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| DEPARTMENT OF HOMELAND SECURITY  U.S. COAST GUARD  **ADMINISTRATIVE REMARKS** | | |
| **PRIVACY ACT STATEMENT**  Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.  **AUTHORITY**: 14 U.S.C. § 505  **PURPOSE**: To document a USCG service member’s achievements, accomplishments, Uniform Code of Military Justice (UCMJ) infraction(s), or any other USCG military pay or personnel activity.  **ROUTINE USES:** Authorized USCG officials will use this information to validate a USCG service member’s achievements, accomplishments, UCMJ infraction(s) or any other USCG military pay or personnel activity. Any external disclosures of information within this record will be made in accordance with DHS/USCG-014, Military Pay and Personnel, 76 Federal Register 66933 (October 28, 2011).  **CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Providing this information is voluntary. However, failure to provide this information may result in a delay in administrating this form. | | |
| Entry Type: Advancement and Reduction (A&R-1)  Reference: Enlisted Accessions, Evaluations, and Advancements, COMDTINST M1000.2 (series)  Responsible Level: Unit  Entry:  DDMMMYYYY: Rate Last Name informed this date that he or she is a candidate for reduction in rate by reason of incompetence per Article 3.A.30.c., Enlisted Accessions, Evaluations, and Advancements, COMDTINST M1000.2 (series). Rate Name's (provide specifics on which mark(s) meet the reduction in rate criteria) for the period ending (date). Advised that he or she has three months from this date to demonstrate satisfactory progress and meet the requirements or Article 3.A.30.c in order to retain his or her present rate, and that failure to do so will result in reduction in rate to (rate). A special performance evaluation will be completed at that time for the purpose of determining competency, particular areas that require improvement are: provid specifics......  A. B. SEA, CAPT, USCG  Commanding Officer  DDMMMYYYY: I have read and understand the above entry.  FIRST MI LAST | | |
| 1. NAME OF PERMANENT UNIT | 1. NAME OF UNIT PREPARING THIS FORM | |
| 1. NAME OF MEMBER (Last, First, MI) | 1. EMPLOYEE ID NUMBER | 1. GRADE/RATE |

Scan original into member's OMPF

CG-3307 (09/23)

Expiration: 09/33

PREVIOUS EDITIONS ARE OBSOLETE

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