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| 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-03)Reference: Body Composition Standards Program, COMDTINST 1020.8 (series)Responsible Level: UnitEntry: DDMMMYYYY: On this date your probationary period has come to an end. You weighed       (pounds) or achieved      % body fat, or achieved       (inches) abdominal circumference, or passed the physical fitness test and have successfully met the requirements of the Body Composition Standards for Body Composition Standards Program, COMDTINST 1020.8 (series).

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|  or achieved (inches) abdominal circumference, or passed the physical fitness test and have successfully met the requirements of the Body Composition Standards for Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series). |
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A. B. SEA, CAPT, USCGCommanding OfficerDDMMMYYYY: I acknowledge the above entry and understand I have met the requirement 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

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Scan original into member's OMPF

CG-3307 (09/23)

Expiration: 09/33

PREVIOUS EDITIONS ARE OBSOLETE

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