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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-33) Acknowledgement of mandatory requirements of Transition Assistance Program (TAP)  Reference: (a) Transition Assistance Program COMDTINST 1900.2(series)  Responsible Level: Unit  Entry:  DDMMMYYYY: Member has been advised of the mandatory requirement to complete the Transition Assistance Program (TAP) prior to separation from Active Duty IAW Ref (a).  Member has been provided TAP documentation detailing TAP requirements, website points of interest and point of contact information for the local Transition Relocation Manager.  Member has been advised that refusal to complete TAP prior to separation or failure to meet the TAP requirements in its entirety may result in missed opportunities of services or benefits that would otherwise be explored by the TAP program. The member accepts responsibility for missed opportunities resulting from failure to complete TAP.  First MI. LastName  Commanding Officer  DDMMMYYYY: I acknowledge the above entry.  First MI. LastName | | |
| 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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