

**U. S. COAST GUARD RESERVE  
MEDICAL SUPPORT ALLOWANCE BILLET REQUEST**

PRIVACY ACT STATEMENT

In accordance with 5 U.S.C. 522A (e)(3), the following information is provided to you when supplying personal information to the Coast Guard:  
**Authority:** 5 U.S.C. 301; 44 U.S.C. 3101; 10 U.S.C. 1071-1107; 14 U.S.C. 93(a)(17); 14 U.S.C 707(d) and 14 U.S.C. 632.

**Principle Purpose:** To determine appropriate location of Medical Support Allowance Billet (MSAB) while member is in the Physical Disability Evaluation System.

**Routine Uses:** Same as Principle Purpose.

**Disclosure:** Voluntary. However, failure to provide all the requested information will impede timely determination of the appropriate location of the MSAB.

Information contained in this form, including any attachments, may be subject to the provisions of the Privacy Act of 1974 and Health Insurance Portability and Accountability Act (HIPAA) and shall only be reviewed or forwarded to personnel who are authorized AND have a need to know. If you have received this information in error, notify the individual identified so appropriate action may be taken.

**SECTION I – COMMAND ACKNOWLEDGEMENT**

(Completed by Command – PLEASE PRINT)

1a. Last Name	1b. First Name	1c. MI	2. Rank/Rate	3. EMPLID
4a. Member's home (City & State):		5a. Nearest MTF to member's home:		
4b. Permanent Duty Station:		5b. Nearest MTF to permanent unit:		
4c. TDY Unit (if applicable):		5c. Nearest MTF to TDY Unit (if applicable):		
6. Can member safely work/travel to Perm/TDY unit with limitations/restrictions?				
7. Are there any other issues (administrative, NJP/disciplinary, legal, performance, security, alcohol/drugs, financial, weight)?				
8. Who will be responsible for member (completing evaluation and administrative matters)?				
9. Recommended location of MSAB. (DEPTID and Name)				
10. Remarks:				
11a. Unit POC:		11b. Phone:		11c. Email:
12a. Commanding Officer/Designated Authority:		12b. Signature:		12c. Date signed:

U. S. COAST GUARD RESERVE  
**MEDICAL SUPPORT ALLOWANCE BILLET REQUEST**

<b>SECTION II – CG MEDICAL ACKNOWLEDGEMENT</b> (Completed by CG Medical – PLEASE PRINT)		
13a. CG Medical POC:	13b. Phone:	13c. Email:
14. Date MEB entered into MRRS:	15. Date MEB submitted to PSC-PSD-de:	
16a. Member’s duty status (check only one): Not fit for Duty (NFD) Fit for Limited Duty (FLD)	16b. Limitations/Restrictions:	
17. Do you concur with proposed location? (Check one):                      Concur                      Do Not Concur (see remarks)		
18. Remarks:		
19a. CG Medical Officer:	19b. Signature:	19c. Date signed:
<b>SECTION III – DISTRICT (or equivalent)</b> (Completed by the supporting RFRS – PLEASE PRINT)		
20a. District (dxr) POC:	20b. Phone:	20c. Email:
21. Do you concur with proposed location? (Check one):                      Concur                      Do Not Concur (see remarks)		
22. Remarks:		
23a. District/Designated Authority:	23b. Signature:	23c. Date signed:
<b>REQUIRED ONLY IF TRANSFERRING TO ANOTHER UNIT</b>		
<b>SECTION IV – RECEIVING UNIT ACKNOWLEDGEMENT</b> (Completed by Receiving Unit – PLEASE PRINT)		
24a. Unit POC:	24b. Phone:	24c. Email
25. Do you have concerns associated with this member’s transfer? (Check one):                      Yes                      No (If Yes, see remarks)		
26. Remarks:		
27a. Commanding Officer/Designated Authority:	27b. Signature:	27c. Date signed:

U. S. COAST GUARD RESERVE  
**MEDICAL SUPPORT ALLOWANCE BILLET REQUEST**

**SECTION V – RECEIVING CG MEDICAL ACKNOWLEDGEMENT**

(Completed by receiving CG Medical – PLEASE PRINT)

28a. CG Medical POC:	28b. Phone:	28c. Email:
29. Do you understand the medical responsibilities associated with this member's transfer? (Check one):      Yes      No (If Yes, see remarks)		
30. Remarks:		
31a. CG Medical Officer:	31b. Signature:	31c. Date signed:

**SECTION VI – RECEIVING DISTRICT (or equivalent)**

(Completed by receiving RFRS – PLEASE PRINT)

32a. District (dxr) POC:	32b. Phone:	32c. Email
33. Do you understand the responsibilities associated with this member's transfer? (Check one):      Yes      No (If Yes, see remarks)		
34. Remarks:		
35a. District /Designated Authority:	35b. Signature:	35c. Date signed:

*Emailed completed form and documents to ARL-SMB-CGPSC-RPM-Reserve-Medical@uscg.mil*

**SECTION VII – CG PSC-RPM**

(Completed by CG PSC-RPM-3 – PLEASE PRINT)

36a. RPM-3 POC:	36b. Phone:	36c. Email:
37a. MSAB request has been reviewed and is:  Approved  Disapproved (see remarks)	37b. DEPTID and Name:	
	37c. MSAB #:	
	37d. MSAB Type:                      ADOS                      SELRES	
	37e. Dates of Approval:	
	Start Date:	End Date:
38. Remarks:		
39a. RPM/Designated Authority:	39b. Signature	39c. Date Signed:

**Important Directions:**

1. CG PSC-RPM has final authority of MSAB assignments for reservists.
2. MSAB assignment must be in alignment with policy. See references:
  - A. Reserve Policy Manual, COMDTINST M1001.28(series), chapter 5
  - B. Military Assignments and Authorized Absences, COMDTINST M1000.8(series)
  - C. Personnel Services and Support Unit (PSSU) Temporary Duty and Administrative Guidance, PSCINST 1000.1(series)
3. At least 30 days before expiration of MSAB, command must notify PSC-RPM-3 through District to extend or terminate. **If extension needed**, include:
  - A. Members full name and Rank/Rate
  - B. EMPLID
  - C. Command POC
  - D. Any changes to location or PDES status
  - E. Supporting documentation as appropriate

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FORM INSTRUCTIONS

**SECTION I – COMMAND ACKNOWLEDGEMENT**

1. – 5. Self-explanatory.
6. Given medical limitations/restrictions, determine if travel for member to/from duty site is safe.
7. Disclose any known issues which may impact member or command.
8. Determine who is able to best provide supervisory/administrative support to member.
9. Recommendation for location of MSAB should be based on careful consideration of blocks 4 through 8.
10. Amplifying remarks, if necessary.
11. – 12. Self-explanatory.

**SECTION II – CG MEDICAL ACKNOWLEDGEMENT**

13. – 16. Self-explanatory.
17. Concurrence should be based on careful consideration of Section I and member's medical situation.
18. Amplifying remarks, if necessary.
19. Self-explanatory.

**SECTION III – DISTRICT (or equivalent)**

20. Self-explanatory.
21. Concurrence should be based on careful consideration of Section I and II.
22. Amplifying remarks, if necessary.
23. Self-explanatory.

**REQUIRED ONLY IF TRANSFERRING TO ANOTHER UNIT**

**SECTION IV – RECEIVING UNIT ACKNOWLEDGEMENT**

24. Self-explanatory.
25. Carefully review Section I, II, and III. If there are any concerns, indicate in block 26.
26. Amplifying remarks, if necessary.
27. Self-explanatory.

**SECTION V – RECEIVING CG MEDICAL ACKNOWLEDGEMENT**

28. Self-explanatory.
29. Carefully review Sections I through IV. If there are any concerns, indicate in block 30.
30. Amplifying remarks, if necessary.
31. Self-explanatory.

**SECTION VI – RECEIVING DISTRICT (or equivalent)**

32. Self-explanatory.
33. Carefully review Section I through V. If there are any concerns, indicate in block 34.
34. Amplifying remarks, if necessary.
35. Self-explanatory.

**SECTION VII – CG-PSC-RPM**

36. – 37c. Self-explanatory.
- 37d. ADOS(MH/ADHC) SELRES (NOE).
- 37e. Self-explanatory.
38. Amplifying remarks, if necessary.
39. Self-explanatory.