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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: Assignment and Transfer (A&T-2)  Reference: Section 1-B, Military Assignments and Authorized Absences, COMDTINST M1000.8 (series)  Responsible Level: Unit  Entry:  DDMMMYYYY: Received orders for Humanitarian assignment (HUMS) under the provisions of Article 1-B-11, Military Assignments and Authorized Absences, COMDTINST M1000.8 (series). Instructions concerning nonentitlement to expenses incurred in the execution of these orders have been explained to me this date. In view of a permissive travel authorization for HUMS to a new permanent duty station being issued, I understand that under no circumstances will I be reenlisted or extended without Commander (CG PSC-EPM) approval. I must present clear documentation that my hardship situation is completely resolved, and that I am available for unrestricted reassignment in accordance with service needs, for Commander (CG PSC-EPM) approval to be granted.  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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