

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

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 contact your servicing HSWL Transition/Relocation Manager for Pre-Separation Counseling before completing the Separation and Leave sections of this form.

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, if separating, Reserve Enlistment/Affiliation Bonuses?

Yes No Are you a U. S. Citizen? (If no, you cannot reenlist or extend without authority from CGPSC) (*Note: See 1.A.5.e., COMDTINST M1000.2 (series) for exceptions*)

Reenlistment/Extension Eligibility

Yes No **5. My command has advised me on my eligibility and recommendation for reenlistment or extension of enlistment.**

Extension/Reenlistment/Reserve Enlistment Section

6. I plan to... <input type="checkbox"/> Extend <input type="checkbox"/> Enlist in the CG Reserve <input type="checkbox"/> Reenlist (<i>min. 3 years for regulars</i>)	7. For Number of Years (<i>Note: if reenlisting, the minimum is 3 years</i>) <input type="checkbox"/> 1 yr <input type="checkbox"/> 2 yrs <input type="checkbox"/> 3 yrs <input type="checkbox"/> 4 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 6 yrs <input type="checkbox"/> 8 yrs* <input type="checkbox"/> Other _____ <i>(Reserve enlistments/reenlistments may be for a period of two, three, four, five, six, or *eight years.)</i>	8. Date of Reenlistment/Date to Sign Extension/Re-extension _____
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9. Person administering the oath for extension agreement/reenlistment

Name: _____ Rank: _____ Title: _____

10. Reason for Extension/Re-extension of Enlistment:

- | | |
|--|--|
| <input type="checkbox"/> Request of individual | <input type="checkbox"/> Authorized by Commander CGPSC |
| <input type="checkbox"/> School training requirement | <input type="checkbox"/> Obligated service for advancement |
| <input type="checkbox"/> Obligated service for transfer | <input type="checkbox"/> Obligated service for SRB bonus |
| <input type="checkbox"/> Obligated service for retirement | <input type="checkbox"/> Other (<i>specify</i>): _____ |
| <input type="checkbox"/> Participation in tuition assistance program | |
| <input type="checkbox"/> Completion of deployment aboard vessel | |

11a. Selective Reenlistment Bonus

Zone (*check one*): "A" "B" Not Eligible
 Multiple: _____
 Kicker Multiple: _____ for _____ Competency Code

11b. SELRES Bonus

- Not Eligible
 Affiliation Prior Service Enlistment Bonus
 Will lateral to _____ Rating (*if applicable*)
 Assignment to Critical Unit _____
(if applicable) (Unit name)

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 CG Reserve for _____ years and be assigned to the SELRES IRR.
(also use blocks 6 to 9 and 11b to provide details for your enlistment contract)
- 15.** I want to be released from Active Duty (Active Duty obligation completed/Reserve RELAD) and be assigned to the SELRES IRR.
- 16.** Request to be released/discharged _____ - days early (*NTE 30*) to pursue a unique schooling or career opportunity per 1.B.8, Military Separations, COMDTINST M1000.4 (series).

For blocks 12-16 I have discussed SELRES opportunities with RFRS Gold/Silver Badge SERA.

<input type="checkbox"/> 17. Retire as directed by CGPSC (epm/opm) orders dated: _____ I will perform travel to: _____ My home of selection is: _____ <i>(You have up to one year to make/choose your home of selection.)</i>	Visit https://www.dcms.uscg.mil/ppc/ras/RetirementProcessing/ to obtain your Retirement Package
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- Yes No **18.** 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.*)
- Yes No **19.** Do you want health care coverage under the Continued Health Care Benefit Program (CHCBP)? Contact the CHCBP Administrator at 1-800-444-5445 Option #1 then Option #3 or see <https://tricare.mil/chcbp> for information on the program.

20. If Disch/Relad I will perform travel to my: <input type="checkbox"/> Home of Record <input type="checkbox"/> Place of Enlistment/Acceptance <input type="checkbox"/> Will not be moving			
21. Mode of travel will be (check one): <input type="checkbox"/> POC <input type="checkbox"/> Gov't Ticket			
22. I request advance travel SF Form 1038 is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			
23. Do you occupy government quarters? <input type="checkbox"/> Yes <input type="checkbox"/> 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.			
• Regular, Active Duty, members are only authorized to sell a TOTAL of 60 days leave during their career. The 60-day career limitation does not apply to Reservists and Retirees recalled to AD for a contingency operation or Reservists on AD for 31-365 days.			
• If separating from the regular component you must use or sell all leave. Reservists being released from Active Duty and resuming SELRES status may carry unused or unsold leave forward.			
• If you are reenlisting or extending, unused leave will automatically be carried forward into your new service obligation.			
I plan to (select any that apply):			
<input type="checkbox"/> sell _____ days of leave and/or carryover _____ days leave			
<input type="checkbox"/> take terminal leave starting (date): _____ (Note: Member/Unit, do not enter terminal leave in the DA Self-Service Absence Request. Terminal leave will be recorded by the SPO on the separation transaction or, for discharges, the non Self-Service Absence Request.)			
<input type="checkbox"/> take leave prior to my separation for periods listed below (Note: Member/Unit must input the following periods in DA Self-Service Absence Request)			
Enter inclusive leave dates (continue on separate page if necessary): <input type="checkbox"/> more leave dates on separate page			
From	To		
From	To		
From	To		
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. If separating, enter name and address of a relative to be contacted if you cannot be reached at the final mailing address:			
Name			
Address			County
City	State	Country	Zip Code
27. FOR RETIREMENT ONLY:			
<input type="checkbox"/> I have been authorized by CGPSC EPM/OPM and my Command to utilize retirement processing station permissive orders IAW COMDTINST M1000.4 (series) Art 1.C.1.e.			
<input type="checkbox"/> I have been approved by my command to utilize 20 (30 if OUTCONUS) days permissive temporary duty IAW COMDTINST M1000.4 (series) Art 1.C.1.f.			
Use in the following order: 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.)			

28. DD-214	Yes	No
I request Copy 4 of my DD-214	<input type="checkbox"/>	<input type="checkbox"/>
I request Copy 3 of my DD-214 be sent to the Office of Veterans Affairs. If YES , enter state/locality: _____	<input type="checkbox"/>	<input type="checkbox"/>
I request a duplicate of Copy 3 of my DD-214 be sent to the Central Office of the Department of veterans Affairs.	<input type="checkbox"/>	<input type="checkbox"/>
I want my e-mail address and telephone number entered in the remarks block of my DD-214 to allow contact by agencies receiving copies of the DD Form 214. If YES , enter E-Mail address: _____ and Phone Number: _____	<input type="checkbox"/>	<input type="checkbox"/>

29. Member's Signature	29a. Date	30. Supervisor's 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 <i>(Initials)</i> _____

Remarks

Submit

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.

AUTHORITY: 37 U.S.C. §474, 10 U.S.C. Ch 58, 10 U.S.C. Ch 59, 10 U.S.C. Ch. 63, and 10 U.S.C. §508, and Joint Travel Regulations, Military Separations Manual, COMDTINS M1000.4, Enlistments, Evaluations, and Advancements, COMDTINST M1000.2, and Coast Guard Pay Manual COMDTINST M7220.29.

PURPOSE: Information is to convey your career intentions to USCG officials for processing your separation from or retention in the service.

ROUTINE USES: Authorized USCG officials will use this information process a member's retention in or separation from the service. Any external disclosures of information within this record will be made in accordance with DHS/USCG-014, Military Pay and Personnel, 76 Federal Register 66933 (October 28, 2011).

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Providing this information is voluntary. However, without disclosure of this information the member's career intentions may not be known which may cause document processing and pay problems.

