

EMPLID	Name (Last, First, MI)	Unit (Division)
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PURPOSE: Use this form to request change in pay grade, advancement/change in rating (without participating in SWE) and to report course completion, or add or delete a competency code.

ADVANCEMENT

INFORMATION COMPLETED BY MEMBER

I Request: Advancement to pay grade: Change Advancement Path to: To be restored to my prior pay grade of _____

E-2 E-3 E-4
 SN FN

INFORMATION COMPLETED BY UNIT

Unit Administrative Office Eligibility Verification The above member meets all the eligibility requirements for advancement as listed in the Personnel Manual, COMDTINST M1000.6A, Article 5.C.4.b and 5.C.25.C.1, effective on _____.

Verifying Officials Signature _____ Date: _____

Advancement Recommendations:
(members chain of command)

yes no Signature _____ Date: _____

Note: Ensure Advancement Evaluation has been completed, if applicable.

yes no Signature _____ Date: _____

yes no Signature _____ Date: _____

Commanding Officer

COURSE COMPLETION DATA

Complete the below information and attach copies of documentation proving course completion.

Course Title	Course Code	Date Begun	Date Ended

HONORS & AWARD/COMPETENCIES (QUAL CODES)/LICENSES & CERTIFICATES

Enter honor, award, competency, license, or certification information and attach copies of documentation proving eligibility.

Honors & Awards/Competencies/Licenses & Certificates (Title and code, if known)	Effective Date	Add	Delete

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 request a change in pay grade. Routine use(s) - Used to update and delete qualification codes, and to report course completion. Disclosure of this information is voluntary.

Member's Signature	Date:	For SPO Use Only Action Completed: Date: _____ Initials: _____
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