|  |  |  |
| --- | --- | --- |
| 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-2)  Reference: Section 1-B, Military Separations, COMDTINST M1000.4 (SERIES)  Responsible Level: Unit  Entry:  DDMMMYYYY: I have read and been counseled on the contents of Article 1.B.36., Military Separations, COMDTINST M1000.4 (series) about my rights on separation from the Coast Guard. I understand my rights as described there and have had all my questions answered.  I have been advised per Article 1.B.4.a.(1) (Zone “A” SRB eligibility) or Article 1.B.4.b.(1 ) (Zone “B” SRB eligibility) of Military Bonus Programs, COMDTINST M7220.2 (series), that since I am opting for separation at this time, should I later elect to reenlist, I must do so within three (3) months of discharge to be eligible for a Selective Reenlistment Bonus (SRB), provided that on the date of reenlistment my rating has a multiple listed in the ALCOAST then in effect.  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

Page 1 of 1