

DEPARTMENT OF HOMELAND SECURITY

U.S. Coast Guard

**CAREER INTENTIONS WORKSHEET**

|           |                           |                                      |
|-----------|---------------------------|--------------------------------------|
| 1. EMPLID | 2. Name (Last, First, MI) | 3. Permanent Unit ( <i>Dept ID</i> ) |
|-----------|---------------------------|--------------------------------------|

**PURPOSE:** Use this form is to convey career intentions to the SPO. 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 and complete a Preseparation Counseling Checklist (DD-2648).

**4. Answer these questions. If you answer no to these questions, contact your career counselor or unit administrative staff/SPO**

|     |    |   |
|-----|----|---|
| Yes | No | Has your unit conducted a 6-month predischarge interview and if you are separating, completed a Preseparation Counseling Checklist?                                   |
| Yes | No | Have you been advised on the subject of SRB eligibility and, if separating, Reserve Enlistment/Affiliation Bonuses?   |
| Yes | No | Are you a U. S. Citizen? ( <i>If no, you cannot reenlist or extend without authority from CGPSC</i> ) (Note: See 1.A.5.e., COMDTINST M1000.2 (series) for exceptions) |

**Commanding Officer's Determination of Eligibility and Recommendation for Reenlistment/Extension**

**5. Per 1.A.5 (for Regular) or 1.A.7 (for Reserve) of Enlisted Accessions, Evaluations, and Advancements, COMDTINST M1000.2 (series) this member is:**

|     |  |
|-----|--|
| 5A. | <b>Eligible and Recommended</b> for Reenlistment or Extension of Enlistment  |
| 5B. | <b>Not Eligible/Not Recommend</b> for Reenlistment or Extension of Enlistment (document IAW COMDTINST M1000.2 (series) 1.A.5 (Reg)/1.A.7.(Res.) and COMDTINST M1000.4 (series) 1.B.5)                    |
| 5C. | <b>Not Eligible</b> per 1.A.____ (enter sub-para #. Example 1.A.5.d for regular member in receipt of retirement orders) COMDTINST M1000.2 (series), but <b>Recommended</b> for Reenlistment or Extension |
| 5D. | CO's signature:  |

**Extension/Reenlistment/Reserve Enlistment Section**

|   |  |  |
|---|--|--|
| <b>6. I plan to ...</b>   | <b>7. For # of yrs (Note: if reenlisting, the minimum is 3 years)</b>  | <b>8. Date of Reenlistment/ Date to Sign Extension/ Re-extension</b> |
| Extend      Reenlist ( <i>min. 3 years for regulars</i> )<br><br>Enlist in the CG Reserve | 1 yr   2 yrs   3 yrs   4 yrs   5 yrs   6 yrs   8 yrs*   Other<br><i>(Reserve enlistments/reenlistments may be for a period of two, three, four, five, six, or *eight years.)</i> |  |

**9. Person administering the oath for extension agreement/reenlistment**

**Name:** \_\_\_\_\_ **Rank:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**10. Reason for Extension/Re-extension of Enlistment:**

|   |                                   |
|---|-----------------------------------|
| Request of individual                       | Authorized by Commander CGPSC     |
| School training requirement                 | Obligated service for advancement |
| Obligated service for transfer              | Obligated service for SRB bonus   |
| Participation in tuition assistance program | Other ( <i>specify</i> ):         |
| Obligated service for retirement            |                                   |
| Completion of deployment aboard vessel      |                                   |

**11a. Selective Reenlistment Bonus**

|  |            |                                       |                     |
|--|------------|---------------------------------------|---------------------|
| Zone ( <i>check one</i> )  | <b>"A"</b> | <b>"B"</b>                            | <b>Not Eligible</b> |
| Multiple: _____  |            |                                       |                     |
| Kicker Multiple _____  | for _____  | Competency Code _____                 |                     |
| <b>11b. SELRES Bonus"</b>  |            |                                       | <b>Not Eligible</b> |
| <b>Affiliation or</b>  |            | <b>Prior Service Enlistment Bonus</b> |                     |
| Will lateral to _____ Rating ( <i>if applicable</i> )                  |            |                                       |                     |
| Assignment to Critical Unit _____ ( <i>if applicable</i> ) (Unit name) |            |                                       |                     |

**Separation Section**

|     |                  |   |
|-----|------------------|---|
| 12. |                  | I am being discharged involuntarily   |
| 13. |                  | I want to be discharged (military obligation completed)   |
| 14. |                  | I want to be discharged (military obligation completed) and enlist into the CG Reserve for _____ years and be assigned to the SELRES IRR. ( <i>also use blocks 6 to 9 and 11b to provide details for your enlistment contract</i> )   |
| 15. |                  | I want to be released from Active Duty (Active Duty obligation completed/Reserve RELAD) and be assigned to the SELRES IRR.  |
| 16. |                  | Request to be released/discharged _____ - days early ( <i>NTE 30</i> ) to pursue a unique schooling or career opportunity per 1.B.8, Military Separations, COMDTINST M1000.4 (series).  |
| 17. |                  | Retire as directed by CGPSC (epm/opm) orders dated: _____<br>I will perform travel to: _____<br>My home of selection is: _____ ( <i>You have up to one year to make/choose your home of selection.</i> )<br>Visit <a href="http://www.uscg.mil/ppc/ras">http://www.uscg.mil/ppc/ras</a> to obtain your Retirement Package |
| 18. | <b>Yes    No</b> | Have you had a physical examination dated one year or less from your upcoming separation date?<br><b>Note:</b> If you answered "No", you must complete a physical during the year prior to your separation.   |
| 19. | <b>Yes    No</b> | Do you want health care coverage under the Continued Health Care Benefit Program (CHCBP)?<br>Contact the CHCBP Administrator at 1-800-444-5445 Option #1 then Option #3 or see <a href="http://www.humana-military.com/">http://www.humana-military.com/</a> for information on the program.                              |

|  |       |                |                                |   |
|--|-------|----------------|--------------------------------|---|
| 20. If Disch/Relad I will perform travel to my:  |       | Home of Record | Place of Enlistment/Acceptance | Will not be moving  |
| 21. Mode of travel will be (check one):  |       | POC            | Gov't Ticket                   | 22. I request advance travel SF Form 1038 is attached: Yes No |
| 23. Do you occupy government quarters?   |       | Yes            | No                             | If yes, enter date you will terminate quarters:               |
| <b>24. LEAVE SECTION (Complete for Separations, reenlistments and first extensions of enlistment).</b>   |       |                |                                |   |
| <ul style="list-style-type: none"> <li>• <b><u>If your leave plans change after completing this worksheet, immediately notify your SPO. Failure to do so may result in an overpayment for which you will be responsible.</u></b></li> <li>• Regular, Active Duty, members are only authorized to sell a TOTAL of 60 days leave during their career. The 60-day career limitation does not apply to Reservists and Retirees recalled to AD for a contingency operation or Reservists on AD for 31-365 days.</li> <li>• If separating from the regular component you must use or sell all leave. Reservists being released from Active Duty and resuming SELRES status may carry unused or unsold leave forward.</li> <li>• If you are reenlisting or extending, unused leave will automatically be carried forward into your new service obligation.</li> </ul> |       |                |                                |   |
| <b>I plan to (select any that apply):</b>  |       |                |                                |   |
| sell _____ days of leave and/or carryover _____ days leave   |       |                |                                |   |
| take terminal leave starting (date):_____ Note: Member/Unit, <u>do not enter terminal leave in the DA Self-Service Absence Request</u> . Terminal leave will be recorded by the SPO on the separation transaction or, for discharges, the non Self-Service Absence Request.  |       |                |                                |   |
| take leave prior to my separation for periods listed below<br>(Note: Member/Unit <u>must input</u> the following periods in DA Self-Service Absence Request)   |       |                |                                |   |
| <b>Enter inclusive leave dates (continue on separate page if necessary):</b> more leave dates on separate page   |       |                |                                |   |
| From   |       | To             |                                |   |
| From   |       | To             |                                |   |
| From   |       | To             |                                |   |
| <b>25. If separating, enter your final mailing address: (This is where your W-2 will be mailed next year.)</b>   |       |                |                                |   |
| Address  |       |                | County                         |   |
| City   | State | Country        | Zip Code                       |   |
| <b>26. If separating, enter name and address of a relative to be contacted if you cannot be reached at the final mailing address:</b>  |       |                |                                |   |
| Name   |       |                |                                |   |
| Address  |       |                | County                         |   |
| City   | State | Country        | Zip Code                       |   |
| <b>27. FOR RETIREMENT ONLY:</b>  |       |                |                                |   |
| I have been authorized by CGPSC EPM/OPM and my Command to utilize retirement processing station permissive orders IAW COMDTINST M1000.4 (series) Art 1.C.1.e.  |       |                |                                |   |
| I have been approved by my command to utilize 20 (30 if OUTCONUS) days permissive temporary duty IAW COMDTINST M1000.4 (series) Art 1.C.1.f.   |       |                |                                |   |
| Use in the following order: Permissive temporary duty, processing point permissive orders, and terminal leave.   |       |                |                                |   |
| Contact your admin office for assistance in determining your departure date when using any combination of the above.   |       |                |                                |   |
| <b>Permissive Temp Duty*:</b>  | From  | To             |                                |   |
| <b>Processing Point*:</b>  | From  | To             |                                |   |
| <b>Terminal Leave Dates:</b>   | From  | To             |                                |   |
| <b>* Note:</b> Do not input these dates on the retirement transaction or leave transaction in Direct-Access.   |       |                |                                |   |

