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| DEPARTMENT OF HOMELAND SECURITYU.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-25a) Undergoing Medical Treatment or Hospitalization-Desires Separation Follow-up Reference: Military Separations, COMDTINST M1000.4 (series), Art. 1.B.11.f.(1)(c).Responsible Level: Unit Entry: DDMMMYYYY: I, First MI. LastName , desire to separate from the Coast Guard despite the fact separation may prejudice any rights or benefits to which I may be entitled as a result of physical evaluation board hearings under 10 U.S.C. §61. I have been duly advised of my rights in this matter and request the Coast Guard to discharge me as soon as possible without further hearing and without disability, retirement, or severance pay and without any compensation whatsoever. I understand I am not required and am under no obligation to give this statement and I hereby certify I give this statement voluntarily. First MI. LastNameDDMMMYYYY: Signature of witnessing officer.First MI. LastNameRank and title |
| 1. NAME OF PERMANENT UNIT

      | 1. NAME OF UNIT PREPARING THIS FORM

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| 1. NAME OF MEMBER (Last, First, MI)

      | 1. EMPLOYEE ID NUMBER

      | 1. GRADE/RATE

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Scan original into member's OMPF

CG-3307 (09/23)

Expiration: 09/33

PREVIOUS EDITIONS ARE OBSOLETE

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