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| Your Directorate or Command TitleUnited States Coast GuardUnit Name | StreetCity, ST ZIPStaff Symbol: Phone: Email: 1001DD MMM YYYY  |

**MEMORANDUM**

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| From: | RANK First MI Last, EMPLID |

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| To:Thru: | CG PSC-RPM-1 CG UNIT |
| Subj: | request for RETENTION IN AN ACTIVE STATUS |

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| Ref: | 1. ALCGPSC XXX/25
2. ACN 139/20
3. Reserve Policy Manual, COMDTINST M1001.28 (series)
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1. In accordance with references (a) through (c), I hereby submit my request for retention in an active status in the U.S. Coast Guard Reserve and for additional promotion year consideration(s) on the Inactive Duty Promotion List.
2. My approved Separation Authorization is attached. I am scheduled to separate from active duty on DD Month YYYY.
3. I understand if my request is approved to remain in an active status in the U.S. Coast Guard Reserve, I will be assigned to the Individual Ready Reserve (IRR). If I desire a Selected Reserve (SELRES) assignment, I will reach out to the reserve assignment officers at CG PSC-RPM-2 at the following email address: HQS-SMB-CGPSC-RPM-2-ASSIGNMENTS@uscg.mil.
4. I updated my email address and phone numbers in Direct Access to include a non-Coast Guard email and phone number.

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| Enclosure: | (1) Separation Authorization  |