all of the tools you were given to make positive changes in your life.
  - b. For a period of 90 days, you will meet weekly with your command CDAR, at a time agreed upon by both of you, for the purpose of monitoring and supporting your recovery.
  - c. For a period of 90 days, participation in a twelve-step or group support program at least twice weekly (unit operations permitting).
- Failure to comply with this aftercare plan or involvement in any alcohol incident may result in your separation from the Coast Guard in accordance with Chapter 2, Coast Guard Drug and Alcohol Abuse Program, COMDTINST M1000.10 (series).

A. B. SEA, CAPT, USCG  
 Commanding Officer

DDMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-19)  
Reference: Chap 2, Coast Guard Drug and Alcohol Abuse Program, COMDTINST M1000.10 (series).  
Health Promotion Manual, COMDTINST M6200.1 (series)  
Responsible Level: Unit  
Entry:

DDMMYYYY: On (date) you successfully completed (type of treatment) program at (name of facility).  
Congratulations on your accomplishment and your perseverance for personal recovery. This is been a major  
step in taking charge of your life.

The aftercare (continued care) plan is an important and mandatory segment of the treatment and recovery  
process. The support your will find in your aftercare program will go far in helping to ensure your success.  
Your aftercare plan shall consist of, but not limited to:

- a. Abstinence from alcohol indefinitely.
- b. Weekly meetings with the unit CDAR to monitor and support your recovery for 12 months.
- c. Attendance at a minimum of (number specified in aftercare plan) twelve-step or other approved support  
group meetings per week for 12 months (unit operations permitting).

Failure to comply with this aftercare plan or involvement in any alcohol incident may result in your  
separation from the Coast Guard in accordance with Chapter 2, Coast Guard Drug and Alcohol Abuse  
Program, COMDTINST M1000.10 (series).

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-20)

Reference: Chap 2, Coast Guard Drug and Alcohol Abuse Program, COMDTINST M1000.10 (series)  
Health Promotion Manual, COMDTINST M6200.1 (series)

Responsible Level: Unit

Entry:

DDMMMYYYY: On (date) you were screened by (Name) at (facility) for a (self-referral/command referral/alcohol incident) and it was determined that you meet the criteria for a diagnosis of (Alcohol Abusive/ Dependent or Substance Abusive/Dependent, list drug) as per DSM IV and you have been recommended for (type of treatment).

You will receive your treatment at (name of facility), which begins on (date) at (time).

Until you begin treatment, you shall adhere to a pre-treatment plan, which will consist of the following (alcohol dependent is mandatory, alcohol abusive if recommended by screening facility):

- a. Abstaining from consuming alcohol. Any further use of alcohol until you complete treatment and your support plan will lead to further disciplinary action.
- b. You will meet with your CDAR once a week, at a time to be agreed on by both of you, for monitoring and support.
- c. You must attend at least 2 support group meetings (e.g., Alcoholics Anonymous or other HSWL approved support group) each week.

You have been advised of the contents of Coast Guard Drug and Alcohol Abuse Program, COMDTINST M1000.10 (series) regarding the policy for (self-referral, command referral, alcohol Incident, drug incident), expected conduct of Coast Guard personnel, and the continued care plans available for those who have problems with alcohol abuse or substance dependency.

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-21)

Reference: Article 1.B.15.c and 1.B.17.c, Military Separations, COMDTINST M1000.4 (SERIES)

Responsible Level: Unit

Entry:

DDMMMYYYY: (document formal counseling pertaining to placing a member on probation, prior to recommending discharge, per articles 1-B-15.c or 1.B.17.c of the Military Separations Manual)

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-22)

Reference: Art. 1.B.2.f.(2), Military Separations, COMDTINST M1000.4 (series)

Responsible Level: Unit

Entry:

DDMMMYYYY: (summarize the basis for which a general discharge is awarded per section 1-B of the Military Separations Manual)

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-23A)

Reference: Cutter Training and Qualification Manual, COMDTINST M3502.4(series), Para. 7.E.6.a.(4)

Responsible Level: Unit

Entry:

DDMMYYYY: Member qualified as a permanent Cutterman and is certified to wear the Cutterman's Insignia.  
Member acknowledges issuance of Cutterman Insignia certificate.

Comm

A. B. SEA, CAPT, USCG  
anding Officer

DDMMYYYY: I acknowledge the above entry and receipt of the Cutterman Insignia certificate.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-23B)

Reference: Cutter Training and Qualification Manual, COMDTINST M3502.4(series), Para. 7.E.6.a.(6)

Responsible Level: Unit

Entry:

DDMMMYYYY: Member failed to maintain qualification as Cutterman in that (include specific rationale for disqualification). Member has been informed that as of this date, [he/she] is disqualified and is no longer authorized to wear the Cutterman insignia.

Comm

A. B. SEA, CAPT, USCG  
anding Officer

DDMMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-24)

Reference: Cutter Training and Qualification Manual, COMDTINST M3502.4(series) and  
Personnel Qualification Standard for Officer of the Deck, COMDTINST M3502.5

Responsible Level: Unit

Entry:

: Completed all prescribed training and oral examinations, and is certified as an inport Officer of the Deck in accordance with the Cutter Training and Qualification Manual, COMDTINST M3502.4 (series) and the OOD PQS, COMDTINST M3502.5

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-24)

Reference: Cutter Training and Qualification Manual, COMDTINST M3502.4 (series) and  
Personnel Qualification Standard for Officer of the Deck, COMDTINST M3502.5 (series)

Responsible Level: Unit

Entry:

DDMMMYYYY: Completed all prescribed training and oral examinations, and is certified as an underway Officer of the Deck in accordance with the Cutter Training and Qualification Manual, COMDTINST M3502.4 (series) and the OOD PQS, COMDTINST M3502.5 (series)

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-25)

Reference: Cutter Training and Qualification Manual, COMDTINST M3502.4 (series) and

Engineer Officer in Training (EOIT) PQS, COMDTINST M3502.11 (series)

Responsible Level: Unit

Entry:

DDMMMYYYY: Completed all prescribed training and oral examinations, and is certified as an EOIT in accordance with the Cutter Training and Qualification Manual, COMDTINST 3502.4 (series) and the EOIT PQS, COMDTINST 3502.11 (series).

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT	2. NAME OF UNIT PREPARING THIS FORM		
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**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-26)

Reference: Cutter Training and Qualification Manual, COMDTINST M3502.4(series),

Engineer Officer in Training (EOIT) PQS, COMDTINST M3502.11 (series), and Personnel Qualification Standard (PQS) for Officer of the Deck, COMDTINST M3502.5 (series).

Responsible Level: Unit

Entry:

DDMMYYYY: Completed PQS or qualified/certified as (specify watchstation)

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-27)

Reference: Coast Guard Policy on the Possession of Firearms and/or Ammunition by Coast Guard Military Personnel, COMDTINST 10100.1

Responsible Level: Unit

Entry:

DDMMMYYYY: You are advised that as the subject of a (Enter: "Restraining Order" or "Military Protective Order") issued on (Enter: Date), you are prohibited from accessing or possessing firearms or ammunition as explained in the Coast Guard Policy on the Possession of Firearms and/or Ammunition by Coast Guard Military Personnel, COMDTINST 10100.1, for the duration of the order. You are advised that this prohibition is a federal law and applies to personally owned firearms and ammunition as well as government owned firearms and ammunition. Possession of any firearm or ammunition, including those previously privately owned, for the duration of the order, is a violation of the law as contained in 18. U.S.C. Section 922 and if you are found to be in possession of a firearm or ammunition, you may be prosecuted by the civilian authorities or punished under the Uniform Code of Military Justice.

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMMYYYY: I acknowledge the above entry, and fully understand the restrictions and prohibitions described above.

JOHN P. JONES

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Performance and Discipline (P&D-28)

Reference: Coast Guard Policy on the Possession of Firearms and/or Ammunition by Coast Guard Military Personnel, COMDTINST 10100.1

Responsible Level: Unit

Entry:

DDMMMYYYY: You are advised that as the result of a conviction for domestic violence on (Enter: Date), you are permanently prohibited from accessing or possessing firearms or ammunition as explained in the Coast Guard Policy on the Possession of Firearms and/or Ammunition by Coast Guard Military Personnel, COMDTINST 10100.1. You are advised that this prohibition is federal law and applies to personally owned firearms and ammunition as well as government owned firearms and ammunition. Possession of any firearm or ammunition, including those previously privately owned, is a violation of the law as contained in 18. U.S.C. Section 922 and if you are found to be in possession of a firearm or ammunition, you may be prosecuted by the civilian authorities or punished under the Uniform Code of Military Justice.

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMMYYYY: I acknowledge the above entry, and fully understand the restrictions and prohibitions described above.

JOHN P. JONES

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
3. NAME OF MEMBER (Last, First, MI)		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7

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**ENCLOSURE 6  
ADMINISTRATIVE REMARKS**

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**CG-3307's for Reserve Incapacitation Benefits (RIB)**

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RIB-01 Notice of Eligibility

RIB-02 Medical Hold Orders

RIB-03 Active Duty for Health Care Orders

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**ADMINISTRATIVE REMARKS**

Entry Type: Reserve Incapacitation Benefits (RIB-1)  
 Reference: Reserve Policy Manual, COMDTINST M1001.28 (series)  
 Responsible Level: Unit  
 Entry:

(DATE): Counseled this date regarding authorization of reserve incapacitation benefits in the form of a Notice of Eligibility (NOE) for authorized medical care and treatment.

\_\_\_\_\_ I understand I am authorized medical care for an injury/illness (list ICD9 code(s)) incurred in the  
 Initial line of duty on (DDMMYYYY) while performing (Type of Duty, e.g., T10, ADOS, ADT-AT, IDT) at (unit).

\_\_\_\_\_ I understand that I may be eligible for Incapacitation Pay IAW Chapter 6 of the Reserve Policy  
 Initial Manual.

\_\_\_\_\_ I understand that I may request a TONO for travel and transportation expenses associated with  
 Initial this NOE.

\_\_\_\_\_ I have been advised of the requirement to submit an updated physician's report form from my  
 Initial designated medical provider every 30 days to PSC-rpm-3 via my command. I understand that failure to do so may result in the termination of my incapacitation benefits.

\_\_\_\_\_ I have been advised that my medical care/treatment will be coordinated through my servicing  
 Initial clinic.

\_\_\_\_\_ I understand that my NOE will not be approved, and is not in effect, until this signed  
 Initial acknowledgement is received by PSC-rpm-3.

Select one option below:

\_\_\_\_\_ I accept receipt of subject NOE and understand the requirements and provisions as set forth.

\_\_\_\_\_ I decline receipt of subject NOE and understand that by declining, I will not receive medical  
 Initial care/treatment or compensation.

My current contact information is:

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
 (Signature of Member/Date)

\_\_\_\_\_  
 (Signature of Counselor)

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER (Last, First, MI)		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Reserve Incapacitation Benefits (RIB-2)  
Reference: Reserve Policy Manual, COMDTINST M1001.28 (series)  
Responsible Unit: Unit  
Entry:

(DATE): Counseled this date regarding authorization of reserve incapacitation benefits in the form of Medical Hold Orders issued under authority of 10 U.S.C. 12301(h).

\_\_\_\_\_ I understand I am authorized medical care for an injury/illness (list ICD9 code(s)) incurred in the Initial \_\_\_\_\_ line of duty on (DDMMYYYY) while performing (Type of Duty, e.g. T10, ADOS) at (unit).

\_\_\_\_\_ I understand that I will receive active duty pay & allowances for the duration of authorized Initial \_\_\_\_\_ medical hold orders.

\_\_\_\_\_ I understand that PSC-rpm, in its role as Benefits Issuing Authority, may terminate my medical Initial \_\_\_\_\_ hold orders when I am found Available for Full Duty (AFFD) or earlier if it is determined that appropriate medical care can be provided via a Notice of Eligibility (NOE).

\_\_\_\_\_ I have been advised of the requirement to submit an updated physician's report form from my Initial \_\_\_\_\_ designated medical provider every 30 days to PSC-rpm-3 via my command. I understand that failure to do so may result in the termination of benefits.

\_\_\_\_\_ I have been advised that my medical care/treatment will be coordinated through my servicing Initial \_\_\_\_\_ clinic.

\_\_\_\_\_ I understand that my orders will not be approved until this signed acknowledgement is received Initial \_\_\_\_\_ by PSC-rpm-3.

Select one option below:

\_\_\_\_\_ I consent to being retained on active duty in a Medical Hold status and understand the Initial \_\_\_\_\_ requirements and provisions as set forth.

\_\_\_\_\_ I do not consent to being retained on active duty in a Medical Hold status. I understand that by Initial \_\_\_\_\_ declining, I will not receive medical care/treatment or compensation.

My current contact information is:

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Member/Date)

\_\_\_\_\_  
(Signature of Counselor)

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER (Last, First, MI)		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Reserve Incapacitation Benefits (RIB-3)  
Reference: Reserve Policy Manual, COMDTINST M1001.28 (series)  
Responsible Unit: Unit  
Entry:

(DATE): Counseled this date regarding authorization of reserve incapacitation benefits in the form of Health Care (ADHC) orders issued under authority of 10 U.S.C. 12322. Active Duty for

\_\_\_\_\_ I understand I am authorized medical care for an injury/illness (list ICD9 code(s)) incurred in the  
Initial line of duty on (DDMMYYYY) while performing (Type of Duty, e.g. IDT, ADT-AT) at (unit).

\_\_\_\_\_ I understand that I will receive active duty pay & allowances for the duration of authorized ADHC  
Initial orders.

\_\_\_\_\_ I understand that PSC-rpm, in its role as Benefits Issuing Authority, may terminate my ADHC  
Initial orders when I am found Available for Full Duty (AFFD) or earlier if it is determined that appropriate medical care can be provided via a Notice of Eligibility (NOE).

\_\_\_\_\_ I have been advised of the requirement to submit an updated physician's report form from my  
Initial designated medical provider every 30 days to PSC-rpm-3 via my command. I understand that failure to do so may result in the termination of benefits.

\_\_\_\_\_ I have been advised that my medical care/treatment will be coordinated through my servicing  
Initial clinic.

\_\_\_\_\_ I understand that my orders will not be approved until this signed acknowledgement is received  
Initial by PSC-rpm-3.

Select one option below:

\_\_\_\_\_ I consent to being retained or ordered to active duty in an ADHC status and understand the  
Initial requirements and provisions as set forth.

\_\_\_\_\_ I do not consent to being retained on or ordered to active duty in an ADHC status. I understand  
Initial that by declining, I will not receive medical care/treatment or compensation.

My current contact information is:

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Member/Date)

\_\_\_\_\_  
(Signature of Counselor)

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER (Last, First, MI)		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
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**ENCLOSURE 6**  
**ADMINISTRATIVE REMARKS**

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**CG-3307's for Reserve Personnel Management (RPM)**

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RPM-01 Counseled for failure to report for scheduled IDT

RPM-02 Counseled for failure to report for scheduled ADT

RPM-03 Counseled for failure to notify change in address

RPM-04 Counseled for failure to complete the Annual Screening Questionnaire

RPM-05 Counseled for failure to complete annual dental or medical exam

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**ADMINISTRATIVE REMARKS**

Entry Type: Reserve Participation Management (RPM-1)

Reference: Reserve Policy Manual, COMDTINST M1001.28 (series), section 4.B.

Responsible Level: Unit

Entry:

(DDMMYYYY of missed IDT drill): You failed to notify this unit of your inability to attend the scheduled IDT drill period. (NAME OF SUPERVISOR) contacted you on (DATE) to determine why you missed the drill period (enter details as appropriate). You are rescheduled to complete IDT drill(s) on (DATE). Your general department is (ENTER DETAILS), and quality of work is (ENTER DETAILS). To earn a qualifying year for retirement, you must earn a minimum of 50 points. The Reserve Policy Manual, Section 4.A.2., states unsatisfactory participation begins once you accumulate nine unexcused absences within a 12-month period, which will result in immediate processing for discharge at the convenience of the government. You are required to fulfill 90% of your Military Service Obligation (MSO). If the minimum MSO is not met, you risk being involuntarily recalled for a period not to exceed 24 months. The Counseling session included information/requirements regarding the process to have drills excused, potential negative impact on Montgomery GI Bill, and bonus payments for non-participation. Future incidents will result in additional administrative and/or disciplinary actions.

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMYYYY: I acknowledge the above entry and have been afforded the opportunity to review the Reserve Policy Manual, COMDTINST M1001.28 (series).

J. P. JONES

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER (Last, First, MI)		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Reserve Participation Management (RPM-2)

Reference: Section 4.B., Reserve Policy Manual, COMDTINST M1001.28 (series)

Responsible Level: Unit

Entry:

DDMMYYYY: On this date, you were counseled for failure to report for scheduled ADT-AT period from (BEGIN DATE) to (END DATE) . You failed to notify this unit of your inability to attend the scheduled ADT-AT period. (NAME OF SUPERVISOR) contacted you on (DATE) to determine why you missed the drill period (enter details as appropriate). You have been rescheduled to complete ADT-AT period from (DATE) .to (DATE) . Future incidents will result in additional administrative and/or disciplinary actions.

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMYYYY: I acknowledge the above entry and have been afforded the opportunity to review the Reserve Policy Manual, COMDTINST M1001.28 (series).

J. P. JONES

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
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PREVIOUS EDITION MAY BE USED The CG-3307 must be prepared in original and one copy as follows: The original is filed in the SPO PDR, and the copy is mailed/emailed to Commander (CG PSC-PSD-MR) for electronic imaging into the EI PDR.

## ADMINISTRATIVE REMARKS

Entry Type: Reserve Participation Management (RPM-3)

Reference: Section 4.B., Reserve Policy Manual, COMDTINST M1001.28 (series)

Responsible Level: Unit

Entry:

DDMMYYYY: On this date, you were counseled for failure to notify this command of your change in address in accordance with the reference listed above. (NAME OF SUPERVISOR) attempted to contact you via mail, email, and telephone on numerous occasions beginning (DATE) through (DATE) with no response. You have had no contact with this unit prior to your required IDT drill as of (DATE). (NAME OF SUPERVISOR) contacted you during your IDT drill on (DATE) to determine why you failed to update your address with (UNIT NAME), or in Direct Access (enter details as appropriate). Future incidents will result in additional administrative and/or disciplinary actions.

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMYYYY: I acknowledge the above entry and have been afforded the opportunity to review the Reserve Policy Manual, COMDTINST M1001.28 (series).

J. P. JONES

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
3. NAME OF MEMBER (Last, First, MI)		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Reserve Participation Management (RPM-4)  
 Reference: Section 4.B., Reserve Policy Manual, COMDTINST M1001.28 (series)  
 Responsible Level: Unit

Entry:  
 DDMMYYYY: On this date, you were counseled for failure to complete the Annual Screening Questionnaire (ASQ) in accordance with the reference listed above. The Commanding Officer / Executive Officer directed all SELRES assigned to (Unit Name) to complete the ASQ between 1 August and 31 October (YYYY) . The Commanding Officer / Executive Officer reminded all SELRES at the October all hands training held on (DATE) . You stated that you were unable to complete the questionnaire due to (enter details as appropriate), but would do so on your next scheduled IDT drill. You have failed to complete the ASQ before the 31 October (YYYY) deadline. Future incidents will result in additional administrative and/or disciplinary actions.

A. B. SEA, CAPT, USCG  
 Commanding Officer

DDMMYYYY I acknowledge the above entry and have been afforded the opportunity to review the Reserve Policy Manual, COMDTINST M1001.28 (series).

J. P. JONES

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER (Last, First, MI)		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
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## ADMINISTRATIVE REMARKS

Entry Type: Reserve Participation Management (RPM-5)

Reference: Section 4.B., Reserve Policy Manual, COMDTINST M1001.28 (series)

Responsible Level: Unit

Entry:

DDMMYYYY: On this date, you were counseled for failure to complete the required annual dental/medical exam scheduled on (DATE) per the reference listed above. (NAME OF SUPERVISOR) received a telephone call on (DATE) from medical indicating you failed to make the medical/dental appointment. (NAME OF SUPERVISOR) contacted you on (DATE) to determine why you missed the medical appointment (enter details as appropriate). You are directed to reschedule a medical/dental exam within the next 30 days and notify your supervisor of the new appointment date. Future incidents will result in additional administrative and/or disciplinary actions.

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMYYYY: I acknowledge the above entry and have been afforded the opportunity to review the Reserve Policy Manual, COMDTINST M1001.28 (series).

J. P. JONES

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER (Last, First, MI)		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6.	PAGE 7

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**ENCLOSURE 6**  
**ADMINISTRATIVE REMARKS**

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**CG-3307's for Separation (SEP)**

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- SEP-01 Agree to withholding of final pay on sep date
  - SEP-02 Rights upon separation
  - SEP-03 Types of discharge certificates
  - SEP-04 Reenlistment interview
  - SEP-06 Counseled regarding the loss of entitlement to file for U.S citizenship
  - SEP-07 Reenlistment interview conducted not recommended for reenlistment
  - SEP-08 Discharged from active duty without immediate reenlistment
  - SEP-09 Discharge - Immediate Reenlistment
  - SEP-10 Released from active duty and transferred to the reserve to complete MSO
  - SEP-11 Retired from active duty
  - SEP-12 Must Reenlist within 3 months of sep
  - SEP-13 Waiver of med treatment desire to sep on EAOS
  - SEP-14 Desire to be discharged without further hearing and without disability
  - SEP-15 Discharge from USCGR inactive duty and immediate reenlistment.
  - SEP-16 Discharge from USCGR inactive duty without immediate reenlistment
  - SEP-17 Counseled upon assignment to the IRR
  - SEP-18 Retire in lieu of discharge due to High Year Tenure
  - SEP-19 High Year Tenure E3 and E4 Professional Growth Point Counseling
  - SEP-20 High Year Tenure E2 Professional Growth Point Counseling
  - SEP-21 Acknowledgement of Separation Pay and Recoupment from Retired PayP
  - SEP-22 Agreement of obligation for transfer of Post 9-11 GI Bill
  - SEP-24 Montgomery GI Bill Pre-Separation Counseling
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**ADMINISTRATIVE REMARKS**

Entry Type: Separation (SEP-1)

Reference: Section 3-B-5, Personnel and Pay Procedures Manual, PPCINST M1000.2(series)

Responsible Level: Unit

Entry:

DDMMYYYY: I agree to allow the withholding of a substantial portion of my final pay on my date of separation. I also understand that I may owe the government money, and the government will initiate collection action for any money due.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Separation (SEP-2)

Reference: Section 1-B, Military Separations, COMDTINST M1000.4 (SERIES)

Responsible Level: Unit

Entry:

DDMMYYYY: I have read and been counseled on the contents of Article 1.B.36., Military Separations, COMDTINST M1000.4 (series) about my rights on separation from the Coast Guard. I understand my rights as described there and have had all my questions answered.

I have been advised per Article 1.B.4.a.(1) (Zone "A" SRB eligibility) or Article 1.B.4.b.(1) (Zone "B" SRB eligibility) of Military Bonus Programs, COMDTINST M7220.2 (series), that since I am opting for separation at this time, should I later elect to reenlist, I must do so within three (3) months of discharge to be eligible for a Selective Reenlistment Bonus (SRB), provided that on the date of reenlistment my rating has a multiple listed in the ALCOAST then in effect.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
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**ADMINISTRATIVE REMARKS**

Entry Type: Separation (SEP-3)

Reference: Section 1-B, Military Separations, COMDTINST M1000.4 (series)

Responsible Level: Unit

Entry:

DDMMYY: The provisions of Article 1.B.2, Military Separations, COMDTINST M1000.4 (series) concerning types of discharge certificates, their basis for issuance, the possible effects of various veterans' benefits and related matters have been explained to me this date.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Separation (SEP-4)

Reference: Section 1.B, Military Separations, COMDTINST M1000.4 (SERIES)

Responsible Level: Unit

Entry:

DDMMYY: Reenlistment interview conducted this date per Article 1.B.4.b, Military Separations, COMDTINST M1000.4 (SERIES). Member is recommended for reenlistment. Member has stated intentions are to:

- Reenlist or Extend Enlistment
- Separate (If member intends to separate the CG PSC (EPM-2) Assignment Officer has been notified).
- Member is undecided at this time

A. B. SEA, CAPT, USCG

DDMMYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. Employee ID Number.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Separation (SEP-6)

Reference: Article 1.B.30.b, Military Separations, COMDTINST M1000.4 (SERIES)

Responsible Level: Unit

Entry:

DDMMYYYY: I have been properly advised and counseled regarding the loss of entitlement to file for U.S. citizenship unless such reenlistment or extension of enlistment actually takes place in the United States or its stated possessions (American Samoa, Swans Island, Guam, Puerto Rico, and the Virgin Islands).

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Separation (SEP-7)

Reference: Section 1-B, Military Separations, COMDTINST M1000.4 (series)

Responsible Level: Unit

Entry:

DDMMMYYYY: Reenlistment interview conducted this date per Article 1-B-4, Military Separations, COMDTINST M1000.4 (SERIES). Member is not recommended for reenlistment because (Include the reasons and the reenlistment and separation codes being assigned).

A. B. SEA, CAPT, USCG  
Commanding Officer

DDMMMYYYY: I acknowledge that I have been informed that I am not being recommended for reenlistment and given the reason(s) for this action. I understand that I may submit a written appeal via the chain of command to Commander (CG PSC-EPM). This appeal must be submitted within 15 days of this notification and my command will furnish clerical assistance, if I desire to submit an appeal.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Separation (SEP-8)

Reference: Section 1-B, Military Separations, COMDTINST M1000.4 (series)

Responsible Level: SPO

Entry:

DDMMYYYY: Discharged from active duty without immediate reenlistment this date by reason of (enter reason). Member provided Certificate of Release or Discharge from Active Duty form (DD-214) and other separation documents as required by Article 1-B-36, Military Separations, COMDTINST M1000.4 (series). Member counseled regarding (1) reenlistment opportunities including SRB entitlements; (2) Thrift Savings Plan (TSP) withdrawal options and procedures; (3) provisions of the Continued Health Care Benefit Program, COMDTINST 1760.7 (series); and maintaining continuous service status.

A. B. SEA, YNCM, USCG  
By Direction  
CGD FOURTEEN (SPO), Honolulu, HI

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER (Last, First, MI)		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
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**ADMINISTRATIVE REMARKS**

Entry Type: Separation (SEP-9)

Reference: Section 1-B, Military Separations, COMDTINST M1000.4 (series)

Responsible Level: SPO

Entry:

DDMMYYYY: Discharged this date by reason of (enter reason) and immediately reenlisted. Certificate of Release or Discharge from Active Duty form (DD-214) not issued. The following information on this enlistment/reenlistment applies:

Period of service.

Reenlistment code.

Separation Program Designator (SPD).

Time lost.

A. B. SEA, YNCM, USCG

By Direction

CGD FOURTEEN (SPO), Honolulu, HI

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	

**ADMINISTRATIVE REMARKS**

Entry Type: Separation (SEP-10)

Reference: Section 1-B Military Separations, COMDTINST M1000.4 (series), COMDTINST 7220.1 (series), and DD 214 Manual.

Responsible Level: SPO

Entry:

DDMMYYYY: Released from active duty due to expiration of enlistment and immediately transferred to the Coast Guard reserve (indicate Unit or IRR) to complete obligation of military service. Member provided Certificate of Release or Discharge from active duty form (DD-214) and other separation documents as required by Article 1-B-36, Military Separations, COMDTINST M1000.4 (series). Member counseled regarding:

- (1) reenlistment opportunities including SRB entitlements and Coast Guard reserve opportunities/benefits;
- (2) Thrift Savings Plan (TSP) withdrawal options and procedures and/or opportunity to contribute to the TSP within 60 days of joining the Ready Reserve;
- (3) the provisions of COMDTINST 1760.7 (series);
- (4) liability for SGLI premiums unless member declines coverage or joins the Individual Ready Reserve (IRR);
- (5) the requirement to answer official correspondence;
- (6) responding to Annual Screening Questionnaires;
- (7) maintaining physical fitness and weight standards;
- (8) maintaining your initial uniform issue for a period of four years;
- (9) the surrendering of your Citibank card prior to departure from active duty;
- (10) maintaining continuous service status; and
- (11) promptly advising CG PSC-RPM if in IRR, or the SPO if assigned to a drilling unit of changes of residence and changes of phone number(s) or mailing address and any physical condition or other factor that would affect your immediate availability for active military service.

A. B. SEA, YNCM, USCG  
By Direction  
CGD FOURTEEN (SPO), Honolulu, HI

DDMMYYYY : I acknowledge the above entry.

Member's Signature

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
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**ADMINISTRATIVE REMARKS**

Entry Type: Separation (SEP-11)

Reference: Article 1.B.4.d, Military Separations, COMDTINST M1000.4 (series)

Responsible Level: SPO

Entry:

DDMMYYYY: Retired from active duty this date and effective (date) placed on the inactive retired rolls. Member provided Certificate of Release or Discharge from Active Duty form (DD-214) and other separation documents as required by Article 1-B-36, Military Separations, COMDTINST M1000.4 (series). Member counseled regarding retirement rights, benefits, and responsibilities.

A. B. SEA, YNCM, USCG

By direction

CGD FOURTEEN (SPO), Honolulu, HI

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
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**ADMINISTRATIVE REMARKS**

Entry Type: Separation (SEP-12)

Reference: Article 1.B.4.d, Military Separations, COMDTINST M1000.4 (series)

Responsible Level: SPO

Entry:

DDMMYYYY: As outlined in Article 1.b.4.d, Military Separations, COMDTINST M1000.4 (series), I understand that in order to remain in a continuous service status, reenlistment must occur within three months from the date of discharge/separation. However, the rate held at the time of discharge/separation may not be the rate at which reenlisted unless the rate is on the open rate list at the time of reenlistment. I hereby acknowledge receipt of my separation documents.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
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**ADMINISTRATIVE REMARKS**

Entry Type: Separation (SEP-13)

Reference: Article 1.B.11.f, Military Separations, COMDTNST M1000.4 (series)

Responsible Level: SPO

Entry:

DDMMYY: I [Member's Name], desire to be separated from the Coast Guard on my normal expiration of active obligated service date. I understand I will not be eligible for further follow-up studies or treatment at a U.S. Uniformed Services medical facility or for disability benefits under laws the Coast Guard administers, and any further treatment or benefits would be under the Veterans' Administration's jurisdiction.

\_\_\_\_\_  
Member sign and date

\_\_\_\_\_  
Officer witness, sign and date

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7

**ADMINISTRATIVE REMARKS**

Entry Type: Separation (SEP-14)

Reference: Article 1.B.11.f, Military Separations, COMDTNST M1000.4 (series)

Responsible Level: SPO

Entry:

DDMMYY: I [Member's Name], desire to be separated from the Coast Guard despite the fact separation may prejudice any rights or benefits to which I may be entitled as a result of physical evaluation board hearings under 10 U.S.C. 61. I have been duly advised of my rights in this matter and request the Coast Guard to discharge me as soon as possible without further hearing and without disability, retirement, or severance pay and without any compensation whatsoever. I understand I am not required and am under no obligation to give this statement and I hereby certify I give this statement voluntarily.

\_\_\_\_\_  
Member sign and date

\_\_\_\_\_  
Officer witness, sign and date

1. NAME OF PERMANENT UNIT

2. NAME OF UNIT PREPARING THIS FORM

3. NAME OF MEMBER (*Last, First, MI*)

4. EMPLOYEE ID NUMBER.

5. GRADE/RATE

6.

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**ADMINISTRATIVE REMARKS**

Entry Type: Separation USCGR (Inactive) (SEP-15)

Reference: Section 8-B, Reserve Policy Manual, COMDTINST M1001.28 (series) and DD 214 Manual.

Responsible Level: Unit

Entry:

DDMMMYYYY: Discharged this date from USCGR inactive duty by reason of (enter reason) and immediately reenlisted in the USCG or USCGR. Member provided USCGR discharge certificate and other separation documents as required by Article 1-B-36, Military Separations, COMDTINST M1000.4 (SERIES). Member counseled regarding (1) reenlistment opportunities including SRB entitlements; (2) opportunity to contribute to the Thrift Savings Plan (TSP) within 60 days of joining Active Duty or the Ready Reserve; (3) provisions of COMDTINST 1760.7 (series); and maintaining continuous service status.

DDMMMYYYY: Reenlisted this date in the USCG or USCGR.

A. B. SEA, YNCM, USCG  
By direction  
CGD FOURTEEN (SPO), Honolulu, HI

DDMMMYYYY: I acknowledge the above entries.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
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## ADMINISTRATIVE REMARKS

Entry Type: Separation USCGR (Inactive) (SEP-16)

Reference: Section 8-B, Reserve Policy Manual, COMDTINST M1001.28 (series) and DD 214 Manual.

Responsible Level: SPO

Entry:

DDMMYYYY: Discharged from USCGR inactive duty without immediate reenlistment this date by reason of (state reason). Member provided USCGR discharge certificate and other separation documents as required by Article 1-B-36, Military Separations, COMDTINST M1000.4 (SERIES). Documents mailed this date to: (enter address)

A. B. SEA, YNCM, USCG

By direction

CGD FOURTEEN (SPO), Honolulu, HI

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
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**ADMINISTRATIVE REMARKS**

Entry Type: Separation from Selected Reserve (SELRES)(SEP-17)

Reference: COMDTINST 1001.37 (series)

Responsible Level: SPO

Entry:

DDMMMYYYY: Member counseled this date upon assignment to the Individual Ready Reserve (IRR), regarding possible entitlement to/ineligibility to Reserve Transition Benefits (RTB). Commandant (CG-13) will make final determination of RTB entitlement.

A. B. SEA, YNCM, USCG

DDMMMYYYY: I acknowledge the above entry.

FIRST MI LAST

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM		
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**ADMINISTRATIVE REMARKS**

Entry Type: Separation (SEP-18)

Reference: Military Separations, COMDTINST M1000.4 (series)

Responsible Level: Unit

Entry:

DDMMYY: I hereby acknowledge that I have been counseled on the contents of the Coast Guard's High Year Tenure (HYT) policy contained in Chapter 1-F of the Military Separations, COMDTINST M1000.4 (series).

I understand that based on my present pay grade of \_\_\_\_\_, my Professional Growth Point (PGP) is (# of years) years of military service. My present PGP is (date). I further understand that I will not be permitted to extend my enlistment or reenlist beyond my PGP plus one month unless my PGP is amended in accordance.

I understand that I will be separated from the Coast Guard upon reaching my PGP and, that if otherwise qualified, I must request, IAW current directives, to be retired in lieu of discharge due to High Year Tenure. I also acknowledge that waivers to this policy may only be granted by Commander (CG PSC-EPM) and that I must submit a letter requesting this waiver not less than six months prior to my PGP or the expiration of any prior waiver period.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WITNESS

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
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**ADMINISTRATIVE REMARKS**

Entry Type: Separation (SEP-19)  
Reference: Military Separations, COMDTINST M1000.4 (series)  
Responsible Level: Unit  
Entry:

: I hereby acknowledge that I have been counseled on the contents of the Coast Guard's High Year Tenure (HYT) policy contained in Chapter 1-F of Military Separations, COMDTINST M1000.4 (series).

I understand that based on my present pay grade of (enter paygrade), my Professional Growth Point (PGP) is 7 years of Coast Guard service or 10 years military service, whichever is greater. My present PGP is (date). I further understand that I will not be permitted to extend my enlistment or reenlist beyond my PGP plus one month unless my PGP is amended in accordance with Military Separations, COMDTINST M1000.4 (series).

I understand that I will be separated from the Coast Guard upon reaching my PGP. I also acknowledge that waivers to this policy may only be granted by Commander (CG PSC-EPM) and that I must submit a letter requesting this waiver not less than six months prior to my PGP or the expiration of any prior waiver period.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WITNESS

1. NAME OF PERMANENT UNIT

2. NAME OF UNIT PREPARING THIS FORM

3. NAME OF MEMBER (*Last, First, MI*)

4. EMPLOYEE ID NUMBER.

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**ADMINISTRATIVE REMARKS**

Entry Type: Separation (SEP-20)

Reference: Military Separations, COMDTINST M1000.4 (series)

Responsible Level: Unit

Entry:

DDMMYYYY: I hereby acknowledge that I have been counseled on the contents of the Coast Guard's High Year Tenure (HYT) policy contained in Chapter 1-F of Military Separations, COMDTINST M1000.4 (series).

I understand that based on my present pay grade of E-2, my Professional Growth Point (PGP) is 4 years of military service. My present PGP is (date). I further understand that I will not be permitted to extend my enlistment or reenlist beyond my PGP plus one month unless my PGP is amended in accordance Coast Guard Personnel Manual, COMDTINST M1000.6 (series).

I understand that I will be separated from the Coast Guard upon reaching my PGP and, that if otherwise qualified, I must request, IAW current directives, to be retired in lieu of discharge due to High Year Tenure. I also acknowledge that waivers to this policy may only be granted by Commander (CG PSC-EPM) and that I must submit a letter requesting this waiver not less than six months prior to my PGP or the expiration of any prior waiver period.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WITNESS

1. NAME OF PERMANENT UNIT

2. NAME OF UNIT PREPARING THIS FORM

3. NAME OF MEMBER (*Last, First, MI*)

4. EMPLOYEE ID NUMBER.

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**ADMINISTRATIVE REMARKS**

Entry Type: Separation (SEP-21), Acknowledgement of Separation Pay & Recoupment from Retired Pay

Reference: (a) Title 10 U. S. C. 1174;

(b) COMDTINST M7220.9(Series), CG Pay Manual, Chapter 10.H;

(c) Reserve Policy Manual, COMDTINST M1001.28(Series)

Responsible Level: Unit

Entry:

DDMMYYYY: I acknowledge that I have read and understand the following statements regarding separation pay and recoupment from retired pay:

Per references (a) and (b), as a condition of entitlement for receipt of Separation Pay, I hereby agree to serve in the Coast Guard Ready Reserve for a period of at least three years. I understand that reference (b) states: "Actual accession into the Ready Reserve of a discharged member that is authorized SEP PAY under this Section and any subsequent assignment to duty as a reservist is solely at the discretion of Commander, USCG Personnel Service Center."

I understand that separation payments are subject to Federal income taxation and by law the Coast Guard is required to withhold 25% of a separation payment and report this withholding to the U.S. Internal Revenue Service (IRS). This withholding is also reported on the recipient's W-2 form for the tax year in which the separation benefit is paid. Under the authority of title 10 U.S. Code, §1174, a member who, subsequent to receipt of Severance or Separation Pay, becomes entitled to Retired Pay is required to pay back the entire amount of the separation payment.

The statutory requirement for recoupment makes no distinction between Retired Pay under any of the voluntary/involuntary retirement authorities for active duty service or non-regular retirement (Reserve Retired Pay) under title 10 U.S. Code, §12731. Further, the recoupment of Retired Pay is not bounded by the time limitations for collection of indebtedness per 5 CFR §550.1106 but is subject to the amount limitations under title 37 U.S. Code, §1007(c), which restrict collections to not more than two-thirds of Retired Pay. Since Separation or Severance Pay is not an erroneous payment at the time it is paid and its recoupment subsequent to entitlement to Retired Pay is required by title 10 U.S. Code, §1174, collection may not be waived or the amount remitted under the provisions of titles 10 U.S. Code, §2774 and 14 U.S. Code, §461, respectively.

Recoupment of Separation or Severance Pay may, at the retiree's option, be in lump sum form or may be accomplished by monthly reductions in Retired Pay until the accumulated reductions equal the total amount of the separation benefit. Under current regulations, Separation or Severance Pay is recouped at the rate of 40% of the retiree's gross Retired Pay. Ninety (90) days prior to implementation of recoupment deductions, the retiree will receive a notification letter and a Retiree Account Statement from the USCG Pay & Personnel Center Retiree & Annuitant Services Division (PPC-RAS) that indicates the amount of the monthly deduction. Retirees who submit a claim to PPC-RAS for monthly recoupment amount reduction due to financial hardship may have their recoupment rates reduced, but not less than 25% of gross Retired Pay (see Subsection 10-H-7-c. of the U.S. Coast Guard Pay Manual for details and instructions.)

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of Witness

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
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**ADMINISTRATIVE REMARKS**

Entry Type: Separation (SEP-22), SELRES Obligated Service for the Post 9/11 G.I. Bill  
Reference: Under Secretary Of Defense Memorandum, 22 June 2009, Subject: Directive-Type Memorandum (DTM) 09-003: Post 9/11 G.I. Bill.

Responsible Level: Unit or SPO

Entry: DDMMYYYY: I, FirstName MI. LastName, agree to obligate additional service to meet the requirements of the Post 9/11 GI Bill allowing the transfer of my education benefits to my dependents. **(Read and initial below)**

1. \_\_\_\_\_ I understand that the determination of remaining benefits is made by the Department of Veterans Affairs (DVA).
2. \_\_\_\_\_ I understand that I must have 6 years in the Armed Forces (Selected Reserve and/or Active Duty) to transfer benefits. My spouse may use benefits immediately and children may use benefits after I have served 10 years in the Armed Forces.
3. \_\_\_\_\_ I agree to remain in the Armed Forces (Selected Reserve and/or Active Duty) for the period required below from the date of my Transfer of Education Benefits (TEB) web application and that this time runs concurrent with any other contract or agreement: **(Read and initial applicable obligation (a), (b), (c) or (d) below)**.
  - (a). \_\_\_\_\_ I will achieve 20 qualifying years of service towards retirement after August 1, 2009 and before August 1, 2010; **one year of additional service is required.**
  - (b). \_\_\_\_\_ I will achieve 20 qualifying years of service towards retirement on or after August 1, 2010 and before August 1, 2011; **two years of additional service is required.**
  - (c). \_\_\_\_\_ I will achieve 20 qualifying years of service towards retirement on or after August 1, 2011 and before August 1, 2012; **three years of service is required.**
  - (d). \_\_\_\_\_ I will achieve 20 qualifying years of service towards retirement on or after August 1, 2012; **four years of additional service is required.**
4. \_\_\_\_\_ I understand that if Service policy or statute does not allow me to complete my obligated service, I agree to serve the maximum amount of time allowed by such policy or statute.
5. \_\_\_\_\_ I understand that this agreement does not obligate the military service to retain me in the Selected Reserve or on Active Duty.
6. \_\_\_\_\_ I understand that failure to complete this service agreement after transferring entitlement may result in an overpayment of educational assistance and is subject to collection by DVA.

(Member: Sign and Date)

(Supervisor Name/Title: Sign and Date)

Transfer of Education Benefits Approval Requirements.  
Eligible TEB requests will be approved upon receipt of member's CG-3307 for obligated service. The CG-3307 may be faxed to 202-493-1776 or emailed to [reservevaeducation@uscg.mil](mailto:reservevaeducation@uscg.mil). The cover sheet or email should contain member's contact information.

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
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**ADMINISTRATIVE REMARKS**

Entry Type: Separation (SEP-24), Montgomery GI Bill (MGIB) Pre-Separation Counseling

Reference: COMDTINST 1760.9 (series)

Responsible Level: Unit

Entry:

DDMMYYYY: Member received pre-separation counseling on the Montgomery G.I. Bill (MGIB) this date in accordance with COMDTINST 1760.9 (series). The following items were covered in the counseling:

- A. The benefits of the MGIB, the procedures for applying for such benefits and the advantages of affiliating with the selected reserves, if initial active duty is less than three years.
- B. The consequences of requesting early separation from the Coast Guard prior to meeting the minimum requirements to be eligible for MGIB benefits.
- C. The opportunity to enroll into the MGIB program if being involuntarily separated.
- D. The procedures for converting to the MGIB program for VEAP, if being involuntarily separated.

In addition, member has been provided copies of enclosures (1) through (3) of COMDTINST 1760.9 (series)

A.B.SEA, YNCM, USCG  
By Direction  
CGD FOURTEEN (SPO), Honolulu, HI

DDMMYYYY: I acknowledge the above entry.

Signature of Member

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
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**ENCLOSURE 6**  
**ADMINISTRATIVE REMARKS**

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**CG-3307's for Selective Reenlistment Bonus (SRB)**

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SRB-01 Counseled on SRB member near EAOS

SRB-02 Counseled on SRB member near 6 or 10 year AD anniversary

SRB-03 Counseled on SRB member entering into an extension

SRB-04 Counseled on SRB payments for new rating

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**ADMINISTRATIVE REMARKS**

Entry Type: Selective Reenlistment Bonus (SRB-1)

Reference: Art. 1.B.11.1 and 1.B.9 (Recoupment), Military Bonus Programs, COMDTINST M7220.2 (series)

Responsible Level: Unit

Entry:

DDMMYYYY: "I have reviewed Article 1.B.13. of Military Bonus Programs, COMDTINST M7220.2 (series) entitled "Frequently Asked SRB Questions and Answers". I have been informed that:

My current Selective Reenlistment Bonus (SRB) multiple is [enter multiple] and is listed in ALCOAST [enter message number/year], which has been made available for my review.

In accordance with article 1-B-4, Military Separations, COMDTINST M1000.4 (series), I am eligible to reenlist/extend my enlistment for a maximum of [number of years] years. My SRB will be computed based on [number of months (If extension/reenlistment is for less than 36 months, enter "00")] months newly obligated service.

I have also been counseled on the opportunity to have my SRB payment contributed to the Thrift Savings Plan (TSP).

Per article 1.B.9 (Termination of Bonus Entitlement and Recoupment), Military Bonus Programs, COMDTINST M7220.2 (series), I understand that I will receive payment for my bonus in one lump sum, less 25% for mandatory federal income tax withholding, and as such I must remain eligible for the entire term of the newly obligated service. If at any time I am found to be ineligible for the bonus (under the conditions listed in art. 1.B.9) the unearned amount will be recouped.

The following SRB policies were unclear to me, but my SRB counselor provided me with the corresponding answers: (list specifics)

FIRST MI LAST (Signature of Member)

FIRST MI LAST, RATE, USCG/USCGR  
Signature of Counselor

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
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**ADMINISTRATIVE REMARKS**

Entry Type: Selective Reenlistment Bonus (SRB-2)

Reference: Art. 1.B.5 (Special Conditions), 1.B.9 (Recoupment) & 1.B.13 (FAQs), Military Bonus Programs, COMDTINST M7220.2 (series)

Responsible Level: Unit

Entry:

DDMMYY: I have reviewed Article 1.B.13. of Military Bonus Programs, COMDTINST M7220.2 (series) entitled "Frequently Asked SRB Questions and Answers". I have been informed that:

My current Selective Reenlistment Bonus (SRB) multiple is [enter multiple] and is listed in ALCOAST [enter message number/year], which has been made available for my review.

In accordance with article 1-B-4, Military Separations, COMDTINST M1000.4 (series), I am eligible to reenlist/extend my enlistment for a maximum of [enter number of years] years. My SRB will be computed based on [enter number of months (If extension/reenlistment is for less than 36 months, enter "00".)] months newly obligated service.

I must reenlist or extend on or within 3 months prior to DATE, which is my 6 or 10-year active duty anniversary date, in order to receive a Zone (A or B) SRB.

I have also been counseled on the opportunity to have my SRB payment contributed to the Thrift Savings Plan (TSP).

Per article 1.B.9 (Termination of Bonus Entitlement and Recoupment), Military Bonus Programs, COMDTINST M7220.2 (series), I understand that I will receive payment for my bonus in one lump sum, less 25% for mandatory federal income tax withholding, and as such I must remain eligible for the entire term of the newly obligated service. If at any time I am found to be ineligible for the bonus (under the conditions listed in art. 1.B.9) the unearned amount will be recouped.

The following SRB policies were unclear to me, but my SRB counselor provided me with the corresponding answers: (list specifics)

FIRST MI LAST (Signature of Member)

FIRST MI LAST, RATE, USCG/USCGR  
Signature of Counselor

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
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**ADMINISTRATIVE REMARKS**

Entry Type: Selective Reenlistment Bonus (SRB-3)

Reference: Art. 3-C, Military Bonus Programs, COMDTINST M7220.2 (series)

Responsible Level: Unit

Entry:

DDMMYY: I hereby acknowledge that I have read and fully understand the contents and explanation of Article 1.B.13. of Military Bonus Programs, COMDTINST M7220.2 (series) entitled "Frequently Asked SRB Questions and Answers

I further acknowledge that I have been advised of the effects on my SRB computation/payment if I enter into an agreement to extend my enlistment.

FIRST MI LAST (Signature of Member)

FIRST MI LAST, RATE, USCG/USCGR  
Signature of Counselor

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM			
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**ADMINISTRATIVE REMARKS**

Entry Type: Selective Reenlistment Bonus (SRB-4)

Reference: Article 1-C, Military Bonus Programs, COMDTINST M7220.2 (series)

Responsible Level: Unit

Entry:

DDMMYY: I have been advised and am aware that I will not be eligible and will not begin receiving my SRB payment for my new rating until the operative date of my extension or reenlistment after attaining my new rating.

FIRST MI LAST (Signature of Member)

FIRST MI LAST, RATE, USCG/USCGR  
Signature of Counselor

1. NAME OF PERMANENT UNIT		2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER ( <i>Last, First, MI</i> )		4. EMPLOYEE ID NUMBER.	5. GRADE/RATE
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