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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: Reserve Participation Management (RPM-2), Counseled for failure to report for scheduled ADT  Reference: Reserve Duty Status and Participation Manual, COMDTINST M1001.2 (series)  Responsible Level: Unit  Entry:  DDMMMYYYY: On this date, you were counseled for failure to report for scheduled ADT-AT period from (BEGIN DATE) to (END DATE) . You failed to notify this unit of your inability to attend the scheduled ADT-AT period. (NAME OF SUPERVISOR) contacted you on (DATE) to determine why you missed the drill period (enter details as appropriate). You have been rescheduled to complete ADT-AT period from (DATE) .to (DATE) . Future incidents will result in additional administrative and/or disciplinary actions.    A. B. SEA, CAPT, USCG  Commanding Officer  DDMMMYYYY: I acknowledge the above entry and have been afforded the opportunity to review the Reserve Duty Status and Participation Manual, COMDTINST M1001.2 (series).  J. P. JONES | | |
| 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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