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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: Selective Reserve Enlistment Bonus (BON-4)  Reference: Military Bonus Programs, COMDTINST 7220.2 (series)  Responsible Level: Unit  Entry:  DDMMMYYYY: I have been advised that I am eligible for a  SELRES Affiliation Bonus. Eligibility to this bonus is based upon successful entry into the critical rating of and assignment to as detailed in ALCOAST 325/24.  I understand my SELRES bonus obligation begins upon my entry date into the SELRES. Receipt of this bonus commits me to SELRES participation through Enter Date as based upon my anticipated SELRES entry date. If my SELRES entry date is later than stated, I further understand my SELRES participation must continue through to the applicable date to which is six years from my actual SELRES entry date.  I hereby acknowledge that I have read and fully understand the contents of Military Bonus Programs, COMDTINST 7220.2 (series) and ALCOAST 325/24. I have also been counseled on the opportunity to contribute my SELRES bonus payment to the Thrift Savings Plan.  First MI. LastName  FIRST MI LAST, RATE, USCG/USCGR  Signature of Counselor | | |
| 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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