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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 USCGR (Inactive) (SEP-15)  Reference: Section 8-B, Reserve Policy Manual, COMDTINST M1001.28 (series) and DD 214 Manual.  Responsible Level: Unit  Entry:  DDMMMYYYY: Discharged this date from USCGR inactive duty by reason of (enter reason) and immediately reenlisted in the USCG or USCGR. Member provided USCGR discharge certificate and other separation documents as required by Article 1-B-36, Military Separations, COMDTINST M1000.4 (SERIES). Member counseled regarding (1) reenlistment opportunities including SRB entitlements; (2) opportunity to contribute to the Thrift Savings Plan (TSP) within 60 days of joining Active Duty or the Ready Reserve; (3) provisions of COMDTINST 1760.7 (series); and maintaining continuous service status.  DDMMMYYYY: Reenlisted this date in the USCG or USCGR.  A. B. SEA, YNCM, USCG  By direction  CGD FOURTEEN (SPO), Honolulu, HI  DDMMMYYYY: I acknowledge the above entries.  FIRST MI LAST | | |
| 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

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