

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		
3. NAME OF MEMBER (Last, First, MI)	4. EMPLOYEE ID NUMBER.	5. GRADE/RATE	6. PAGE 7	