

DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard  
**MEDICAL SUPPORT ALLOWANCE BILLET REQUEST**

**PRIVACY ACT STATEMENT**

In accordance with 5 U.S.C. 522A (e)(3), the following information is provided to you when supplying personal information to the Coast Guard:

**Authority:** 5 U.S.C. 301; 44 U.S.C. 3101; 10 U.S.C. 1071-1107; 14 U.S.C. 93(a)(17); 14 U.S.C 707(d) and 14 U.S.C. 632.

**Principle Purpose:** To determine appropriate location of Medical Support Allowance Billet (MSAB) while member is in the Physical Disability Evaluation System.

**Routine Uses:** Same as Principle Purpose.

**Disclosure:** Voluntary. However, failure to provide all the requested information will impede timely determination of the appropriate location of the MSAB.

Information contained in this form, including any attachments, may be subject to the provisions of the Privacy Act of 1974 and Health Insurance Portability and Accountability Act (HIPAA) and shall only be reviewed or forwarded to personnel who are authorized AND have a need to know. If you have received this information in error, notify the individual identified so appropriate action may be taken.

**SECTION I - COMMAND ACKNOWLEDGEMENT** *(Completed by Command - PLEASE PRINT)*

1a. Last Name	1b. First Name	1c. MI	2. Rate/Rank	3. EMPLID
4a. Member's Home <i>(City &amp; State)</i>		5a. Nearest MTF to member's home		
4b. Permanent Duty Station		5b. Nearest MTF to permanent unit		
4c. TDY Unit <i>(If Applicable)</i>		5c. Nearest MTF to TDY Unit <i>(If Applicable)</i>		
6. Can member safely work/travel to Perm/TDY unit with limitations/restrictions?		<input type="checkbox"/> Yes <input type="checkbox"/> No    If No, explain in block 10.		
7. Are there any other issues <i>(administrative, NJP/disciplinary, legal, performance, security, alcohol/drugs, financial, weight)?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No    If No, explain in block 10.		
8. Who will be responsible for member <i>(completing evaluation and administrative matters)?</i>				
9. Recommended location of MSAB <i>(DEPTID and Name):</i>				
10. Remarks				

11a. Unit POC	11b. Phone	11c. Email
12a. Commanding Officer/Designated Authority	12b. Date Signed	12c. Signature

**SECTION II - CG MEDICAL ACKNOWLEDGEMENT** *(Completed by CG Medical - PLEASE PRINT)*

13a. CG Medical POC	13b. Phone	13c. Email
14. Date MEB entered into MRRS		15. Date MEB submitted to CG-PSC-PSD-med
16a. Member's duty status <i>(check only one)</i> : <input type="checkbox"/> Not Available for Duty <i>(NAFD)</i> <input type="checkbox"/> Available for Limited Duty <i>(AFLD)</i>		16b. Limitations/Restrictions
17. Do you concur with proposed location? <i>(check one)</i> : <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, explain in block 18.		
18. Remarks		

19a. CG Medical Officer	19b. Date Signed	19c. Signature
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**MEDICAL SUPPORT ALLOWABLE BILLET REQUEST**

**SECTION III - DISTRICT (or equivalent) (Completed by supporting RFRS - PLEASE PRINT)**

20a. District (dxr) POC	20b. Phone	20c. Email
21. Do you concur with proposed location? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in block 22.		
22. Remarks		
23a. District/Designated Authority	23b. Date Signed	23c. Signature

**SECTION IV - DOL (if required) (Completed by supporting RFRS - PLEASE PRINT)**

24a. DOL (dxr) POC	24b. Phone	24c. Email
25. Do you concur with proposed location? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in block 26.		
26. Remarks		
27a. District/Designated Authority	27b. Date Signed	27c. Signature

**REQUIRED ONLY IF TRANSFERRING TO ANOTHER UNIT**

**SECTION V - RECEIVING UNIT ACKNOWLEDGEMENT (Completed by Receiving Unit - Please Print)**

28a. Unit POC	28b. Phone	28c. Email
29. Do you have concerns associated with this member's transfer? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in block 30.		
30. Remarks		
31a. Commanding Officer/Designated Authority	31b. Date Signed	31c. Signature

**SECTION VI - RECEIVING CG MEDICAL ACKNOWLEDGEMENT (Completed by CG Medical- Please Print)**

32a. CG Medical POC	32b. Phone	32c. Email
33. Do you understand the medical responsibilities associated with this member's transfer? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in block 34.		
34. Remarks		
35a. CG Medical Officer	35b. Date Signed	35c. Signature

**MEDICAL SUPPORT ALLOWABLE BILLET REQUEST**

**SECTION VII - RECEIVING DISTRICT (or equivalent) (Completed by supporting RFRS - PLEASE PRINT)**

36a. District (dxr) POC	36b. Phone	36c. Email
37. Do you understand the medical responsibilities associated with this member's transfer? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in block 38.		
38. Remarks		
39a. District/Designated Authority	39b. Date Signed	39c. Signature

**SECTION VIII - RECEIVING DOL (if required) (Completed by supporting RFRS - PLEASE PRINT)**

40a. DOL (dxr) POC	40b. Phone	40c. Email
41. Do you understand the medical responsibilities associated with this member's transfer? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain in block 42.		
42. Remarks		
43a. District/Designated Authority	43b. Date Signed	43c. Signature

**Email completed form and documents to**

**SECTION IX - CG PSC-RPM (Completed by PSC- RPM-3 - PLEASE PRINT)**

44a. RPM-3 POC	44b. Phone	44c. Email
45a. MSAB request has been reviewed and is:  <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (See remarks)	45b. DEPTID and Name:	
	45c. MSAB #:	
	45d. MSAB Type: <input type="checkbox"/> ADOS <input type="checkbox"/> SELRES	
	45e. Dates of Approval: Start Date: _____ End Date: _____	
46. Remarks		
47a. RPM/Designated Authority	47b. Date Signed	47c. Signature

**IMPORTANT DIRECTIONS**

- CG PSC-RPM has final authority of MSAB assignments for reservists.
- MSAB assignment must be in alignment with policy. See references:
  - Reserve Policy Manual, COMDTINST M1001.28(series), chapter 5
  - Military Assignments and Authorized Absences, COMDTINST M1000.8(series)
  - Personnel Services and Support Unit (PSSU) Temporary Duty and Administrative Guidance, PSCINST 1000.1(series)
- At least 30 days before expiration of MSAB, command must notify PSC-RPM-3 through District to extend or terminate. **If extension is needed**, include:
  - Member's full name and Rank/Rate
  - EMPLID
  - Command POC
  - Any changes to location or PDES status
  - Supporting documentation as appropriate

## INSTRUCTIONS

### SECTION I - COMMAND ACKNOWLEDGEMENT

1. - 5. Self-explanatory.
6. Given medical limitations/restrictions, determine if travel for member to/from duty site is safe.
7. Disclose any known issues which may impact member or command.
8. Determine who is able to best provide supervisory/administrative support to member.
9. Recommendation for location of MSAB should be based on careful consideration of blocks 4 through 8.
10. Amplifying remarks, if necessary.
11. - 12. Self-explanatory.

### SECTION II - CG MEDICAL ACKNOWLEDGEMENT

13. - 16. Self-explanatory.
17. Concurrence should be based on careful consideration of Section I and member's medical situation.
18. Amplifying remarks, if necessary.
19. Self-explanatory.

### SECTION III - DISTRICT (or equivalent)

20. Self-explanatory.
21. Concurrence should be based on careful consideration of Section I and II.
22. Amplifying remarks, if necessary.
23. Self-explanatory.

### SECTION IV - DOL

24. Self-explanatory.
25. Carefully review Sections I, II, and III. If there are concerns, indicate in block 26.
26. Amplifying remarks, if necessary.
27. Self-explanatory.

### REQUIRED ONLY IF TRANSFERRING TO ANOTHER UNIT

### SECTION V - RECEIVING UNIT ACKNOWLEDGEMENT

28. Self-explanatory.
29. Carefully review Sections I, II, III (IV only if applicable). If there are concerns, indicate in block 30.
30. Amplifying remarks, if necessary.
31. Self-explanatory.

### SECTION VI - RECEIVING CG MEDICAL ACKNOWLEDGEMENT

32. Self-explanatory.
33. Carefully review Sections I - V (IV only if applicable). If there are concerns, indicate in block 34.
34. Amplifying remarks, if necessary.
35. Self-explanatory.

### SECTION VII - RECEIVING DISTRICT (or equivalent)

36. Self-explanatory.
37. Review Sections I - VI (IV only if applicable). If there are concerns, indicate in block 38.
38. Amplifying remarks, if necessary.
39. Self-explanatory.

### SECTION VIII - RECEIVING DOL (if required)

40. Self-explanatory.
41. Review Sections I - VII. If there are concerns, indicate in block 42.
42. Amplifying remarks, if necessary.
43. Self-explanatory.

### SECTION IX - CG PSC-RPM

44. Self-explanatory.
45. Approved/Disapproved, b-e: as indicated.
46. Amplifying remarks, if necessary.
47. Self-explanatory.