

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: Assignment and Transfer (A&T-10A), Transfer to the IRR

Reference: Reserve Policy Manual, COMDTINST M1001.28 (Series), Reserve Duty Status and Participation Manual, COMDTINST M1001.2 (series)

Responsible Level: Unit SPO

Entry: I, _____, was counseled on _____ regarding my transfer to the Individual Ready Reserve (IRR) for the following reason(s): (State reason(s))(If the reason for transfer is due to temporary physical disability or hardship, the member cannot be transferred to the IRR).

Your Training/Pay Category is:

____ E (MSO remaining) ____ H (MSO complete) ____ J (SRDC Candidate) ____ P (Awaiting IADT)

Your Military Service Obligation (MSO) ____ (ends) ____ (ended) on _____.

CG-PSC-RPM is your Commanding Officer (unless approved to drill for points only or on long-term active duty orders). Direct all correspondence to:

Commander (CG-PSC-RPM)
Personnel Service Center
U.S. Coast Guard Stop 7200
2703 Martin Luther King Jr Ave SE
Washington, DC 20593-7200

Email: HQS-SMB-CGPSC-rpm-3-Query@uscg.mil
Web Site: <https://www.dcms.uscg.mil/PSC/RPM/RPM-3/>

(Counselor's Signature / Date)

(Counselor's Printed Name)

1. NAME OF PERMANENT UNIT

2. NAME OF UNIT PREPARING THIS FORM

3. NAME OF MEMBER (Last, First, MI)

4. EMPLOYEE ID NUMBER

5. GRADE/RATE

File original in SPO PDR, Email copy to CG PSC-BOPS-C-MR

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_____ I have been counseled and understand the reason(s) for the above action. I agree to comply with the requirements listed below and on the following page. I understand the consequences of non-compliance. (Initial each entry below and on the following page):

Mandatory requirements in IRR: *(Initial each entry below and on the following page)*

- _____ (1) I understand that I possess mobilization potential and I am subject to immediate involuntary recall to active duty.
- _____ (2) I shall answer all official correspondence from the Coast Guard, including but not limited to correspondence communicated by regular mail, email or phone.
- _____ (3) I shall complete the Annual Screening Questionnaire each year in accordance with COMDTINST M1001.28 (series).
- _____ (4) I shall promptly advise CG PSC-RPM of changes of address, contact information, marital status, dependency status, military qualifications, civilian education or employment, and any physical condition or other factors that would affect my immediate availability for active duty military.
- _____ (5) I understand that I may be required to serve on active duty for training for up to 30 days per fiscal year.
- _____ (6) I shall meet the minimum training requirements for my military service obligation or contractual agreement.
- _____ (7) I shall maintain my physical fitness and weight standards per COMDTINST M1020.8 (series).
- _____ (8) I shall maintain required seabag items up to four years.
- _____ (9) I shall surrender my Government Travel Charge Card and Common Access Card. I understand I am eligible for a DD Form 2 (Reserve) ID card.
- _____ (10) I understand that I may be required to meet medical retention standards in accordance with COMDTINST M6000.1 (series) prior to performing duty, including IDT for retirement points only or active duty (EAD, ADOS, ADT, etc.)
- _____ (11) Officers and retirement qualified members, must accrue 50 retirement points per anniversary year to remain in an active status (SELRES, IRR, ASL). Failure to do so will result in transfer to the ISL.
- _____ (12) To earn a qualifying year for non-regular (Reserve) retirement, I must earn 50 retirement points during each anniversary year. I will automatically accrue 15 membership points for each full anniversary year in the IRR. Additional retirement points may be earned via Active Duty for Training (ADT) without pay, Inactive Duty for Training (IDT) without pay, Readiness Management Periods (RMP) without pay, authorized electronic based distributed learning or authorized Coast Guard courses.
- _____ (13) I must receive approval CG PSC-RPM prior to performing duty of any type, including but not limited to, IDT (points only), RMP, FHD, ADT (points only), and active duty.
- _____ (14) I understand I am eligible to compete and be selected for _____.
- _____ (15) [Enlisted only] I understand that I am not eligible to reenlist or extend my enlistment contract unless approved by CG PSC-RPM to drill for points only (no pay) or I am on active duty orders.

1. NAME OF PERMANENT UNIT	2. NAME OF UNIT PREPARING THIS FORM	
3. NAME OF MEMBER (Last, First, MI)	4. EMPLOYEE ID NUMBER	5. GRADE/RATE

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_____ (16) Time in the IRR counts toward my 30 years total service (enlisted/CWO) or 30 years total commissioned service (officer).

_____ (17) Upon transfer to the IRR, many benefits such as TRICARE Reserve Select, Montgomery GI Bill-SR, REAP, ability to transfer Post 9/11 GI Bill Education Benefits to dependents, military bonuses, SGLI, and Thrift Savings Plan (TSP) are suspended or terminated. I may be subject to recoupment of payments, unless this transfer is affected after completion of all obligation for which the payment was received.

_____ (18) I understand once transfer to IRR is effective, I have 60 days to affect changes to TSP.

_____ (19) I fully understand that if I do not maintain all requirements, I may be recalled to active duty under 10 U.S.C. §12303 or §10148, transferred to the Individual Ready Reserve (IRR), Inactive Status List (ISL), discharged, or retired as appropriate.

_____ (20) I understand that my transfer is not complete until the effective date of my written orders.

My current contact information is:

Home Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Home Email: _____

(Member Name, Last, First, M.I.)

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