

Department of Homeland Security

U. S. Coast Guard
CG PSC-2045 (Rev. 07/08)

Career Intentions Worksheet

1. EMPLID	2. Name (Last, First, MI)	3. Permanent Unit (Dept ID)
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PURPOSE: Use this form is to convey career intentions to the SPO. If you wish to remain with the service, complete Extension/Reenlistment and Leave sections. If your intentions are to separate from the service, complete Separation and Leave sections and complete a Preseparation Counseling Checklist (DD-2648).

4. Answer these questions. If you answer no to these questions, contact your career counselor or unit administrative staff/SPO

Yes **No** Has your unit conducted a 6-month predischarge interview and if you are separating, completed a Preseparation Counseling Checklist?

Yes **No** Have you been advised on the subject of SRB eligibility and payment options?

Yes **No** Are you a U. S. Citizen? (If no, you cannot reenlist or extend without authority from CGPC) (Note: Per 1.G.5.5. , CG PERSMAN, this does not apply to a member who enlisted from the Republic of the Philippines)

Commanding Officer's Determination of Eligibility and Recommendation for Reenlistment/Extension

5. Per 1-G-5 (for Regular) or 1-G-7 (for Reserve) of CG PERSMAN this member is:

5.A **Eligible and Recommended** for Reenlistment or Extension of Enlistment

5.B **Not Eligible/Not Recommend** for Reenlistment or Extension of Enlistment (document IAW CG PERSMAN 1.G.5.3(Reg)/1.G.7.3(Res.) and 12-B-5)

5.C **Not Eligible** per 1.G.____ (enter sub-para #. Example 5.4 for regular member in receipt of retirement orders) CG PERSMAN, but **Recommended** for Reenlistment or Extension

5.D. CO's signature: _____

Extension/Reenlistment Section

<p>6. I plan to....</p> <p><input type="checkbox"/> extend <input type="checkbox"/> reenlist (min 3 years)</p>	<p>7. For # of yrs (Note: if reenlisting, the minimum is 3 years) Regular members with at least 10 years active service <i>may</i> reenlist for an indefinite period</p> <p><input type="checkbox"/> 1yr <input type="checkbox"/> 2yrs <input type="checkbox"/> 3yrs <input type="checkbox"/> 4yrs <input type="checkbox"/> 5yrs <input type="checkbox"/> 6yrs <input type="checkbox"/> Indefinite <input type="checkbox"/> Other:</p>	<p>8. Effective date of Extension/Reenlistment</p>
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9. Person administering the oath for extension agreement/reenlistment:

Name: _____ Rank: _____ Title: _____

<p>10. Reason for Extension/Reextension of Enlistment:</p> <p><input type="checkbox"/> Request of individual <input type="checkbox"/> Authorized by Commander CGPC</p> <p><input type="checkbox"/> School training requirement <input type="checkbox"/> Obligated service for advancement</p> <p><input type="checkbox"/> Obligated service for transfer <input type="checkbox"/> Obligated service for SRB bonus</p> <p><input type="checkbox"/> Participation in tuition assistance program <input type="checkbox"/> Completion of deployment aboard vessel</p> <p><input type="checkbox"/> Obligated service for retirement <input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Sell Leave (Effective 01SEP2008, members who are serving on an indefinite contract (which began prior to 01SEP2008) are authorized to cancel and immediately reenlist indefinitely for the purpose of selling leave) (Complete block 24 with # days to sell)</p> <p style="text-align:right">See ALCOAST 307/08 for more info.</p>	<p>11. Selective Reenlistment Bonus</p> <p>Zone (check one) <input type="checkbox"/> "A" <input type="checkbox"/> "B" <input type="checkbox"/> Not Eligible</p> <p>Multiple _____</p> <p>Kicker Multiple _____ for _____ Competency Code</p> <p style="text-align:center">See ALCOAST 286/08 for more info.</p>
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SEPARATION SECTION

12 I am being discharged involuntarily

13 I want to be discharged (military obligation completed)

14 I want to be discharged (military obligation completed) and enlist into the Coast Guard Reserve for Years.

15 I want to be released from active duty (military obligation not completed).

16 Request to be released/discharged days early (NTE 30) to pursue a unique schooling or career opportunity per 12.b.8 PERSMAN

17 Retire as directed by CGPC (epm/opm) orders dated: _____

I will perform travel to: _____

My home of selection is: _____ (You have up to one year to make/choose your home of selection.)

Visit <http://www.uscg.mil/hq/cg1/psc/ras> to obtain your Retirement Package

18. **Yes** **No** Have you had a physical examination dated one year or less from your upcoming separation date?
Note: If you answered "No", you must complete a physical during the year prior to your separation.

19. **Yes** **No** Do you want health care coverage under the Continued Health Care Benefit Program (CHCBP)?
Contact the CHCBP Administrator at 1-800-444-5445 Option #4 or see <http://www.humana-military.com/> for information on the program.

20. If Disch/Relad I will perform travel to my: Home of Record Place of Enlistment/Acceptance Will not be moving

21. Mode of travel will be (check one): POC Gov't Ticket 22. I request advance travel [SF Form 1038](#) is attached Yes No

23. Do you occupy government quarters? Yes No If yes, enter date you will terminate quarters:

24. LEAVE SECTION (Complete for Separations, reenlistments and first extensions of enlistment). If your leave plans change after completing this worksheet, immediately notify your SPO. Failure to do so may result in an overpayment for which you will be responsible.

I plan to: sell _____ days of leave (Note: You are only authorized to sell a TOTAL of 60 days leave during your career.)

take terminal leave starting _____

take leave prior to my separation for periods listed below

Note: If you are entering into an indefinite reenlistment this will be the last opportunity to sell leave before you retire or are discharged.

Enter inclusive leave dates (continue on separate page if necessary):

From _____ To _____

From _____ To _____

From _____ To _____

more leave dates on separate page

25. If separating, enter your final mailing address: (This is where your W-2 will be mailed next year.)

Address _____	County _____
City _____	State _____ Country _____ Zip Code _____

26. Yes No Request copy 6 of my DD-214 is sent to State of ___ Director of Veterans' Affairs.

27. If separating, enter name and address of a relative to be contacted if you cannot be reached at the final mailing address:

Name _____			
Address _____			
City _____	State _____	Country _____	Zip Code _____

28. FOR RETIREMENT ONLY:

I have been authorized by CGPC EPM/OPM and my Command to utilize retirement processing station permissive orders IAW CG PERSMAN Art 12.C.1.e.

I have been approved by my command to utilize 20 days permissive temporary duty IAW CG PERSMAN Art 12.C.1.f.

[See ALCOAST 293/08 for more information](#)

Use in the following order: Up dot 20 days permissive temporary duty, processing point permissive orders, and. terminal leave. Contact your admin office for assistance in determining your departure date when using any combination of the above.

Permissive Temp Duty*:	From: _____	To: _____
Processing Point*:	From: _____	To: _____
Terminal leave dates:	From: _____	To: _____

*Note: Do not input these dates on the retirement transaction or leave transaction in Direct-Access.

PRIVACY ACT STATEMENT: In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard: Authority - 10 USC Section 2771. Principal Purpose(s) - Used to indicate a member's career intentions. Routine uses - Same. Disclosure - Disclosure of this information is voluntary, but without disclosure the member's career intentions may not be known which may cause document processing and pay problems.

29. Member's Signature: _____	29a. Date: _____	30. Supervisor' Signature _____	30a. Date: _____
31. Division/Branch Chief Signature: _____	31a. Date _____	32. Department Head Signature: _____	32a. Date: _____
33. Command Approval _____	33a Date: _____	34. For SPO Use Only	Action Completed on: _____ By (Initials): _____