

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

Administrative Remarks

Introduction This enclosure will guide you through the process of drafting Administrative Remarks (CG-3307).

Reference The Pg-7 Instruction (COMDTINST 1000.14(series)) establishes policy and standards for preparation and submission of Administrative Remarks (CG-3307) entries and applies to all personnel involved in this process.

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ENCLOSURE 6
ADMINISTRATIVE REMARKS

Preparation and Distribution of CG-3307

Preparation Complete Administrative Remarks (CG-3307) as follows:

Block	Entry
Text Area	Text of entry per the examples in this enclosure. Include <ol style="list-style-type: none">1. Entry Type:2. Reference:3. Responsible Level:4. Entry:5. Signature6. Member's Acknowledgement (if required) (See discussion on the following page for more information)
1	Member's permanent unit.
2	Name of unit preparing form, may be left blank if same as item #1. Note: If a unit other than the member's current permanent duty station is preparing the CG-3307 entry, that unit name MUST also appear beneath the typed signature block (see discussion on the following page for more information).
3	Member's name in Last, First, Middle Initial format.
4	Member's Social Security Number or Employee ID Number (Form change pending). Use of Employee ID Numbers for this block is authorized. CG-3307 templates (http://www.uscg.mil/hr/psc/3307s.asp) will be changed in FY09 .
5	Officer's Grade (ENS, LTJG, etc.) or Enlisted member's Rate (SN, BM2, MKC, etc.)
6	Leave blank

Distribution The CG-3307 must be prepared in original and one copy as follows:

1. The original is filed in the SPO PDR, and the copy is mailed to Commander (CGPC-adm-3) for electronic imaging into the Headquarters PDR.

Note: If sending photocopies to CGPC, ensure the original document is signed before copying. Alternatively, original signatures may appear on both the original and copy.

2. There are two exceptions to the distribution of CG-3307's:
 - a. For evaluations not completed in Direct Access - An additional copy of the CG-3307 to document counseling related to enlisted evaluations must be placed inside the original Enlisted Performance Evaluation Form (CG-3788 (series)) and forwarded to PSC (adv).
 - b. Original CG-3307's remaining at time of separation/reenlistment must be attached to either the original Discharge and Reenlistment Contract or DD-214 as directed in PDR Manual.

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

General Instructions for Use and Preparation of CG-3307's

1. Administrative Remark entries are broken down into the following “types”:
 - a. Accession (ACC-#)
 - b. Assignment and Transfer (A&T-#)
 - c. Advancement and Reduction (A&R-#)
 - d. Performance and Discipline (P&D-#)

Note: Includes indebtedness, non-support of dependents, general (positive/negative), evaluations, good conduct eligibility, and weight

 - e. Separation (SEP-#)
 - f. Selective Reenlistment Bonus (SRB-#)
 - g. Selective Reserve (SELRES) Enlisted Bonus Programs (BON-#)

2. Each of the sample entries consists of the following information:
 - a. Entry type and number
 - b. The reference providing the requirement to complete the CG-3307 entry.
 - c. The responsible level for completing the entry, i.e., SPO or Unit.
 - d. The entry itself. The entry should be modified to fit the circumstances as necessary.
 - e. When and where applicable, a member’s acknowledge entry

Note: It has been determined that items a. thru c. are valuable for tracking authorized entries and therefore **MUST** be included as part of the Administrative Remark entry when actually preparing a CG-3307.

3. If a unit other than the member’s current permanent duty station is preparing the CG-3307 entry, that unit name **MUST** appear beneath the typed signature block, e.g.:

A.B. SEA, CAPT. USCG
Commanding Officer
USCGC JARVIS (WHEC 725)

ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Accession

[Click here for Word CG-3307 \(ACC-2\)](#)

Entry Type: Accession (ACC-2)

Reference: Recruiting Manual, COMDTINST M1100.2 (series)

Responsible Level: Recruiter

Entry:

(DATE): Honorably discharged from the USCGR Delayed Enlistment Program (DEP) for the Convenience of the Government to enlist in the Coast Guard on _____ having served in the DEP since _____. Time spent in the DEP is creditable toward completion of the eight-year military obligation, but is not creditable for purposes of longevity or pay and allowances.

J.P. JONES

[Click here for Word CG-3307 \(ACC-3\)](#)

Entry Type: Accession (ACC-3)

Reference: Recruiting Manual, COMDTINST M1100.2 (series)

Responsible Level: Recruiter

Entry:

(DATE): I have been advised that the illegal use or possession of drugs constitutes a serious breach of discipline; this will not be tolerated. In addition, illegal drug use or possession is counter to team spirit and mission performance and jeopardizes safety. No member will use, possess, or distribute illegal drugs or drug paraphernalia.

I also understand on reporting to recruit training, I will be tested by urinalysis for the presence of illegal drugs. If my urine test detects the presence of illegal drugs, I may be subject to discharge and receive a general discharge.

J. P. JONES

[Click here for Word CG-3307 \(ACC-4\)](#)

Entry Type: Accession (ACC-4)

Reference: Recruiting Manual, COMDTINST M1100.2 (series)

Responsible Level: Recruiter

Entry:

(DATE): I am aware that upon arrival at the Recruit Training Center, Cape May, I will receive a complete, thorough pretraining physical examination, including a dental examination, which I must pass to enter recruit training.

J. P. JONES

Continued on next page

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Accession, Continued

[Click here for Word CG-3307 \(ACC-5\)](#)

Entry Type: Accession (ACC-5)

Reference: Recruiting Manual, COMDTINST M1100.2 (series)

Responsible Level: Recruiter

Entry:

(DATE): I do not yet possess a Social Security Card although I have applied for issuance/replacement of one on form SS-5. The Social Security Administration has advised me that the number being issued to me is ____-____-____. I authorize the Commander, Coast Guard Personnel Command (CGPC) to see my social security card for number identification purposes before sending it to me.

J. P. JONES

[Click here for Word CG-3307 \(ACC-6\)](#)

Entry Type: Accession (ACC-6)

Reference: Recruiting Manual, COMDTINST M1100.2 (series)

Responsible Level: Recruiter

Entry:

(DATE): I certify that I am a resident alien and my number is:

J. P. JONES

[Click here for Word CG-3307 \(ACC-7\)](#)

Entry Type: Accession (ACC-7)

Reference: Recruiting Manual, COMDTINST M1100.2 (series)

Responsible Level: Recruiter

Entry:

(DATE): I understand I will not be eligible for re-enlistment, may enter only the DC, EM, FS, HS, MK, MST, SK, or YN rating, and will not be eligible to attend Officer Candidate School or become a Chief Warrant Officer until I become a United States citizen.

J. P. JONES

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ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Accession, Continued

[Click here for Word CG-3307 \(ACC-8\)](#)

Entry Type: Accession (ACC-8)

Reference: Recruiting Manual, COMDTINST M1100.2 (series)

Responsible Level: Recruiter

Entry:

(DATE): I have been advised that my medical examination revealed that I do not have normal color vision. If I enlist in the Coast Guard or (Coast Guard Reserve), I understand I will not be permitted to enter the following ratings: AET, AMT, AST, BM, EM, ET, GM, IT, IV, HS, MK, OS, or PS during this period or subsequent enlistments. I am also aware if I enter the MST rating, I will not be able to advance to CWO (BOSN or MSS). Furthermore, I have been advised that my defective color vision will prevent my application for an officer commission.

J. P. JONES

[Click here for Word CG-3307 \(ACC-10\)](#)

Entry Type: Accession (ACC-10)

Reference: Recruiting Manual, COMDTINST M1100.2 (series)

Responsible Level: Recruiter

Entry:

(DATE): I have been advised, per Article 5-C-33, Personnel Manual, COMDTINST M1000.6 (series), that I may be eligible for advancement to pay grade E-4, in my formerly held rating, without having to attend class "A" school or compete in the servicewide exam, if I am found eligible in all respects and I am recommended for advancement. I must serve a minimum of 6 months on my present enlistment, and either hold a designator or have been rated at the time of my last separation from active duty. My commanding officer's recommendation must be submitted within 5 years of my latest separation from active duty. If I am ineligible or not recommended for advancement under this program, I understand I must compete for advancement to pay grade E-4.

J. P. JONES

[Click here for Word CG-3307 \(ACC-11\)](#)

Entry Type: Accession (Reserve) (ACC-11)

Reference: Recruiting Manual, COMDTINST M1100.2 (series)

Responsible Level: Recruiter

Entry:

(DATE): I hereby certify all information on my enlistment documents is current and accurate. I have not been involved with the police or had any changes in dependency/finances other than what I reported to my recruiter. I understand withholding information is punishable under the Uniform Code of Military Justice and may result in a less than honorable discharge for fraudulent enlistment.

J. P. JONES

Continued on next page

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Accession, Continued

[Click here for Word CG-3307 \(ACC-14\)](#)

Entry Type: Accession (Reserve) (ACC-14)

Reference: Recruiting Manual, COMDTINST M1100.2 (series)

Responsible Level: Recruiter

Entry:

(DATE): (for all reserve applicants except RP & RK) I understand that inability to satisfy the swimming requirement detailed in Military Requirements (MRN) I.L.201 of the Enlisted Performance Qualifications Manual, COMDTINST M1414.8 (series), will adversely affect my career. I have been advised that the possible effects include: prohibition from advancement, reenlistment, or an afloat duty assignment; or involuntary transfer to the IRR, or discharge.

J. P. JONES

[Click here for Word CG-3307 \(ACC-16\)](#)

Entry Type: Accession (ACC-16)

Reference: Recruiting Manual, COMDTINST M1100.2 (series)

Responsible Level: Recruiter

Entry:

(DATE): I understand I am accepted for enlistment with a spouse and ____ dependents. My spouse is an active duty Coast Guard member in the grade of _____. The Coast Guard shall make every attempt to co-locate me with my spouse, but such co-location is not guaranteed.

Enlistee's Signature

[Click here for Word CG-3307 \(ACC-17\)](#)

Entry Type: Accession (ACC-17)

Reference: Recruiting Manual, COMDTINST M1100.2 (series)

Responsible Level: Recruiter

Entry:

(DATE): I understand I am accepted for commissioning with a spouse and ____ dependents. My spouse is an active duty Coast Guard member in the grade of _____. The Coast Guard shall make every attempt to co-locate me with my spouse, but such co-location is not guaranteed.

Candidate's Signature

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**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Assignment and Transfer

[Click here for Word CG-3307 \(A&T-1\)](#)

Entry Type: Assignment and Transfer (A&T-1)

Reference: Section 4-A, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): I have been counseled on the requirement of Article 4-A-6, Personnel Manual, COMDTINST M1000.6 (series) regarding my availability for unrestricted worldwide assignment. I further certify that the situation, which occasioned my original request, in my letter 1326, dated (date), has been completely alleviated and I am now available for unrestricted worldwide assignment.

J. P. JONES

[Click here for Word CG-3307 \(A&T-2\)](#)

Entry Type: Assignment and Transfer (A&T-2)

Reference: Section 4-B, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): Received orders for Humanitarian assignment (HUMS) under the provisions of Article 4-B-11, Personnel Manual, COMDTINST M1000.6 (series). Instructions concerning nonentitlement to expenses incurred in the execution of these orders have been explained to me this date. In view of a permissive travel authorization for HUMS to a new permanent duty station being issued, I understand that under no circumstances will I be reenlisted or extended without Commandant approval. I must present clear documentation that my hardship situation is completely resolved, and that I am available for unrestricted reassignment in accordance with service needs, for Commandant approval to be granted.

J. P. JONES

[Click here for Word CG-3307 \(A&T-3\)](#)

Entry Type: Assignment and Transfer (A&T-3)

Reference: Section 4-E, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): Found to be unsuitable as (enter assigned special duty) due to (state reasons and specifics) per Article 4-E-4, Personnel Manual, COMDTINST M1000.6 (series). Commander (CGPC-EPM) notified this date and reassignment requested.

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I have been counseled and understand the reason(s) for the above action.

J. P. JONES

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ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Assignment and Transfer, Continued

[Click here for Word CG-3307 \(A&T-4\)](#)

Entry Type: Assignment and Transfer (A&T-4)

Reference: Section 4-C, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): I have read and understand Article 4-C-11, Personnel Manual, COMDTINST M1000.6 (series), relating to suitability of members to serve on icebreaker duty. Neither I nor my dependents possess any physical or mental abnormalities, except as indicated, which might result in a determination that I be disqualified for such duty: (state disqualification or indicate "none to my knowledge"). I consider myself fully qualified for icebreaker duty.

J. P. JONES

(DATE): Compliance with the provisions of Article **4-C-11**, Personnel Manual, COMDTINST M1000.6 (series), is certified. John Paul Jones is considered to be suitable in all respects for icebreaker duty.

A. B. LIST, CWO4, USCG
Personnel Officer

[Click here for Word CG-3307 \(A&T-5\)](#)

Entry Type: Assignment and Transfer (A&T-5)

Reference: Section 4-H, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): I understand that neither my spouse nor I will be considered for reassignment under the provisions of Article 4-H-8b, Personnel Manual, COMDTINST M1000.6 (series), until eligible for normal rotation.

JOHN PAUL JONES

Continued on next page

**ENCLOSURE 6
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CG-3307's for Assignment and Transfer, Continued

[Click here for Word CG-3307 \(A&T-6\)](#)

Entry Type: Assignment and Transfer (A&T-6)

Reference: Section 4-H, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

OVERSEAS SCREENING

(DATE): I, _____, am aware that failure to divulge disqualifying information, or amplifying information (medical, dental, psychological, physical, or educational problem(s)) pertaining to the questions on the checklist for overseas screening, may ultimately result in disciplinary action punishable under the UCMJ.

member (signature) DATE member (name, rank/rate)

spouse (signature) DATE

On the basis of all available information, I endorse/I do not endorse (circle one) the member's orders to the overseas assignment. (A copy of the completed checklist will be forwarded to the receiving command.)

CO/OIC (signature) DATE CO/OIC (name, rank)

[Click here for Word CG-3307 \(A&T-9\)](#)

Entry Type: Assignment and Transfer (A&T-9)

Reference: Section 4-E, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry

(DATE): I hereby request assignment to a non-rescue swimmer tour of duty as the needs of the service allow. I understand that two consecutive non-rescue swimmer tours of duty or an extension of a non-rescue swimmer tour are prohibited. If I decide not to return as an operational rescue swimmer, I must have over 18 years of active service and apply for retirement; obtain a change in rating; or request voluntary discharge. I also understand I will not be eligible for rescue swimmer Special Duty Assignment Pay during this non-rescue swimmer assignment.

J. P. JONES

(DATE): Witness this date

A. B. LIST, CWO4, USCG
Personnel Officer

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**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Assignment and Transfer, Continued

[Click here for Word CG-3307 \(A&T-10\)](#)

Entry Type: Assignment and Transfer (A&T-10)

Reference: Section 5.B, Reserve Policy Manual, COMDTINST M1001.28(series)

Responsible Level: Unit

Entry:

(DATE): You are hereby transferred to the Inactive Ready Reserve (IRR) at your request. You do/do not have a reserve obligation and are/are not required to return to the SELRES. Any future request to return to the SELRES from the IRR will be at the discretion of the receiving command and CGPC (rpm).

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I have been counseled and understand the reason(s) for the above action.

J. P. JONES

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Advancement and Reduction

[Click here for Word CG-3307 \(A&R-1\)](#)

Entry Type: Advancement and Reduction (A&R-1)

Reference: Section 5-C, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): YN2 Jones informed this date that he is a candidate for reduction in rate by reason of incompetence per Article 5-C-38, Personnel Manual, COMDTINST M1000.6 (series). YN2 Jones' mark(s) (provide specifics on which mark(s) meet the reduction in rate criteria) for the period ending (date). Advised that he has three months from this date to demonstrate satisfactory progress and meet the requirements or Article 5-C-38 in order to retain his present rate, and that failure to do so will result in reduction in rate to YN3. A special performance evaluation will be completed at that time for the purpose of determining competency, particular areas that require improvement are: (provide specifics, etc.).

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I have read and understand the above entry.

J. P. JONES

[Click here for Word CG-3307 \(A&R-2\)](#)

Entry Type: Advancement and Reduction (A&R-2)

Reference: Section 5-C, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): As a result of being above the cutoff for advancement to (E-7, E-8, or E-9) I understand that I will be required to meet the two year obligated service requirement per Article 5-C-25, Personnel Manual, COMDTINST M1000.6 (series). I agree not to request voluntary retirement or early release to be effected prior to completion of required obligated service as stated above.

J. P. JONES

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ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Advancement and Reduction, Continued

[Click here for Word CG-3307 \(A&R-3\)](#)

Entry Type: Advancement and Reduction (A&R-3)

Reference: Article 5-C-8, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): Correspondence course waived for the (date) servicewide competition due to non-availability of course as certified by CO, CG Institute letter of (date). When courses not previously available are developed, the Commanding Officer, Coast Guard Institute will publish the servicewide competition date for which the course will be available. This availability will be announced to all Educational Services Officers (ESO) as a change to the Correspondence Course Manual and to all units in the Commandant's Bulletin.

A. B. LIST, CWO4, USCG
Personnel Officer

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**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Advancement and Reduction, Continued

[Click here for Word CG-3307 \(A&R-4\)](#)

Entry Type: Advancement and Reduction (A&R-4)

Reference: Section 5-C, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): YN2 Jones' three-month observation period to satisfy the requirements of Article 5-C-38, Personnel Manual, COMDTINST M1000.6 (series), completed this date. YN2 Jones has been determined to be incompetent in the rate of YN2. The required special evaluation was completed this date. Effective this date, YN2 Jones is being reduced to YN3.

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I have read and understand the action taken to reduce me in rate effective this date.

J. P. JONES

[Click here for Word CG-3307 \(A&R-5\)](#)

Entry Type: Advancement and Reduction (A&R-5)

Reference: Article 5-C-4e, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): Recommendation and nomination for advancement and participation in the (month and year) servicewide competition for (rate) is withdrawn. (explain reason)

A. B. SEA, CAPT, USCG
Commanding Officer

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ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Advancement and Reduction, Continued

[Click here for Word CG-3307 \(A&R-6\)](#)

Entry Type: Advancement and Reduction (A&R-6)

Reference: Article 1-D-10, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): I have read and understand Article 1-D-10c, Personnel Manual, COMDTINST M1000.6 (series). I voluntarily elect to be removed from the eligibility lists for appointment to warrant grade. I understand that I will not be eligible to be a candidate for appointment to warrant grade for (2 or 5 (whichever is applicable)) years from the anniversary date of this election. I understand that I will be eligible to reapply as a candidate for appointment to warrant grade on or about (date).

J. P. JONES

[Click here for Word CG-3307 \(A&R-7\)](#)

Entry Type: Advancement and Reduction (A&R-7)

Reference: Article 1-D-10, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): I have read and understand Article 1-D-10c, Personnel Manual, COMDTINST M1000.6 (series). I voluntarily elect to be removed from the eligibility lists for appointment to warrant grade. I understand that I will not be eligible to be a candidate for appointment to warrant grade until my personal hardship has been resolved.

J. P. JONES

[Click here for Word CG-3307 \(A&R-8\)](#)

Entry Type: Advancement and Reduction (A&R-8)

Reference: Article 5-C-25, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): I have read and understand Article 5-C-25f, Personnel Manual, COMDTINST M1000.6 (series). I voluntarily elect to be removed from the eligibility lists for advancement to _____ (state specific rate). I understand that I will not be eligible to participate in the Servicewide Exam for one year from the date of this election.

J. P. JONES

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Performance and Discipline

[Click here for Word CG-3307 \(P&D-1\)](#)

Entry Type: Performance and Discipline (Weight) (P&D-1)

Reference: Sec. 2.F., COMDTINST M1020.8(series)

Responsible Level: Unit

Entry:

(DATE): On this date, you have been determined to be _____ pounds overweight. Your measurements are: Height: _____ (inches), Wrist Size: _____ (inches), Weight: _____ (pounds), Waist: _____ (inches), Neck: _____ (inches), Buttocks (females only): _____ (inches). Your age is: _____ and your percent body fat is: _____. In accordance with Weight/Physical Fitness Standards for Coast Guard Military Personnel, COMDTINST M1020.8 (series), your probationary period would require greater than 35 weeks by weight calculation and more than 8 months by body fat standards. Therefore, you are hereby notified that, instead of probation, you will be recommended for separation (if active duty), recommended for transfer to the IRR or ISL (if reservist), or recommended to return to the Department of Health and Human Services (Public Health Service). By signature below, you acknowledge both this entry and that you have been afforded the opportunity to review COMDTINST M1020.8 (series).

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry and have been afforded the opportunity to review COMDTINST M1020.8 (series) and fully understand the action required.

J. P. JONES

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**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Performance and Discipline, Continued

[Click here for Word CG-3307 \(P&D-1A\)](#)

Entry Type: Performance and Discipline (Weight) (P&D-1)

Reference: Sec. 3.A., COMDTINST M1020.8(series)

Responsible Level: Unit

Entry:

Your probationary period is held in abeyance this date pending your return to an “available for full-duty status”, not to exceed thirty days, in accordance with paragraph 3.A. of Weight/Physical Fitness Standards for Coast Guard Military Personnel, COMDTINST M1020.8(series). You are hereby notified that the day following a determination that you are available for full duty or a decision by medical authority to lift the abeyance, your probationary period shall be restarted with the length of the probationary period based on your weight at the time the original probationary period started. In addition, at that point you are to resume participation in your detailed fitness plan, mandatory fitness activity, and monthly mandatory fitness assessment until your probationary period ends. If you fail to reach compliance by the end of this new probationary period, you will be recommended for separation (if active duty), recommended for transfer to the ISL (if a Reservist), or recommended to return to the Department of Health and Human Services (if Public Health Service). By signature below, you acknowledge both this entry and that you have been afforded the opportunity to review COMDTINST M1020.8(series).

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry, have been afforded the opportunity to review COMDTINST M1020.8(series) and fully understand the action required.

J. P. JONES

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**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Performance and Discipline, Continued

[Click here for Word CG-3307 \(P&D-1B\)](#)

Entry Type: Performance and Discipline (Weight) (P&D-1)

Reference: Sec. 2.F., COMDTINST M1020.8(series)

Responsible Level: Unit

Entry:

(DATE): You have this date been determined to be _____ pounds overweight. However, in accordance with section 3.C. of Weight/Physical Fitness Standards for Coast Guard Military Personnel, COMDTINST M1020.8(series), you are hereby granted a one-time, six month abeyance to support you in your quest to stop using tobacco. You are strongly encouraged to complete a personal wellness profile and aggressively pursue your basic fitness plan. At any time during this period if it is determined that you are using tobacco, this abeyance period will immediately be lifted, and you will be reweighed and placed on probation if appropriate. If you fail to reach compliance by the end of your probationary period, you will be recommended for separation (if active duty), recommended for transfer to the ISL (if reservist), or recommended to return to the Department of Health and Human Services (Public Health Service).

By signature below, you acknowledge both this entry and that you have been afforded the opportunity to review COMDTINST M1020.8(series).

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry, have been afforded the opportunity to review COMDTINST M1020.8(series) and fully understand the action required.

J. P. JONES

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**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Performance and Discipline, Continued

[Click here for Word CG-3307 \(P&D-1C\)](#)

Entry Type: Performance and Discipline (Weight) (P&D-1)

Reference: Sec. 3.B., COMDTINST M1020.8(series)

Responsible Level: Unit

Entry:

(DATE): You have this date been determined to be exempt from the Weight and Body Fat standards during your pregnancy, in accordance with paragraph 3.B. of Weight/Physical Fitness Standards for Coast Guard Military Personnel, COMDTINST M1020.8(series). This exemption will remain in force for a period of six months from the date of delivery or termination of pregnancy. An additional six month exemption period will be granted if nursing, but in no cases shall the total exemption period exceed twelve months from date of delivery. You will not be measured to determine weight and body fat standards until the end of the exemption period. If, at the end of the exemption period, you are determined to exceed both your weight and body fat standards, you will be subject to section 2.F. of COMDTINST M1020.8(series). During your pregnancy, you are reminded that you must maintain a neat military appearance. By signature below, you acknowledge both this entry and that you have been afforded the opportunity to review COMDTINST M1020.8(series)

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry and have been afforded the opportunity to review COMDTINST M1020.8 (series) and fully understand the action required.

J. P. JONES

Continued on next page

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Performance and Discipline, Continued

[Click here for Word CG-3307 \(P&D-2\)](#)

Entry Type: Performance and Discipline (Weight) (P&D-2)

Reference: COMDTINST M1020.8(series)

Responsible Level: Unit

Entry:

(DATE): You have this date been determined to be _____ pounds overweight. Your measurements are: Height: _____ (inches), Wrist Size: _____ (inches), Weight: _____ (pounds), Waist: _____ (inches), Neck: _____ (inches), Buttocks (females only): _____ (inches). Your age is: _____ and your percent body fat is: _____. In accordance with Weight/Physical Fitness Standards for Coast Guard Military Personnel, COMDTINST M1020.8 (series), you are hereby notified that you are required to lose _____ pounds or drop below _____% body fat by _____. In addition, you are to complete both a personal wellness profile and a detailed fitness plan; participate in a mandatory fitness activity at least one hour per day three days per week; and perform a monthly mandatory fitness assessment until your probationary period ends. If you fail to reach compliance by the end of this probationary period, you will be recommended for separation (if active duty), recommended for transfer to the ISL (if reservist), or recommended to return to the Department of Health and Human Services (Public Health Service). By signature below, you acknowledge both this entry and that you have been afforded the opportunity to review COMDTINST M1020.8 (series).

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry, have been afforded the opportunity to review COMDTINST M1020.8(series) and fully understand the action required.

J. P. JONES

[Click here for Word CG-3307 \(P&D-3\)](#)

Entry Type: Performance and Discipline (Weight) (P&D-3)

Reference: Sec. 2.J., COMDTINST M1020.8(series)

Responsible Level: Unit

Entry:

(DATE): On this date your probationary period has come to an end. You weighed _____ (pounds) or achieved _____% body fat and have successfully met the requirements of the Coast Guard Weight/Physical Fitness Program.

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry and understand I have met the requirement of the Coast Guard Weight Program in accordance with COMDTINST M1020.8(series).

J. P. JONES

Continued on next page

CG-3307's for Performance and Discipline, Continued

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

[Click here for Word CG-3307 \(P&D-4\)](#)

Entry Type: Performance and Discipline (Weight) (P&D-4)

Reference: Sec. 2.J., COMDTINST M1020.8(series)

Responsible Level: Unit

Entry:

(DATE): On this date your probationary period has come to an end. You weighed _____ (pounds) and calculated _____ % body fat. You have not achieved your maximum allowable weight/%body fat. In accordance with Weight/Physical Fitness Standards for Coast Guard Military Personnel, COMDTINST M1020.8(series), you are hereby notified that you will be recommended for separation (if active duty), recommended for transfer to the ISL (if reservist), or recommended to return to the Department of Health and Human Services (Public Health Service).

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry and fully understand the administrative action(s) being initiated because I do not meet the requirements of the Coast Guard Weight Program in accordance with COMDTINST M1020.8(series).

J. P. JONES

[Click here for Word CG-3307 \(P&D-5\)](#)

Entry Type: Performance and Discipline (P&D-5)

Reference: Section 10-B, Personnel and Pay Procedures Manual, PSCINST M1000.2A

Responsible Level: Unit

Entry:

(DATE): Missed sailing of this vessel from (place of sailing) on (date) en route to (destination). Member had knowledge of the time movement was scheduled.

A. B. SEA, CAPT, USCG
Commanding Officer

(if vessel deploys for 10 or more days)

(DATE): Member's records and personal effects transferred to (name of unit).

A. B. SEA, CAPT, USCG
Commanding Officer

Continued on next page

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Performance and Discipline, Continued

[Click here for Word CG-3307 \(P&D-6\)](#)

Entry Type: Performance and Discipline (P&D-6)

Reference: None

Responsible Level: Unit

Entry: (General - positive)

NOTE: Entry must be member specific and describe who, what, when, where, why and how. Blanket entries describing generalities, which are photocopied for inclusion in many members' PDRs, are not authorized.

(DATE): Seaman Jones is commended for

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the-above entry.

J. P. JONES

[Click here for Word CG-3307 \(P&D-7\)](#)

Entry-Type: Performance and Discipline (P&D-7)

Reference: None

Responsible Level: Unit

Entry: (General - negative)

NOTE: Entry must be member specific and describe who, what, when, where, why and how. Blanket entries describing generalities, which are photocopied for inclusion in many members' PDRs, are not authorized.

(DATE): Petty Officer Jones was counseled for

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the-above entry.

J. P. JONES

Continued on next page

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Performance and Discipline, Continued

[Click here for Word CG-3307 \(P&D-8\)](#)

Entry Type: Performance and Discipline (P&D-8)

Reference: Section 8-A, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): Necessary articles of the Uniform Code of Military Justice (UCMJ), and the Code of Conduct explained this date as required by section 8-A, Personnel Manual, COMDTINST M1000.6 (series).

A. B. SEA, CAPT, USCG
Commanding Officer

[Click here for Word CG-3307 \(P&D-9\)](#)

Entry Type: Performance and Discipline (P&D-9)

Reference: Section 8-M, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): Counseled concerning civil and moral obligations to provide continuous and adequate support of lawful dependents.

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry.

J. P. JONES

[Click here for Word CG-3307 \(P&D-10\)](#)

Entry Type: Performance and Discipline (P&D-10)

Reference: Section 8-L, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): Unreliable due to failure to pay debts. (Describe circumstances surrounding entry-such as the dates, debts, and actions taken).

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry.

J. P. JONES

Continued on next page

ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Performance and Discipline, Continued

[Click here for Word CG-3307 \(P&D-11\)](#)

Entry Type: Performance and Discipline (P&D-11)

Reference: Section 8-M, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): Unreliable due to unsatisfactory conduct of personal affairs and support of dependents.

(State what other actions will be initiated, etc.).

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above counseling and understand the actions being initiated.

J. P. JONES

[Click here for Word CG-3307 \(P&D-12\)](#)

Entry Type: Performance and Discipline (P&D-12)

Reference: Article 8-H-6c(2), Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): (document formal counseling pertaining to improper relationships)

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry.

J. P. JONES

Continued on next page

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Performance and Discipline, Continued

[Click here for Word CG-3307 \(P&D-13\)](#)

Entry Type: Performance and Discipline (P&D-13)

Reference: Section 20-B, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(Date): On (date) you received an alcohol incident when your abuse of alcohol was determined to be a significant and/or causative factor, (describe what happened).

List (time, dates, place, pertinent information, arrested by, BAC if done, etc.)

You were counseled on USCG policies concerning alcohol use and abuse as well as the serious nature of this incident. The unit CDAR will arrange an appointment with a provider who will determine the nature of your relationship with alcohol. It is recommended that you abstain from the use of alcohol until your screening and assessment is completed. (Note any action pending, if any.)

This is considered your first documented alcohol incident. (Underage drinking violation only: Your command may request removal of this incident from your permanent record after three years if no further incidents occur.) Any further incidents will result in you being processed for separation as per Chapter 20, Personnel Manual COMDTINST M1000.6 (series).

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry.

J. P. JONES

Continued on next page

ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Performance and Discipline, Continued

[Click here for Word CG-3307 \(P&D-14\)](#)

Entry Type: Performance and Discipline (P&D-14)

Reference: Section 20-B, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(Date): On (date) you were involved in an alcohol incident. (Describe what happened. List time, dates, place, pertinent information, arrested by, BAC if done, etc.)

You were previously counseled (date) on USCG policies concerning alcohol use and abuse as well as the serious nature of this incident. The unit CDAR will arrange an appointment with a provider who will determine the nature of your relationship with alcohol. It is recommended that you abstain from the use of alcohol until your screening and assessment is completed. (Note any action pending, if any.)

This is considered your (second) documented alcohol incident. You will be processed for separation from the U.S. Coast Guard, as per Chapter 20 of the Personnel Manual COMDTINST M1000.6 (series).

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry.

J. P. JONES

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ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Performance and Discipline, Continued

[Click here for Word CG-3307 \(P&D-15\)](#)

Entry Type: Performance and Discipline (P&D-15)

Reference: Section 20-B, Personnel Manual, COMDTINST M1000.6 (series)

Health Promotion Manual, COMDTINST M6200.1 (series)

Responsible Level: Unit

Entry:

(Date): On (date) you were involved in an alcohol-related situation. Alcohol was not considered a significant or causative in (describe the circumstances, violations, or actions pending).

This is not considered an alcohol incident, but it is entered for documentation purposes only.

You have been advised of the contents of Chapter 20, Personnel Manual, COMDTINST M1000.6 (series) concerning conduct expected of Coast Guard personnel.

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry.

J. P. JONES

Continued on next page

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Performance and Discipline, Continued

Click on the links below for the respective Word CG-3307

Entry Type: Performance and Discipline (P&D-16)

Reference: Section 20-B, Personnel Manual, COMDTINST M1000.6 (series)

Health Promotion Manual, COMDTINST M6200.1 (series)

Responsible Level: Unit

Entry:

(Date): Congratulations! On (date) you successfully completed your (3 or 12 month) after care plan as per Chapter 2, Health Promotion Manual, COMDTINST M6200.1

I encourage you to continue to incorporate positive life style changes into your daily routine and remember what you have learned.

(Use this entry for [Alcohol Abusive](#))

If you return to a pattern of alcohol misuse, take the first step and ask for help. Future alcohol misuse or incidents may lead to separation and shall be addressed by your command.

(Use this entry for [Alcohol Dependent](#))

You must abstain from alcohol indefinitely. A relapse or incident may lead to separation or re-instatement of a continued care program.

(Use this entry for [Members who self-refer only](#))

You may now request removal of the screening letter and treatment plan from your Personnel Data Record as per Personnel Manual, COMDTINST M1000.6 (series). A permanent record of the screening and treatment will be kept on your health record in accordance with the Health Promotion Manual, COMDTINST M6200.1 (series).

(Include this entry on all P&D-16 Page 7's)

You have been advised of the contents of Chapter 20, Personnel Manual, COMDTINST M1000.6 (series), concerning conduct expected of Coast Guard personnel.

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry.

J. P. JONES

Continued on next page

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Performance and Discipline, Continued

[Click here for Word CG-3307 \(P&D-17\)](#)

Entry Type: Performance and Discipline (P&D-17)

Reference: Section 20-B, Personnel Manual, COMDTINST M1000.6 (series)

Health Promotion Manual, COMDTINST M6200.1 (series)

Responsible Level: Unit

Entry:

(Date): On (date) you were screened at (Name of Facility) and determined to be (alcohol abusive or alcohol/drug dependent) as per Diagnostic and Statistical Manual of the American Psychiatric Association (DSM IV) and recommended for (type or treatment or education). You have indicated that you do not want to receive the treatment, which was recommended by medical authority as outlined above. By doing so you waive all right to any future benefits under the Department of Veterans Affairs program for treatment or chemical dependency.

You will be processed for separation per Chapter 20, of the Personnel Manual COMDTINST M1000.6 (series).

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry.

J. P. JONES

Continued on next page

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Performance and Discipline, Continued

[Click here for Word CG-3307 \(P&D-18\)](#)

Entry Type: Performance and Discipline (P&D-18)

Reference: Section 20-B, Personnel Manual, COMDTINST M1000.6 (series)

Health Promotion Manual, COMDTINST M6200.1 (series)

Responsible Level: Unit

Entry:

(Date): On (date) you successfully completed (type of treatment) program at (name of facility). Congratulations on your accomplishment and your perseverance for personal recovery.

In accordance with chapter 2 of the Health Promotion Manual, COMDTINST M6200.1 (series), your aftercare (continued care) plan shall consist of, but not limited to:

- a. For a period of 90 days, you will abstain from alcohol. This will allow you to incorporate all of the tools you were given to make positive changes in your life.
- b. For a period of 90 days, you will meet weekly with your command CDAR, at a time agreed upon by both of you, for the purpose of monitoring and supporting your recovery.
- c. For a period of 90 days, participation in a twelve-step or group support program at least twice weekly (unit operations permitting).

Failure to comply with this aftercare plan or involvement in any alcohol incident may result in your separation from the Coast Guard in accordance with chapter 20 of the Personnel Manual, COMDTINST M1000.6 (series).

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry.

J. P. JONES

Continued on next page

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Performance and Discipline, Continued

[Click here for Word CG-3307 \(P&D-19\)](#)

Entry Type: Performance and Discipline (P&D-19)

Reference: Section 20-B, Personnel Manual, COMDTINST M1000.6 (series)

Health Promotion Manual, COMDTINST M6200.1 (series)

Responsible Level: Unit

Entry:

(Date): On (date) you successfully completed (type of treatment) program at (name of facility). Congratulations on your accomplishment and your perseverance for personal recovery. This is been a major step in taking charge of your life.

The aftercare (continued care) plan is an important and mandatory segment of the treatment and recovery process. The support you will find in your aftercare program will go far in helping to ensure your success. Your aftercare plan shall consist of, but not limited to:

- a. Abstinence from alcohol indefinitely.
- b. Weekly meetings with the unit CDAR to monitor and support your recovery for 12 months.
- c. Attendance at a minimum to (number specified in aftercare plan) twelve-step or other approved support group meetings per week for 12 months (unit operations permitting).

Failure to comply with this aftercare plan or involvement in any alcohol incident may result in your separation from the Coast Guard in accordance with chapter 20 of the Personnel Manual, COMDTINST M1000.6 (series).

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry.

J. P. JONES

Continued on next page

ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Performance and Discipline, Continued

[Click here for Word CG-3307 \(P&D-20\)](#)

Entry Type: Performance and Discipline (P&D-20)

Reference: Section 20-B, Personnel Manual, COMDTINST M1000.6 (series)

Health Promotion Manual, COMDTINST M6200.1 (series)

Responsible Level: Unit

Entry:

(Date): On (Date) you were screened by (Name) at (Name of Facility) for a (self-referral/command referral/alcohol incident) and it was determined that you meet the criteria for a diagnosis of (Alcohol Abusive/ Dependent or Substance Abusive/Dependent, list drug) as per DSM IV and you have been recommended for (type of treatment).

You will receive your treatment at (name of facility), which begins on (date) at (time).

Until you begin treatment, you shall adhere to a pre-treatment plan, which will consist of the following (alcohol dependent is mandatory, alcohol abusive if recommended by screening facility):

- a. Abstaining from consuming alcohol. Any further use of alcohol until you complete treatment and your support plan will lead to further disciplinary action.
- b. You will meet with your CDAR once a week, at a time to be agreed on by both of you, for monitoring and support.
- c. You must attend at least 2 support group meetings (e.g., Alcoholics Anonymous or other MLC approved support group) each week.

You have been advised of the contents of Chapter 20, Personnel Manual, COMDTINST M1000.6 (series) regarding the policy for (self-referral, command referral, alcohol Incident, drug incident), expected conduct of Coast Guard personnel, and the continued care plans available for those who have problems with alcohol abuse or substance dependency.

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry.

J. P. JONES

Continued on next page

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Performance and Discipline, Continued

[Click here for Word CG-3307 \(P&D-21\)](#)

Entry Type: Performance and Discipline (P&D-21)

Reference: Article 12-B-16 and 12-B-18, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): (document formal counseling pertaining to placing a member on probation, prior to recommending discharge, per articles 12-B-16 and 12-B-18 of the Personnel Manual)

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry.

J. P. JONES

[Click here for Word CG-3307 \(P&D-22\)](#)

Entry Type: Performance and Discipline (P&D-22)

Reference: Article 12-B-2, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): (summarize the basis for which a general discharge is awarded per section 12-B of the Personnel Manual)

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry.

J. P. JONES

Continued on next page

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Performance and Discipline, Continued

Click on the links below for the re3spective Word CG-3307

Entry Type: Performance and Discipline (P&D-23)

Reference: Cutter Training and Qualification Manual, COMDTINST M3502.4 (series)

Responsible Level: Unit

Entry:

(DATE): [Passed](#) (or [Failed](#)) the Deck Watch Officer (DWO) Rules of the Road exam on (date) with a score of _____%

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry

J. P. JONES

Click on the links below for the respective Word CG-3307

Entry Type: Performance and Discipline (P&D-24)

Reference: Cutter Training and Qualification Manual, COMDTINST M3502.4 (series) and Personnel Qualification Standard for Officer of the Deck, COMDTINST M3502.5

Responsible Level: Unit

Entry:

(DATE): Completed all prescribed training and oral examinations, and is certified as an [underway \(inport\)](#) Officer of the Deck in accordance with the Cutter Training and Qualification Manual, COMDTINST M3502.4 (series) and the OOD PQS, COMDTINST M3502.5

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry.

J. P. JONES

Continued on next page

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Performance and Discipline, Continued

[Click here for Word CG-3307 \(P&D-25\)](#)

Entry Type: Performance and Discipline (P&D-25)

Reference: Cutter Training and Qualification Manual, COMDTINST M3502.4 (series) and Engineer Officer in Training (EOIT) PQS, COMDTINST M3502.11

Responsible Level: Unit

Entry:

(DATE): Completed all prescribed training and oral examinations, and is certified as an EOIT in accordance with the Cutter Training and Qualification Manual, COMDTINST 3502.4 (series) and the EOIT PQS, COMDTINST 3502.11 (series).

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry.

J. P. JONES

Click on the links below for the respective Word CG-3307

Entry Type: Performance and Discipline (P&D-26)

Reference: Cutter Training and Qualification Manual, COMDTINST M3502.4 (series), Engineer Officer in Training (EOIT) PQS, COMDTINST M3502.11 (series), and Personnel Qualification Standard (PQS) for Officer of the Deck, COMDTINST M3502.5.

Responsible Level: Unit

Entry:

(DATE): [Completed PQS](#) or [qualified/certified](#) as (specify watchstation).

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry.

J. P. JONES

Continued on next page

ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Separation

[Click here for Word CG-3307 \(SEP-1\)](#)

Entry Type: Separation (SEP-1)

Reference: Section 3-B-5, Personnel and Pay Procedures Manual, PSCINST M1000.2 (series)

Responsible Level: Unit

Entry:

(DATE): I agree to allow the withholding of a substantial portion of my final pay on my date of separation. I also understand that I may owe the government money, and the government will initiate collection action for any money due.

J. P. JONES

[Click here for Word CG-3307 \(SEP-2\)](#)

Entry Type: Separation (SEP-2)

Reference: Sections 3-C and 12-B, Personnel Manual, COMDTINST M1000.6 (series)

Responsible level: Unit

Entry:

(DATE): I have read and been counseled on the contents of Article 12-B-53 of the Personnel Manual, COMDTINST M1000.6 (series) concerning my rights on separation from the Coast Guard. I understand my rights as described therein and have had all of my questions answered.

I have been advised IAW Article 3-C-5 of the Personnel Manual, COMDTINST M1000.6 (series) that since I am opting for separation at this time, should I later elect to reenlist, I must do so within three (3) months of discharge to be eligible for a Selective Reenlistment Bonus (SRB), provided that on the date of reenlistment my rating has a multiple listed in the ALCOAST then in effect.

J. P. JONES

[Click here for Word CG-3307 \(SEP-3\)](#)

Entry Type: Separation (SEP-3)

Reference: Section 12-B, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): The provisions of Article 12-B-3, Personnel Manual, COMDTINST M1000.6 (series) concerning types of discharge certificates, their basis for issuance, the possible effects of various veterans' benefits and related matters have been explained to me this date.

J. P. JONES

Continued on next page

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Separation, Continued

[Click here for Word CG-3307 \(SEP-4\)](#)

Entry Type: Separation (SEP-4)

Reference: Section 12-B, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): Reenlistment interview conducted this date per Article 12-B-4, Personnel Manual, COMDTINST M1000.6 (series). Member is recommended for reenlistment. Member has stated intentions (not to reenlist) (to reenlist) (undecided). The required E-Resume has been submitted in Direct Access.

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry.

J. P. JONES

[Click here for Word CG-3307 \(SEP-5\)](#)

Entry Type: Separation (SEP-5)

Reference: Section 12-B, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): Reenlistment interview conducted this date per Article 12-B-4, Personnel Manual, COMDTINST M1000.6 (series). In accordance with (reference message traffic) you are recommended for reenlistment. You have stated your intention (to reenlist) (to extend) (not to reenlist). You have been counseled that failure to extend or reenlist for ____ years prior to (date) will result in revocation of the reenlistment authorization and separation upon EOE/EAOS is mandatory. Members who are authorized reenlistment and choose not to do so are required to serve any additional obligated service incurred in addition to their original enlistment. You will be discharged/RELAD on (date).

A. B. SEA, CAPT, USCG
Commanding Officer

J. P. JONES

Continued on next page

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Separation, Continued

[Click here for Word CG-3307 \(SEP-6\)](#)

Entry Type: Separation (SEP-6)

Reference: Article 12-B-47, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(complete the following entry when a citizen of the Republic of the Philippines reenlists immediately following separation or executes a voluntary extension of enlistment):
(DATE): I have been properly advised and counseled regarding the loss of entitlement to file for U.S. citizenship unless such reenlistment or extension of enlistment actually takes place in the United States or its stated possessions (American Samoa, Swans Island, Guam, Puerto Rico, and the Virgin Islands).

J. P. JONES

[Click here for Word CG-3307 \(SEP-7\)](#)

Entry Type: Separation (SEP-7)

Reference: Section 12-B, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): Reenlistment interview conducted this date per Article 12-B-4, Personnel Manual, COMDTINST M1000.6 (series). Member is not recommended for reenlistment because (give reason(s)). The required E-Resume has been submitted in Direct Access.

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge that I have been informed that I am not being recommended for reenlistment and given the reason(s) for this action. I understand that I may submit a written appeal via the chain of command to Commander (CGPC-epm). This appeal must be submitted within 15 days of this notification and my command will furnish clerical assistance, if I desire to submit an appeal.

J. P. JONES

Continued on next page

ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Separation, Continued

[Click here for Word CG-3307 \(SEP-8\)](#)

Entry Type: Separation (SEP-8)

Reference: Section 12-B, Personnel Manual, COMDTINST M1000.6 (series) and DD 214 Manual.

Responsible Level: SPO

Entry:

(DATE): Discharged from active duty without immediate reenlistment this date by reason of (expiration of enlistment, misconduct, etc.). Member provided Certificate of Release or Discharge from Active Duty form (DD-214) and other separation documents as required by Article 12-B-53, Personnel Manual, COMDTINST M1000.6 (series). Member counseled regarding (1) reenlistment opportunities including SRB entitlements; (2) Thrift Savings Plan (TSP) withdrawal options and procedures; (3) provisions of COMDTINST 1760.7 (series); and (4) maintaining continuous service status.

A. B. SEA, YNCM, USCG

By direction

CGD FOURTEEN (SPO), Honolulu, HI

[Click here for Word CG-3307 \(SEP-9\)](#)

Entry Type: Separation (SEP-9)

Reference: Section 12-B, Personnel Manual, COMDTINST M1000.6 (series) and DD 214 Manual.

Responsible Level: SPO

Entry:

(DATE): Discharged this date by reason of (expiration of enlistment or convenience of the government) and immediately reenlisted. Certificate of Release or Discharge from Active Duty form (DD-214) not issued. The following information on this enlistment/reenlistment applies:

Period of service.

Reenlistment code.

Separation Program Designator (SPD).

Time lost.

(NOTE: the above data is necessary to compute the final DD-214 since it will cover multiple enlistment/reenlistment periods.)

A. B. SEA, YNCM, USCG

By direction

CGD FOURTEEN (SPO), Honolulu, HI

Continued on next page

ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Separation, Continued

[Click here for Word CG-3307 \(SEP-10\)](#)

Entry Type: Separation (SEP-10)

Reference: Section 3-C, 12-B & 18-D-4, Personnel Manual, COMDTINST M1000.6 (series), COMDTINST 7220.1 (series), and DD 214 Manual.

Responsible Level: SPO

Entry:

(DATE): Released from active duty due to expiration of enlistment and immediately transferred to the Coast Guard reserve (indicate Unit or IRR) to complete obligation of military service. Member provided Certificate of Release or Discharge from active duty form (DD-214) and other separation documents as required by Article 12-B-53, Personnel Manual, COMDTINST M1000.6 (series).

Member counseled regarding:

- (1) reenlistment opportunities including SRB entitlements and Coast Guard reserve opportunities/benefits;
- (2) Thrift Savings Plan (TSP) withdrawal options and procedures and/or opportunity to contribute to the TSP within 60 days of joining the Ready Reserve;
- (3) the provisions of COMDTINST 1760.7 (series);
- (4) liability for SGLI premiums unless member declines coverage or joins the Individual Ready Reserve (IRR);
- (5) the requirement to answer official correspondence;
- (6) responding to Annual Screening Questionnaires;
- (7) maintaining physical fitness and weight standards;
- (8) maintaining your initial uniform issue for a period of four years;
- (9) the surrendering of your Citibank card prior to departure from active duty;
- (10) maintaining continuous service status; and
- (11) promptly advising CGPC-rpm if in IRR, or SPO if assigned to a drilling unit of changes of residence and changes of phone number(s) or mailing address and any physical condition or other factor that would affect your immediate availability for active military service.

A. B. SEA, YNCM, USCG

By direction

CGD FOURTEEN (SPO), Honolulu, HI

(DATE): I acknowledge the above entries.

J. P. JONES

Continued on next page

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Separation, Continued

[Click here for Word CG-3307 \(SEP-11\)](#)

Entry Type: Separation (SEP-11)

Reference: Section 12-B, Personnel Manual, COMDTINST M1000.6 (series) and DD 214 Manual.

Responsible Level: SPO

Entry:

(DATE): Retired from active duty this date and effective (date) placed on the inactive retired rolls. Member provided Certificate of Release or Discharge from Active Duty form (DD-214) and other separation documents as required by Article 12-B-53, Personnel Manual, COMDTINST M1000.6 (series). Member counseled regarding retirement rights, benefits, and responsibilities.

A. B. SEA, YNCM, USCG

By direction

CGD FOURTEEN (SPO), Honolulu, HI

[Click here for Word CG-3307 \(SEP-12\)](#)

Entry Type: Separation (SEP-12)

Reference: Section 12-B, Personnel Manual, COMDTINST M1000.6 (series) and DD 214 Manual.

Responsible Level: SPO

Entry:

(DATE): As outlined in Article 12-B-4, Personnel Manual, COMDTINST M1000.6 (series), I understand that in order to remain in a continuous service status, reenlistment must occur within three months from the date of discharge/separation. However, the rate held at the time of discharge/separation may not be the rate at which reenlisted unless the rate is on the open rate list at the time of reenlistment. I hereby acknowledge receipt of my separation documents.

J. P. JONES

[Click here for Word CG-3307 \(SEP-13\)](#)

Entry Type: Separation (SEP-13)

Reference: Article 12-B-11f, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: SPO

Entry:

(DATE): I [member's name], desire to be separated from the Coast Guard on my normal expiration of active obligated service date. I understand I will not be eligible for further follow-up studies or treatment at a U.S. Uniformed Services medical facility or for disability benefits under laws the Coast Guard administers, and any further treatment or benefits would be under the Veterans' Administration's jurisdiction.

Member sign and date

Officer witness, sign and date

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**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Separation, Continued

[Click here for Word CG-3307 \(SEP-14\)](#)

Entry Type: Separation (SEP-14)

Reference: Article 12-B-llf, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: SPO

Entry:

(DATE): I [member's name], desire to be separated from the Coast Guard despite the fact separation may prejudice any rights or benefits to which I may be entitled as a result of physical evaluation board hearings under 10 U.S.C. 61. I have been duly advised of my rights in this matter and request the Coast Guard to discharge me as soon as possible without further hearing and without disability, retirement, or severance pay and without any compensation whatsoever. I understand I am not required and am under no obligation to give this statement and I hereby certify I give this statement voluntarily.

Member sign and date

Officer witness, sign and date

[Click here for Word CG-3307 \(SEP-15\)](#)

Entry Type: Separation USCGR (Inactive) (SEP-15)

Reference: Sections 3-C and 12-B, Personnel Manual, COMDTINST M1000.6 (series), Section 8-B, Reserve Policy Manual, COMDTINST M1001.28(series), COMDTINST 7220.1 (series), and DD 214 Manual.

Responsible Level: SPO

Entry:

(DATE): Discharged this date from USCGR inactive duty by reason of (fulfillment of service obligation, expiration of enlistment, or convenience of the government) and immediately reenlisted in the (regular or reserve). Member provided USCGR discharge certificate and other separation documents as required by Article 12-B-53, Personnel Manual, COMDTINST M1000.6 (series). Member counseled regarding (1) reenlistment opportunities including SRB entitlements; (2) opportunity to contribute to the Thrift Savings Plan (TSP) within 60 days of joining Active Duty or the Ready Reserve; (3) provisions of COMDTINST 1760.7 (series); and (4) maintaining continuous service status.

(DATE): Reenlisted this date in the (USCG or USCGR).

A. B. SEA, YNCM, USCG

By direction

CGD FOURTEEN (SPO), Honolulu, HI

(DATE): I acknowledge the above entries.

J. P. JONES

Continued on next page

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Separation, Continued

[Click here for Word CG-3307 \(SEP-16\)](#)

Entry Type: Separation USCGR (Inactive) (SEP-16)

Reference: Section 8-B, Reserve Policy Manual, COMDTINST M1001.28 (series) and DD 214 Manual.

Responsible Level: RSPO

Entry:

(DATE): Discharged from USCGR inactive duty without immediate reenlistment this date by reason of (fulfillment of service obligation, expiration of enlistment, or convenience of the government).

Member provided USCGR discharge certificate and other separation documents as required by Article 12-B-53, Personnel Manual, COMDTINST M1000.6 (series). Documents mailed this date to: (address)

A. B. SEA, YNCM, USCG

By direction

CGD FOURTEEN (SPO), Honolulu, HI

[Click here for Word CG-3307 \(SEP-17\)](#)

Entry Type: Separation from Selected Reserve (SELRES)(SEP-17)

Reference: COMDTINST 1001.37 (series)

Responsible Level: RSPO

Entry:

(DATE): Member counseled this date upon assignment to the Individual Ready Reserve (IRR), regarding possible entitlement to/ineligibility to Reserve Transition Benefits (RTB). Commandant (G-RSM) will make final determination of RTB entitlement.

A. B. SEA, YNCM, USCG

By direction

CGD FOURTEEN (SPO), Honolulu, HI

(DATE): I acknowledge the above entry.

J. P. JONES

Continued on next page

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Separation, Continued

[Click here for Word CG-3307 \(SEP-18\)](#)

Entry Type: Separation (SEP-18)

Reference: COMDTINST 1040.10 (series)

Responsible Level: Unit

Entry:

(DATE): I hereby acknowledge that I have been counseled on the contents of the Coast Guard's High Year Tenure (HYT) policy contained in COMDTINST 1040.10 (series).

(for E-5 to E-9)

I understand that based on my present pay grade of _____, my Professional Growth Point (PGP) is _____ (#) _____ years of military service. My present PGP is _____ (date) _____. I further understand that I will not be permitted to extend my enlistment or reenlist beyond my PGP plus one month unless my PGP is amended in accordance with COMDTINST 1040.10 (series).

I understand that I will be separated from the Coast Guard upon reaching my PGP and, that if otherwise qualified, I must request, IAW current directives, to be retired in lieu of discharge due to High Year Tenure. I also acknowledge that waivers to this policy may only be granted by Commander (CGPC-epm) and that I must submit a letter requesting this waiver not less than six months prior to my PGP or the expiration of any prior waiver period.

SIGNATURE

WITNESS

[Click here for Word CG-3307 \(SEP-19\)](#)

Entry Type: Separation (SEP-19)

Reference: COMDTINST 1040.10 (series)

Responsible Level: Unit

Entry:

(DATE): I hereby acknowledge that I have been counseled on the contents of the Coast Guard's High Year Tenure (HYT) policy contained in COMDTINST 1040.10 (series).

(for E-3 to E-4)

I understand that based on my present pay grade of _____, my Professional Growth Point (PGP) is 7 years of Coast Guard service or 10 years military service, whichever is greater. My present PGP is _____ (date) _____. I further understand that I will not be permitted to extend my enlistment or reenlist beyond my PGP plus one month unless my PGP is amended in accordance with COMDTINST 1040.10 (series).

I understand that I will be separated from the Coast Guard upon reaching my PGP and, that if otherwise qualified, I must request, IAW current directives, to be retired in lieu of discharge due to High Year Tenure. I also acknowledge that waivers to this policy may only be granted by Commander (CGPC-epm) and that I must submit a letter requesting this waiver not less than six months prior to my PGP or the expiration of any prior waiver period.

SIGNATURE

WITNESS

Continued on next page

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Separation, Continued

[Click here for Word CG-3307 \(SEP-20\)](#)

Entry Type: Separation (SEP-20)

Reference: COMDTINST 1040.10 (series)

Responsible Level: Unit

Entry:

(DATE): I hereby acknowledge that I have been counseled on the contents of the Coast Guard's High Year Tenure (HYT) policy contained in COMDTINST 1040.10 (series).

(for E-2)

I understand that based on my present pay grade of E-2, my Professional Growth Point (PGP) is 4 years of military service. My present PGP is _____(date)_____. I further understand that I will not be permitted to extend my enlistment or reenlist beyond my PGP plus one month unless my PGP is amended in accordance with COMDTINST 1040.10 (series).

I understand that I will be separated from the Coast Guard upon reaching my PGP and, that if otherwise qualified, I must request, IAW current directives, to be retired in lieu of discharge due to High Year Tenure. I also acknowledge that waivers to this policy may only be granted by Commander (CGPC-epm) and that I must submit a letter requesting this waiver not less than six months prior to my PGP or the expiration of any prior waiver period.

SIGNATURE

WITNESS

[Click here for Word CG-3307 \(SEP-21\)](#)

Entry Type: Separation (SEP-21)

Reference: COMDTINST 1910.1 (series)

Responsible Level: Unit

Entry:

(DATE): As a condition of receiving separation pay under 10 U.S.C. 1174, I hereby agree to enlist or extend in the ready reserve for a period of 3 years following my discharge or release from active duty in addition to any remaining military service obligation. I understand this agreement is made without regard to the reason for my separation or my eligibility for affiliation with the ready reserve. Further, should I be accepted for enlistment or extension in the Coast Guard reserve, I must execute the extension or enlistment contract as a condition of qualifying for separation pay. I understand that if I enlist in the ready reserve I may request to become a member of the selected reserve by applying for affiliation to the chief, readiness and reserve division of the district in which I live. I also agree if accepted that I will keep the district commander (r) in my area informed of any changes in my address, physical status, or dependency status. I understand that if I stay in the reserve and later retire, my retired pay will be reduced by the amount of enlisted separation payments received.

SIGNATURE

WITNESS

Continued on next page

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Selective Reenlistment Bonus

[Click here for Word CG-3307 \(SRB-1\)](#)

Entry Type: Selective Reenlistment Bonus (SRB-1)
Reference: COMDTINST M1000.6 (series), Art. 3.C.11.1
Responsible Level: Unit
Entry:

(DATE): I have reviewed Article 3.C.12 of the Personnel Manual entitled "*Frequently Asked SRB Questions and Answers*." I have been informed that:

My current Selective Reenlistment Bonus (SRB) multiple is ____ and is listed in ALCOAST _____, which has been made available for my review.

In accordance with article 12.B.4, I am eligible to reenlist/extend my enlistment for a maximum of _____ years. My SRB will be computed based on _____ years newly obligated service. (If extension/reenlistment is for less than 36 months, enter "00.")

I have also been counseled on the opportunity to have my SRB payment contributed to the Thrift Savings Plan (TSP).

SRB Payment Method Election (*Include if member has an SRB multiple and is going to reenlist/extend on or after 16 July 2007*)

(mbr's initials) **Installments.** The initial payment shall be 50 percent of the total bonus amount and the remainder paid in equal annual installments, on the anniversary date, as determined by the length of the extension or reenlistment. I understand this decision is irrevocable.

Note: An additional 25% is deducted from all SRB payments for tax withholding.

(mbr's initials) **Lump Sum.** I hereby acknowledge that I have elected the lump sum SRB payment option and will receive **ONLY** 85 percent of the installment payment program amount. I understand this decision is irrevocable.

Note 1: An additional 25% is deducted from all SRB payments for tax withholding.

Note 2: *If member elects Lump Sum, the SPO shall fax a copy of this entry to PSC (MAS/Bonus Team) at (785) 339-3760 after the Statement of Intent (SOI) transaction is entered in Direct Access.*

The following SRB policies were unclear to me, but my SRB counselor provided me with the corresponding answers: (list specifics)

(Signature of Member/Date)

(Signature of Counselor)

Continued on next page

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Selective Reenlistment Bonus, Continued

[Click here for Word CG-3307 \(SRB-2\)](#)

Entry Type: Selective Reenlistment Bonus (SRB-2)

Reference: COMDTINST M1000.6 (series), Art. 3.C.5.9 (Special Conditions) & 3.C.11.2

Responsible Level: Unit

Entry:

(DATE): I have reviewed Article 3.C.12 of the Personnel Manual entitled "*Frequently Asked SRB Questions and Answers.*" I have been informed that:

My current Selective Reenlistment Bonus (SRB) multiple is ____ and is listed in ALCOAST _____, which has been made available for my review.

In accordance with article 12.B.4, I am eligible to reenlist/extend my enlistment for a maximum of _____ years. My SRB will be computed based on _____ years newly obligated service. (If extension/reenlistment is for less than 36 months, enter "00.")

I must reenlist 3 months prior to (date), which is my 6 or 10-year active duty anniversary date, in order to receive a Zone (A or B) SRB.

I have also been counseled on the opportunity to have my SRB payment contributed to the Thrift Savings Plan (TSP).

SRB Payment Method Election (*Include if member has an SRB multiple and is going to reenlist/extend on or after 16 July 2007.*)

(mbr's initials) **Installments.** The initial payment shall be 50 percent of the total bonus amount and the remainder paid in equal annual installments, on the anniversary date, as determined by the length of the extension or reenlistment. I understand this decision is irrevocable.

Note: An additional 25% is deducted from all SRB payments for tax withholding.

(mbr's initials) **Lump Sum.** I hereby acknowledge that I have elected the lump sum SRB payment option and will receive **ONLY** 85 percent of the installment payment program amount. I understand this decision is irrevocable.

Note 1: An additional 25% is deducted from all SRB payments for tax withholding.

Note 2: *If member elects Lump Sum, the SPO shall fax a copy of this entry to PSC (MAS/Bonus Team) at (785) 339-3760 after the Statement of Intent (SOI) transaction is entered in Direct Access.*

The following SRB policies were unclear to me, but my SRB counselor provided me with the corresponding answers: (list specifics)

(Signature of Member/Date)

(Signature of Counselor)

Continued on next page

**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

CG-3307's for Selective Reenlistment Bonus, Continued

[Click here for Word CG-3307 \(SRB-3\)](#)

Entry Type: Selective Reenlistment Bonus (SRB-3) (Written Agreements)

Reference: COMDTINST M1000.6 (series), Art. 3.C.3

Responsible Level: Unit

Entry:

(DATE): I hereby acknowledge that I have read and fully understand the contents and explanation of COMDTINST M1000.6 (series) 3.C.

I further acknowledge that I have been advised of the effects on my SRB computation/payment if I enter into an agreement to extend my enlistment.

(Signature of Member/Date)

(Signature of Counselor)

[Click here for Word CG-3307 \(SRB-4\)](#)

Entry Type: Selective Reenlistment Bonus (SRB-4)

Reference: COMDTINST M1000.6 (series), Art. 3.C.5.7 (Special Conditions)

Responsible Level: Unit

Entry:

(DATE): I have been advised and am aware that I will not be eligible and will not begin receiving my SRB payment for my new rating until the operative date of my extension or reenlistment after attaining my new rating.

(Signature of Member/Date)

(Signature of Counselor)

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**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

Selective Reserve (SELRES) Enlisted Bonus Programs

[Click here for Word CG-3307 \(BON-1\)](#)

Entry Type: Selective Reserve Reenlistment/Extension Bonus (BON-1)

Reference: COMDTINST 7220.1 (series)

Responsible Level: Unit

Entry:

(DATE): I have been advised that I am eligible for a ____ dollar SELRES Enlistment or Affiliation Bonus. Receipt of this bonus commits me to SELRES participation through MM/DD/YYYY.

I hereby acknowledge that I have read and fully understand the contents of COMDTINST 7220.1 (series) and ALCOAST _____.

(Signature of Member/Date)

(Signature of Counselor)

[Click here for Word CG-3307 \(BON-2\)](#)

Entry Type: Selective Reserve Enlistment Bonus (BON-2)

Reference: COMDTINST 7220.1 (series)

Responsible Level: Recruiting Office

Entry:

(DATE): I have been advised that I am eligible for a ____ dollar SELRES Enlistment or Affiliation Bonus. Receipt of this bonus commits me to SELRES participation through MM/DD/YYYY.

I hereby acknowledge that I have read and fully understand the contents of COMDTINST 7220.1 (series) and ALCOAST _____.

(Signature of Member/Date)

(Signature of Counselor)

[Click here for Word CG-3307 \(BON-3\)](#)

Entry Type: Selective Reserve Enlistment Bonus (BON-3)

Reference: COMDTINST 7220.1 (series)

Responsible Level: Unit

Entry:

(DATE): I have been advised that I am eligible for a ____ dollar SELRES Enlistment or Affiliation Bonus. Receipt of this bonus commits me to SELRES participation through MM/DD/YYYY.

I hereby acknowledge that I have read and fully understand the contents of COMDTINST 7220.1 (series) and ALCOAST _____.

(Signature of Member/Date)

(Signature of Counselor)

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**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

Selective Reserve (SELRES) Enlisted Bonus Programs, Continued

[Click here for Word CG-3307 \(BON-4\)](#)

Entry Type: Selective Reserve Affiliation Bonus (BON-4)

Reference: COMDTINST 7220.1 (series)

Responsible Level: Unit

Entry:

(DATE): I have been advised that I am eligible for a ____ dollar SELRES Enlistment or Affiliation Bonus. Receipt of this bonus commits me to SELRES participation through MM/DD/YYYY.

I hereby acknowledge that I have read and fully understand the contents of COMDTINST 7220.1 (series) and ALCOAST _____.

(Signature of Member/Date)

(Signature of Counselor)

[Click here for Word CG-3307 \(BON-5\)](#)

Entry Type: Performance and Discipline (BON-5)

Reference: Selected Reserve (SELRES) Enlisted Bonus Programs, COMDTINST 7220.1(series)

Responsible Level: Unit

Entry:

(DATE): I have been advised that I will be placed in a period of authorized absence for 12 months due to involuntary recall to active duty under 10 USC 12302. During this 12-month period, I will retain my current SELRES bonus eligibility.

I further acknowledge that I have read and fully understand the contents and explanation of COMDTINST 7220.1(series).

(Signature of Member/Date)

(Signature of Counselor)

[Click here for Word CG-3307 \(BON-6\)](#)

Entry Type: Performance and Discipline (BON-6)

Reference: Selected Reserve (SELRES) Enlisted Bonus Programs, COMDTINST 7220.1(series)

Responsible Level: Unit

Entry:

(DATE): I have been advised that I will be authorized a period of non-availability and temporarily assigned to the Active Status Pool (ASP) for 12 months due to (temporary medical disability, temporary work conflict, or documented personal hardship).

Upon completion of the 12-month period, I will be required to extend my enlistment in the Ready Reserve to serve my full contract period in the SELRES in order to receive my total bonus entitlement.

Failure to extend for the necessary additional service or continued assignment in the ASP over 12 months will result in my bonus eligibility being adjusted for time spent in the ASP.

I further acknowledge that I have read and fully understand the contents and explanation of COMDTINST 7220.1(series).

(Signature of Member/Date)

(Signature of Counselor)

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**ENCLOSURE 6
ADMINISTRATIVE REMARKS**

Selective Reserve (SELRES) Enlisted Bonus Programs,
Continued

[Click here for Word CG-3307 \(BON-7\)](#)

Entry Type: Performance and Discipline (BON-7)

Reference: Selected Reserve (SELRES) Enlisted Bonus Programs, COMDTINST 7220.1(series)

Responsible Level: Unit

Entry:

(DATE) I have been advised that:

If I fail to complete Class "A" School training, I will immediately be reassigned to an Unbudgeted SELRES position to complete the minimum one year affiliation per 5.B.1 of the Reserve Policy Manual, COMDTINST M1001.28 (series).

I am eligible for an affiliation bonus of _____ based on _____ months of remaining Initial Military Obligation. The criteria of ALCOAST _____ applies. In addition, the bonus payment is contingent upon successful completion of _____ "A" School and the request for payment will not be submitted by servicing SPO until I have successfully completed _____ "A" School. My eligibility period will commence the day of assignment to the SELRES and commits me to SELRES participation through MM/DD/YY.

I hereby acknowledge that I have read and fully understand the contents of COMDTINST 7220.1 (series) and ALCOAST____ .

(Signature of Member)

(Signature of Counselor)
