

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-10C)

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

Responsible Level: Unit SPO

Entry: I, \_\_\_\_\_, was counseled on \_\_\_\_\_ regarding my transfer to the Standby Reserve, Active Status List (ASL) for the following reason(s): (State reason(s) for transfer. Reason(s) must satisfy at least one of the criteria outlined in CIM 1001.28(series). All ASL requests must: (1) have a definitive end date; (2) be for no more than 2 years; and (3) the member must intent to return to the SELRES on the end date. If there is no definitive end date to the hardship, the hardship is likely to exist for longer than 2 years, or the member does not intend to return to the SELRES, the IRR or ISL is more appropriated).

Your Training/Pay Category is \_\_\_\_ G (Key Employee) or \_\_\_\_ N (All others)

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 intend to return to the Selected Reserve (SELRES) no later than \_\_\_\_\_ or sooner, if the reason for transfer given above no longer exists. My time in the ASL will not normally exceed two years unless i request an extension and the extension is approved by CG-PSC-RPM.

\_\_\_\_\_ I understand that if I do not request transfer to the SELRES prior to the date listed above, I will be transferred to the Standby Reserve, Inactive Status List (ISL) or the Individual Ready Reserve (IRR) if I have remaining MSO.

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 ASL: *(Initial each entry below)*

- \_\_\_\_\_ (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) Officers and retirement qualified members, must accrue 50 retirement points per anniversary year to remain in an active status (SELRES, IRR, ASL). Failure to do so will result in transfer to the ISL.
- \_\_\_\_\_ (7) To earn a qualifying year for non-regular (Reserve) retirement, I must earn 50 retirement points during each during each anniversary year. I will automatically accrue 15 membership points for each full anniversary year in the IRR. Additional retirement points may be earned via authorized electronic based distributed learning or authorized Coast Guard courses or with prior approval from CG PSC-RPM, active duty orders, Inactive Duty for Training (IDT) without pay, or Readiness Management Periods (RMP).
- \_\_\_\_\_ (8) I must receive approval from PSC-RPM before performing duty of any type.
- \_\_\_\_\_ (9) I understand I am eligible to compete and be selected for \_\_\_\_\_ promotion \_\_\_\_\_ advancement.
- \_\_\_\_\_ (10) [Enlisted Only] I understand that I am not eligible to reenlist or extend my enlistment contract while in the ASL.
- \_\_\_\_\_ (11) I understand my time in the ASL counts toward my 30 years total service (enlisted/CWO) or 30 years total commissioned service (officer).
- \_\_\_\_\_ (12) I understand upon transfer to the ASL, 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 understand I may be eligible to opt-in to the Blended Retirement System (BRS) while in the ASL if; (1) I am in a paid status, (2) I meet the eligibility requirements, and (3) and I have not had the opportunity to opt-in previously. In most cases I will have 30 days from the date I enter a paid status to opt-in to BRS. It is my responsibility to complete the BRS opt-in process within the designated period. If I choose not to opt-in within the designated period, I will remain in my current retirement system.
- \_\_\_\_\_ (14) I fully understand if I do not maintain all requirements, I will be transferred to the Standby Reserve, Inactive Status List (ISL), discharged, or retired as appropriate.
- \_\_\_\_\_ (15) 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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