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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-5)  Reference: Section 4.B., Reserve Policy Manual, COMDTINST M1001.28 (series)  Responsible Level: Unit  Entry:  DDMMMYYYY: On this date, you were counseled for failure to complete the required annual dental/medical exam scheduled on (DATE) per the reference listed above. (NAME OF SUPERVISOR) received a telephone call on (DATE) from medical indicating you failed to make the medical/dental appointment. (NAME OF SUPERVISOR) contacted you on (DATE) to determine why you missed the medical appointment (enter details as appropriate). You are directed to reschedule a medical/dental exam within the next 30 days and notify your supervisor of the new appointment 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 Policy Manual, COMDTINST M1001.28 (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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