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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-26). Retention Beyond Expiration of Enlistment (PDES)Reference: (a) Military Separations, COMDTINST M1000.4 (series)Responsible Level: Unit Personnel & Administration (P&A) or Servicing Personnel Office (SPO)Entry: YYYMMMDD: Counseled on this date that my current enlistment expires on DD MMM YYYY and that per Article 2.B.6.c of reference (a), my consent is required for my retention beyond 30 days prior to completion of the evaluation of my physical status. Please Initial:\_\_\_\_\_\_\_ I understand that at any time, I may elect to waive my right to the Physical Disability Evaluation System Initial (PDES). Before making such an election, I should seek guidance from an attorney in the Office of MemberAdvocacy and Legal Assistance (COMDT CG-094M). Initial by only one option below:\_\_\_\_\_\_\_ I agree to be retained in the Coast Guard for a period not to exceed six months. Initial\_\_\_\_\_\_\_ I do not agree to be retained in the Coast Guard. I understand that I may be retained without my consent for Initial a period not to exceed 30 days in accordance with the provisions of Article 1.B.11.i of reference (a). A. B. SEA, YNCM, USCGCGD FOURTEEN (SPO), City, STYYYYMMMDD: I fully acknowledge and understand the provisions of the above. I. M. COASTIE |
| 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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