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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-19) – Retained – Waived Rights to Administrative Separation Board  Reference: Military Substance Abuse and Behavioral Addiction Program, COMDTINST 1000.10 (series); Coast Guard Substance Abuse Prevention and Treatment Manual, COMDTINST M6320.5(series); and Military Separations, COMDTINST 1000.4 (series)  Responsible Level: Unit  Entry:  DDMMMYYYY: To be retained in the Coast Guard, you waive your rights to any future Administrative Discharge Board for unsuitability and/or misconduct, where alcohol or drugs is a causative factor. You must adhere to your treatment plan. Any future misconduct involving alcohol or drugs will result in you being processed for separation with no entitlement to an Administrative Discharge Board.  A. B. SEA, CAPT, USCG Commanding Officer  DDMMMYYYY: I acknowledge the above counseling and understand the actions being initiated.  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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