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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-04)Reference: Body Composition Standards Program, COMDTINST 1020.8 (series)Responsible Level: Unit Entry: DDMMMYYYY: On this date  You weighed       (pounds) and had a calculated      % body fat. Your abdominal circumference is:       (inches) and  in the physical fitness test. You have not achieved your maximum allowable weight and percent body fat. In accordance with Body Composition Standards Program, COMDTINST 1020.8 (series), you are hereby notified that 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).First MI. LastNameCommanding OfficerDDMMMYYYY: 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. LastName |
| 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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