|  |
| --- |
| DEPARTMENT OF HOMELAND SECURITYU.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-02)Reference: Body Composition Standards Program, COMDTINST 1020.8 (series)Responsible Level: UnitEntry: DDMMYYYY: On DDMMYYYY, you were determined to be XX pounds overweight and your measurements are: height: XX inches, weight: XX pounds, waist: XX inches, neck: XX inches, buttocks (female only): XX inches and your abdominal circumference is XX inches. Your age is XX and your percent body fat is XX%. You declined to take the physical fitness test or on DDMMYYYY, a medical officer stated you were not cleared to participate in the physical fitness test or on DDMMYYY, you failed the physical fitness test (pick one). In accordance with Body Composition Standards Program, COMDTINST 1020.8 (series), you are hereby notified that you are required to lose XX pounds or drop to at or below XX% body fat, drop to at or below a XX inch measurement for your abdominal circumference, or pass the physical fitness test by DDMMYYYY.You are counseled that compliance is a condition of continued service. This non-compliant semiannual weigh-in is considered your (First/Second) strike. If you fail to reach compliance by the end of this probationary period, 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). This is your (First/Second) documented time on weight probation during a 14-month period. If you are placed on weight probation a third consecutive time within a 14-month period, you will be processed for separation.By signature below, you acknowledge both this entry and that you have been afforded the opportunity to review the Body Composition Standards Program, COMDTINST 1020.8 (series). A. B. SEA, CAPT, USCGCommanding OfficerDDMMYYYY: 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

Page 1 of 1