

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 OHS 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-10D)

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

Responsible Level: Unit

Entry:

_____ : Counseled on this to the Coast Guard Selected Reserve (SELRES).

Your Training/Pay Category is: _____.

Your Military Service Obligation (MSO) _____ on _____.

A.B. SEA, YNC, USCG
CG Base, Anywhere

_____ : 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 agree to serve ____ year(s) in the SELRES, but not less than one (1) year, unless otherwise approved by CG PSC-RPM in accordance with COMDTINST M1001.28 (series).

Mandatory requirements in the SELRES:

_____ : (1) I understand I possess mobilization potential and I am subject to immediate involuntary recall to active duty.

_____ : (2) In TRAPAY CAT B or F, I shall complete Initial Active Duty for Training (IADT) for a period of not less than 84 days per 10 U.S.C. §671, unless the requirement is already fulfilled by prior military service.

_____ : (3) I shall report for duty in accordance with orders.

_____ : (4) In TRAPAY CAT A or D, I shall attend at least 90% of scheduled authorized Inactive Duty Training (IDT) with pay per fiscal year.

_____ : (5) In TRAPAY CAT A or D, I shall satisfy the annual training requirement (usually performed as Active Duty for Training (ADT)) of not less than 12 days per fiscal year, exclusive of travel time.

_____ : (6) In TRAYPAY CAT B, C, F, or M, I shall complete additional participation requirements per COMDTINST M1001.28 (series), Appendix A 1.

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Entry: (Continued from previous page)

- _____ : (7) I shall complete training as required by my enlistment contract or commissioning program.
- _____ : (8) I shall answer all official correspondence (e.g. Annual Screening Questionnaire, DD-2760, etc.)
- _____ : (9) I shall promptly update Direct Access and notify my SPO and command of changes to my address, contact information, marital status, number of dependents, civilian education or employment, and any physical condition or other factors that would immediately affect my availability for inactive or active duty.
- _____ : (10) I shall maintain my individual medical readiness per COMDTINST M6000.1 (series).
- _____ : (11) I shall maintain my weight and body fat standards per COMDTINST M1020.8 (series).
- _____ : (12) I shall maintain required sea bag items IAW CIM1020.6 (series).
- _____ : (13) I understand that I must earn 50 points per my anniversary year to count towards a non-regular (Reserve) retirement. I will automatically accrue 15 points for membership. Retirement points may be earned via active duty, Active Duty for Training (ADT), Inactive Duty for Training (IDT), Funeral Honor Duty (FHD), Readiness Management Period (RMP), authorized electronic based distributed learning or other authorized Coast Guard courses.
- _____ : (14) As an officer or retirement qualified enlisted member, I must accrue 50 retirement points during each anniversary year to remain in an active status (SELRES, IRR, ASL).
- _____ : (15) I shall annually verify my BAH, dependency, beneficiaries, SGLI and emergency contacts.
- _____ : (16) I understand if I am a single parent or dual-member couple with dependents, or primarily responsible for dependent family members, I shall annually validate that my dependents have adequate, proper alternative dependent care arrangements and maintain an accurate Family Care Plan.
- _____ : (17) I shall complete all required Mandated Training (MT) courses.
- _____ : (18) I understand I am eligible to compete and be selected for promotion/advancement.
- _____ : (19) I understand my time in the SELRES counts toward my 30 years total service (enlisted/CWO) or 30 years total commissioned service (officer).
- _____ : (20) I fully understand if I do not maintain all requirements, I may be recalled to active duty under 10 U.S.C. §12303 or §10148, transferred to the Individual Ready Reserve (IRR), Inactive Status List (ISL), discharged, or retired as appropriate.
- _____ : (21) I understand my transfer is not complete until the effective date of my written orders.

FIRST NAME, MI., LAST NAME

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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