

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 administering this form.

Entry Type: Assignment and Transfer (A&T-10B)

Reference: Reserve Policy Manual, COMDTINST M1001.28 (Series)

Responsible Level: Unit SPO

Entry: I, _____, was counseled on _____ regarding my transfer to the Standby Reserve, Inactive Status List (ISL) for the following reason(s): (State reason(s) for the transfer).

Your Training/Pay Category is I (ISL Standby Reserve)

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

CG-PSC-RPM is your Commanding Officer. 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)

(Counselor's Printed Name)

_____ 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):*

_____ I _____ do _____ do not intend to return to the Ready Reserve (SELRES or IRR) as soon as the transfer given above no longer exists.

_____ If the reason for the transfer is due to weight, my time in the ISL will not exceed 1 year. I understand if I do not come into compliance during the year assigned to the ISL, I will be processed for separation.

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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Mandatory requirements in ISL: *(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 pursuant to 10 U.S.C. §12301 and §12306.
- _____ (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 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.
- _____ (4) I shall maintain required seabag items up to four years.
- _____ (5) 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.
- _____ (6) I understand I am not authorized to train or drill for retirement points or pay. I will not accrue 15 points for membership or any other retirement points.
- _____ (7) I understand I am not eligible to compete and be selected for promotion/advancement.
- _____ (8) [Officers only] I understand that after three years in the ISL, I will be screened for mobilization potential and may be separated.
- _____ (9) [Enlisted only] I understand that I am not eligible to reenlist or extend.
- _____ (10) I understand my service in the ISL does not count toward determining retirement pay or entitlements.
- _____ (11) I understand my time in the ISL does not count towards my 30 years total service (enlisted/CWO) or 30 years total commissioned service (Officer).
- _____ (12) I understand upon transfer to the ISL, many benefits such as TRICARE Reserve Select, Montgomery GI Bill-SR, 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.
- _____ (13) I fully understand if I do not maintain all requirements, I may be discharged or retired, a appropriate.
- _____ (14) I understand my transfer is not complete until the effective date of my written orders.

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

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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