

NOE INITIAL REQUEST/NOE EXTENSION MESSAGE TEMPLATE

R DTGXXXXXXZ MMM YY

FM DISTRICT//DXR// OR PACAREA//PAC-13//

TO COMCOGARD PSC ARLINGTON VA//RPM//

INFO

T10/14 CAP MANAGER (if applicable)

CURRENT DUTY STATION DISTRICT DXR (if TDY)

CURRENT DUTY STATION SPO (if TDY)

PERMANENT DUTY STATION

PERMANENT DUTY STATION DISTRICT DXR

COMDT COGARD WASHINGTON DC//1311//

COGARD HSWL SC NORFOLK VA

COMLANTAREA COGARD PORTSMOUTH VA//LANT-1// (if applicable)

COMCOGARD FORCECOM ALAMEDA CA//FC-1// (if applicable)

BT

UNCLAS

SUBJ: REQUEST FOR NOTICE OF ELIGIBILITY (NOE)/NOE EXTENSION (choose one)

A. ALCGRSV 054/11 – UPDATED NOE ISSUING AUTHORITY AND GUIDANCE

1. Per REF A, the following information is provided:

A. Member first and last name, rank, EMPLID:

B. Permanent duty station:

C. Date of injury/illness: DDMMYY

D. Member duty type and orders duration when illness/injury occurred (e.g., T10, T14, ADOS-AC, ADOS-RC, IDT, ADT-AT, ADT-OTD):

E. Date line of duty (LOD) determination completed: DDMMYY

F. Estimated duration of NOE orders (months):

G. Member does/does not require over 16/18 year active duty waiver:

H. Date medical board initiated (if applicable): DDMMYY

I. MISHAP RNO and Class:

J. HSWL clinic POC (name and phone number):

K. Unit POC (name and phone number):

L. Dxr POC (name and phone number):

M. Nearest MTF to member's home:

N. Nearest MTF to member's permanent unit:

O. If requesting extension - initial NOE effective dates (start/stop): DDMMYY-DDMMYY

P. If requesting extension - NOE extension number requested (e.g., first, second, etc.)

Q. If requesting extension – request NOE extension for 30/60/90 days (choose one)

2. Request above member be placed on NOE for x (line f) months.

3. Date supporting documentation was sent to [ARL-DG-CGPSC-](mailto:ARL-DG-CGPSC-RPM.Reserve.Medical@uscg.mil)

[RPM Reserve Medical@uscg.mil](mailto:ARL-DG-CGPSC-RPM.Reserve.Medical@uscg.mil): DDMMYY

BT

NNNN