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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: Selected Reserve (SELRES) Affiliation Bonus (BON-7)  Reference: Military Bonus and Incentive Programs, COMDTINST 7220.2 (series)  Responsible Level: Unit  Entry:  DDMMMYYYY: I have been advised that:  If I fail to complete Class "A" School training, I will immediately be reassigned to an Unbudgeted SELRES position to complete the minimum one-year affiliation per 5.B.1 of the Reserve Policy Manual, COMDTINST M1001.28 (series).  I am eligible for an affiliation bonus of [enter amount] based on [enter number of months] months of remaining Initial Military Obligation. The criteria of ALCOAST 325/24 applies. In addition, the bonus payment is contingent upon successful completion of [enter rating] "A" School and the request for payment will not be submitted by my SPO until I have successfully completed [enter rating] "A" School. My eligibility period will commence the day of assignment to the SELRES and commits me to SELRES participation through [enter date].  I hereby acknowledge that I have read and fully understand the contents of Military Bonus and Incentive Programs, COMDTINST 7220.2 (series) and ALCOAST 325/24  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

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Expiration: 09/33

PREVIOUS EDITIONS ARE OBSOLETE

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