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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 Reenlistment Bonus (SRB-3)  Reference: Paragraph 2.D.1, Military Bonus and Incentive Programs, COMDTINST 7220.2 (series)  Responsible Level: Unit  Entry:  DDMMMYYYY: I hereby acknowledge that I have read and fully understand the contents and explanation of Section 2.F. of Military Bonus and Incentive Programs, COMDTINST 7220.2 (series) entitled “Selective Reenlistment Bonus (SRB) Program.”  I further acknowledge that I have been advised of the effects on my SRB computation/payment if I enter into an agreement to extend my enlistment.  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. If I was eligible for an SRB, it would be computed based on [enter number of months] months newly obligated service.  FIRST MI LAST (Signature of Member)  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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