| Entry Type: Separation (SEP-07A)Reference: (a) Military Separations, COMDTINST M1000.4 (series) (b) Enlistments, Evaluations, and Advancements, COMDTINST M1000.2 (series)Responsible Level: UnitEntry: 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, USCGCommanding Officer/Officer in ChargeDDMMMYYYY: 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 |
| --- |
| 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      |