| DEPARTMENT OF HOMELAND SECURITY  U.S. COAST GUARD  **ADMINISTRATIVE REMARKS** |
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| **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: SRB-02 Counseled on Zone B SRB member near 10 year AD anniversary  Reference: Military Bonus and Incentive Programs, COMDTINST 7220.2 (series)  Responsible Level: Unit  Entry:  DDMMYYYY: I have reviewed ALCOAST 403/22, ALCOAST 085/23 and Paragraphs 1.D (“Repayment of Unearned Bonus Amounts”) and 2.F.7 (“Special Conditions”) of Military Bonus and Incentive Programs, COMDINST 7220.2 (series) and any associated ALCOAST/ACN FAQ’s. I have been informed that:  My current Selective Reenlistment Bonus (SRB) entitlement is based upon eligibility to a  Zone B SRB in accordance with ALCOAST 403/22, ALCOAST 085/23, which has been made available for my review.  In accordance with article 2.D, Military Separations, COMDTINST M1000.4A (series), I am eligible to reenlist for a maximum of [enter number of years] years. My SRB will be computed based on [enter number of months] months newly obligated service.  I must reenlist on or at any time prior to my 10 year active duty anniversary date within the Fiscal Year (FY) for which a SRB is offered in order to receive a SRB. My 10 year active duty anniversary date occurs [ENTER DATE OR "N/A"].  If not reenlisting within the FY of my 10 year anniversary date but eligible to receive a Zone B SRB in accordance with 2.F.6.b. of Military Bonus and Incentive Programs, COMDTINST 7220.2 (series), I understand that I must reenlist on my exact 10 year anniversary date of on [ENTER DATE OR "N/A"] for Zone B SRB eligibility.  I have also been counseled on the opportunity to have my SRB payment contributed to the Thrift Savings Plan (TSP). |

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| Entry*: (Continued from previous page)*  Per paragraph 1.D of Military Bonus Programs, COMDINST 7220.2 (series) entitled “Repayment of Unearned Bonus Amounts”, I understand that I will receive payment for my bonus in one lump sum, less applicable federal and state income tax withholding, and as such I must remain eligible for the entire term of the newly obligated service. If at any time I am found to be ineligible for the bonus (under the conditions listed in paragraph 2.D.2 of the referenced instruction and as outlined in the authorizing ALCOAST/ACN) the unearned amount will be recouped.  The following SRB policies were unclear to me, but my SRB counselor provided me with the corresponding answers: (list specifics)            FIRST MI LAST (Signature of Member)  FIRST MI LAST, RATE, USCG/USCGR  Signature of Counselor | | |
| 1. NAME OF PERMANENT UNIT | 2. NAME OF UNIT PREPARING THIS FORM | |
| 3. NAME OF MEMBER (Last, First, Ml) | 4. EMPLOYEE ID NUMBER | 5. GRADE/RATE |

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