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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: Performance and Discipline (P&D-01A)  Reference: Body Composition Standards Program, COMDTINST 1020.8 (series)  Responsible Level: Unit  Entry:  DDMMMYYYY: Your probationary period has warranted special consideration and is extended for thirty days, in accordance with the Body Composition Standards Program, COMDTINST 1020.8 (series). If you fail to reach compliance by the end of this extension, you will be recommended for separation (if active duty), recommended for transfer to the ISL (if reservist), or recommended to return to the Department of Health and Human Services (Public Health Service). By signature below, you acknowledge both this entry and that you have been afforded the opportunity to Body Composition Standards Program, COMDTINST 1020.8 (series).  A. B. SEA, CAPT, USCG  Commanding Officer  DDMMMYYYY: I acknowledge the above entry and understand I have not met the requirements of the Body Composition Standards Program, COMDTINST 1020.8 (series).  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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