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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-07B)  Reference: (a) Military Separations, COMDTINST M1000.4 (series)  (b) Enlistments, Evaluations, and Advancements, COMDTINST M1000.2 (series)  Responsible Level: Unit  Entry:  DDMMMYYYY: A reenlistment interview was conducted this date per Article 2.D.1 of reference (a). You do not meet the eligibility requirements for reenlistment/extension prescribed by Article 1.E.2 (and 1.E.3. for reserve members) of reference (b), specifically (state reason with full explanation). However, you have my positive recommendation for reenlistment/extension because (state reason with full explanation).  Since you did not meet the reenlistment/extension eligibility criteria but did receive a positive recommendation for reenlistment/extension, you may request a waiver from Commander (CG PSC-EPM-1) or (CG PSC-RPM-1), as applicable. The waiver must be initiated within 15 days of this notification and must be routed through your chain of command. Commander (CG PSC-EPM-1) or (CG PSC-RPM-1) has the authority to deny your waiver or approve your waiver.  A. B. SEA, CAPT, USCG  Commanding Officer/Officer in Charge  DDMMMYYYY: I acknowledge that I have been informed that I do not meet the eligibility criteria for reenlistment/extension but am recommended for reenlistment and have been given the reason(s) for these actions. I understand my rights as stated above.  I do  do not  desire to submit a statement on my behalf for consideration to accompany the memorandum to Commander (CG PSC-EPM-1) or Commander (CG PSC-RPM- 1) (as appropriate) to discharge me from the Coast Guard upon expiration of my current enlistment.  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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