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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: Separation (SEP-07A)  Reference: (a) Military Separations, COMDTINST M1000.4 (series)  (b) Enlistments, Evaluations, and Advancements, COMDTINST M1000.2 (series)  Responsible Level: Unit  Entry:  DDMMMYYYY: Consistent with Article 2.D.1. of reference (a), you are hereby advised that you meet the eligibility requirements for reenlistment/extension prescribed in Articles 1.E.1, 1-E-2 and 1.E.3 of reference (b) and you have my positive recommendation for reenlistment/extension.  A. B. SEA, CAPT, USCG  Commanding Officer/Officer in Charge  DDMMMYYYY: I acknowledge that I was counseled on this date and my intentions are:  Reenlist or Extend Enlistment  Separate (Commands are responsible for notifying CG PSC (EPM-2/RPM-1) of this decision).  I am undecided at this time  I understand that my GTCC must be paid in full prior to separation/retirement.  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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