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| Commander  United States Coast Guard  Unit | Unit address  Unit city/state  Staff Symbol:  Phone: (xxx) xxx-xxxx  Fax: (xxx) xxx-xxxx    1300  DD MMM YYYY |

**MEMORANDUM**

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| From:  Thru: | A. B. Seaman, Rank  [Unit requesting member to drill for points] | Reply to Attn of: |  |
|  |  |  |  |
| To: | CG PSC-RPM | | |
| Subj: | [Member Rank Name, EMPLID]: REQUEST TO PERFORM IDT FOR RETIREMENT POINT CREDIT ONLY (WITHOUT PAY) | | |

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| --- | --- |
| Ref: | 1. Reserve Policy Manual, COMDTINST 1001.28C 2. Coast Guard Pay Manual, COMDTINST M7220.29B |

1. In accordance with reference (a), I request assignment to [enter requested DFPO Unit] to perform Inactive Duty Training (IDT) for retirement point credit only (without pay). I understand that I must complete a minimum of 12 non-paid IDT periods to retain eligibility for SGLI benefits as outlined in Chapter 6.A or reference (b). I also understand that I am required to notify my drilling command of any travel outside of the United States over 30 days.

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1300

DD MMM YYYY

FIRST ENDORSEMENT on [Member Rank, Name] memo 1300 of DD MMM YYYY

From: (Unit requesting member to drill for points)

To: CG PSC-RPM

Subj: [Member Rank Name, EMPLID]: REQUEST TO PERFORM IDT FOR RETIREMENT POINT CREDIT ONLY (WITHOUT PAY)

Ref: (c) Coast Guard Officer Evaluation System Procedures Manual, PSCINST M1611.1C

(d) Officer Accessions, Evaluations, and Promotions, COMDTINST M1000.3

1. Forwarded recommending approval. While assigned to [DeptID – DepartName], [Member Rank Name] will perform [Duty/training description – include additional justification for request here. Duties should be as specific as possible]. [He/She] will be working on the following qualifications/competencies: [enter qualification/competencies].

2. Request assignment from [Start date] to 30 Sep [YYYY] (minimum of six months).

3. If request is approved by CG PSC-RPM, [Unit requesting] acknowledges responsibility for assuming administrative control of [Member Rank/Name] and ensuring that member meets weight standards, Individual Medical Readiness (IMR), general military training, and all other administrative requirements.

4. [OFFICERS & CWOs ONLY – Delete this paragraph for Enlisted members] Upon assignment, [Unit] will ensure a Regular OER(s) is completed and submitted to CG PSC-RPM in accordance with references (c) and (d). The proposed rating chain for [Member Rank/ Last Name] will be:

**Supervisor:** Rank, Name, Position Title (DOR: Date of Rank)

**Reporting Officer:** Rank, Name, Position Title (DOR: Date of Rank)

**Reviewer:** Rank, Name, Position Title (DOR: Date of Rank)

5. [ENLISTED/CWO ONLY – Delete this paragraph for Officers] [Member Rate/Rank Last Name ] will not exceed 30 years of total service upon completion of the requested assignment.

5. [OFFICER ONLY – Delete this paragraph for enlisted/CWO] [Member Rate/Rank Last Name ] will not have more than 30 years of total commissioned service upon completion of the requested assignment.

6. POCs:

a. **Unit:** [Rank, Name, & Email]

b. **Sector RFRS** (if any): [Rank, Name & Email]

c. **District, DOL-1 or PAC-13 RFRS:** [Rank, Name & Email]

d. **SPO:** [Rank, Name & Email]

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