| Entry Type: Separation (SEP-07A)  Reference: (a) Military Separations, COMDTINST M1000.4 (series)  (b) Enlistments, Evaluations, and Advancements, COMDTINST M1000.2 (series)  Responsible Level: Unit  Entry:  DDMMMYYYY: Consistent with Article 2.D.1. of reference (a), you are hereby advised that you meet the eligibility requirements for reenlistment/extension prescribed in Articles 1.E.1, 1-E-2 and 1.E.3 of reference (b) and you have my positive recommendation for reenlistment/extension.  A. B. SEA, CAPT, USCG  Commanding Officer/Officer in Charge  DDMMMYYYY: I acknowledge that I was counseled on this date and my intentions are:  Reenlist or Extend Enlistment  Separate (Commands are responsible for notifying CG PSC (EPM-2/RPM-1) of this decision).  I am undecided at this time  FIRST MI LAST | | |
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| 1. NAME OF PERMANENT UNIT | 2. NAME OF UNIT PREPARING THIS FORM | |
| 3. NAME OF MEMBER (Last, First, Ml) | 4. EMPLOYEE ID NUMBER | 5. GRADE/RATE |