

Career Intentions Worksheet

1. EMPLID	2. Name (Last, First, MI)	3. Permanent Unit (Dept ID)
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PURPOSE: Use this form is to convey career intentions to the PERSRU. If you wish to remain with the service, complete Extension/Reenlistment and Leave sections. If your intentions are to separate from the service, complete Separation and Leave sections. Complete a Preseparation Counseling Checklist (DD-2648), also.

4. Answer these questions. If you answer no to either question, contact your career counselor.

Yes **No** Has your unit conducted a 6-month predischarge interview and completed a Preseparation Counseling Checklist (DD-2648)?
 (Required if separating)

Yes **No** Have you been advised on the subject of SRB eligibility?

EXTENSION/REENLISTMENT SECTION

5. I plan to.... <input type="checkbox"/> extend <input type="checkbox"/> reenlist	6. For # of yrs (Note: if reenlisting, the minimum is 3 years) Note: Members with at least 10 years active service will be reenlisted indefinitely <input type="checkbox"/> 2yrs <input type="checkbox"/> 3yrs <input type="checkbox"/> 4yrs <input type="checkbox"/> 5yrs <input type="checkbox"/> 6yrs <input type="checkbox"/> Other:	7. Effective date of Extension/Reenlistment
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8. Person administering the oath for extension agreement/reenlistment:
 Name: _____ Rank: _____ Title: _____

9. CO's recommendation signature:

10. REASON FOR EXTENSION/REEXTENSION OF ENLISTMENT:

<input type="checkbox"/> REQUEST OF INDIVIDUAL	<input type="checkbox"/> AUTHORIZED BY COMMANDER CGPC
<input type="checkbox"/> SCHOOL TRAINING REQUIREMENT	<input type="checkbox"/> OBLIGATED SERVICE FOR ADVANCEMENT
<input type="checkbox"/> OBLIGATED SERVICE FOR TRANSFER (INCONUS/OUTCONUS)	<input type="checkbox"/> OBLIGATED SERVICE FOR SRB BONUS
<input type="checkbox"/> PARTICIPATION IN TUITION ASSISTANCE PROGRAM	<input type="checkbox"/> COMPLETION OF CRUISE ABOARD VESSEL
<input type="checkbox"/> OBLIGATED SERVICE FOR RETIREMENT	<input type="checkbox"/> OTHER (SPECIFY):

SEPARATION SECTION

11	<input type="checkbox"/>	I am being discharged involuntarily
12	<input type="checkbox"/>	I want to be discharged (military obligation completed)
13	<input type="checkbox"/>	I want to be discharged (military obligation completed) and enlist into the Coast Guard Reserve for ___ Years.
14	<input type="checkbox"/>	I want to be released from active duty (military obligation not completed).
15	<input type="checkbox"/>	Request to be released/discharged ___ days early (NTE 30) to pursue a unique schooling or career opportunity per 12.b.8 PERSMAN
16	<input type="checkbox"/>	Retire as directed by CGPC (epm/opm) orders dated _____ I will perform travel to: _____ My home of selection is: _____ You have up to one (1) year to make/choose your home of selection. <p style="text-align: center;">Visit http://www.uscg.mil/hq/hrsic/ras.htm to obtain your Retirement Package</p>

17. **Yes** **No** Have you had a physical examination dated one year or less from your upcoming separation date?
Note: If you answered "No", you must complete a physical during the year prior to your separation.

18. **Yes** **No** Do you want health care coverage under the Continued Health Care Benefit Program (CHCBP)?
 Contact the CHCBP Administrator at 1-800-444-5445 Option #4 or see <http://www.humana-military.com/> for information on the program.

DISCHARGE OR RELAD ONLY

19. I will perform travel to my: Home of Record Place of Enlistment/Acceptance Will not be moving

20. Mode of travel will be (check one): POC Gov't Ticket I request advance travel SF Form 1038 is attached Yes No

21. Do you occupy government quarters? Yes No If yes, enter date you will terminate quarters:

22. LEAVE SECTION

If your leave plans change after completing this worksheet, immediately notify your PERSRU.

- I plan to:** sell _____ days of leave (**Note:** You are only authorized to sell a TOTAL of 60 days leave during your career.)
 take terminal leave starting _____
 take leave prior to my separation for periods listed below

Enter inclusive leave dates (continue on separate page if necessary):

From _____ To _____
 From _____ To _____
 From _____ To _____
 more leave dates on separate page

23. Enter your final mailing address: (This is where your W-2 will be mailed next year.)

Address _____ County _____
 City _____ State _____ Country _____ Zip Code _____

24. **Yes** **No** Request copy 6 of my DD-214 is sent to State of ___ Director of Veterans' Affairs.

25. Enter name and address of a relative to be contacted if you cannot be reached at the final mailing address:

Name _____
 Address _____
 City _____ State _____ Country _____ Zip Code _____

26. FOR RETIREMENT ONLY:

- I have been authorized by CGPC EPM/OPM to utilize retirement processing station permissive orders IAW CGPERSMAN Art 12.C.1.d.
 I have been approved by my command to utilize 20 days permissive temporary duty IAW CGPERSMAN Art 12.C.1.e.

Use in the following order: 20 days permissive temporary duty, terminal leave, and processing point permissive orders. Contact your admin office for assistance in determining your departure date when using any combination of the above.

Permissive Temp Duty*:	From: _____	To: _____
Terminal leave dates:	From: _____	To: _____
Processing Point*:	From: _____	To: _____

*Note: Do not input these dates on the retirement transaction or leave transaction in CGHRMS..

PRIVACY ACT STATEMENT: In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard: Authority - 10 USC Section 2771. Principal Purpose(s) - Used to indicate a member's career intentions. Routine uses - Same. Disclosure - Disclosure of this information is voluntary, but without disclosure the member's career intentions may not be known which may cause document processing and pay problems.

27. Member's Signature: _____	27a. Date: _____	28. Supervisor's Signature _____	28a. Date: _____
29. Division/Branch Chief Signature: _____	29a. Date _____	30. Department Head Signature: _____	30a. Date: _____
31. Command Approval _____	31a. Date: _____	32. For PERSRU Use Only	Action Completed _____ Date: _____ Initials: _____