DEPARTMENT OF HOMELAND SECURITY

U.S. Coast Guard

CAREER DEVELOPMENT WORKSHEET

EMPLID | Name *(Last, First, MI)* | Unit *(Division)*

PURPOSE: Use this form to request change in pay grade, advancement/change in rating *(without participating in SWE)* and to report course completion, or add or delete a license or certification code.

ADVANCEMENT

INFORMATION COMPLETED BY MEMBER

I Request:

☐ Advancement to pay grade: ☐ E-2 ☐ E-3 ☐ E-4

☐ Change advancement path to: ☐ SN ☐ FN

☐ To be restored to my prior pay grade of: _____

INFORMATION COMPLETED BY UNIT

Unit Administration Office Eligibility Verification:

The above member meets all the eligibility requirements for advancement as listed in the Enlisted, Accessions, Evaluations, and Advancement Manual, COMDTINST M1000.2 *(series),* effective on: _____ .

Verifying Officials Signature: _____ _____ Date: _____

Advancement Recommendations: *(members chain of command)*

☐ YES ☐ NO Signature: _____ _____ Date: _____

☐ YES ☐ NO Signature: _____ _____ Date: _____

☐ YES ☐ NO Signature: _____ _____ Date: _____

☐ YES ☐ NO Signature: _____ _____ Date: _____

Commanding Officer

COURSE COMPLETION DATA

Complete the below information and attach copies of documentation proving course completion.

Course Title	Course Code	Date Begun	Date Ended

HONORS & AWARDS/LICENSES & CERTIFICATES

Enter honor, award, license, or certification information and attach copies of documentation proving eligibility.

Honors & Awards/Licenses & Certificates *(Title and code, if known)*	Effective Date	Add	Delete
		☐	☐
		☐	☐
		☐	☐
		☐	☐

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 - 5 U.S.C. 301 Departmental Regulations. Principal Purpose(s) - Used to request a change in pay grade. Routine use(s) - Used to update and delete qualification codes, and to report course completion. Disclosure of this information is voluntary, however, failure to furnish the requested information will delay updating your personnel record.

Member's Signature

Date

For SPO Use Only

Action Completed: Date: _____

Initials: _____

CG-2030 (06/14)

Reset