

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
CHANGE IN RESERVE COMPONENT CATEGORY (RCC)

PRIVACY ACT STATEMENT

In accordance with 5 U.S.C. 552a (e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard:

Authority - 10 U.S.C. Section 10102; 10 U.S.C. Section 10114, and 14 U.S.C. Section 701.

Principle Purpose(s) - Used to indicate member and/or Command's intentions to change Reserve Component Categories.

Routine Uses - Same.

Disclosure - Disclosure of this information is voluntary, but without disclosure it may impede the member's ability to change Reserve Component Categories.

Any "collection of information" as defined in the Paperwork Reduction Act of 1995 (codified at 44 U.S.C. 3501 et seq) on this form has not been approved by the Director of the Office of Management and Budget (OMB) and does not display a valid control number assigned by the Director. Therefore, no person shall be subject to any penalty for failing to comply with any such collection of information.

SECTION I - MEMBER

Complete and forward to your Command. Use Form CG-2055A for retirement requests.

1. Employee ID (<i>EMPLID</i>)	2. Name (<i>Last, First, MI</i>)	3. Rate/Rank
4. End of Enlistment (<i>EOE</i>)	5. Primary Email Address	6. Phone Number
7. Current Category (<i>check one</i>) <input type="checkbox"/> SELRES <input type="checkbox"/> IRR <input type="checkbox"/> ISL <input type="checkbox"/> ASL	8. Requested Category (<i>check one</i>) <input type="checkbox"/> SELRES <input type="checkbox"/> IRR <input type="checkbox"/> ISL <input type="checkbox"/> ASL	9. Date of Last USCG PHA / Physical Exam
10. Date Change Requested (<i>Min 90 days from signature date in Block 21 for SELRES departures</i>)	11. Do you have any medical conditions that might affect your ability to serve in the USCG Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Are you in the ISL due to weight/declination of orders? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. 8-Year Military Service Obligation Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Have you completed 20 years of qualifying service? <input type="checkbox"/> Yes <input type="checkbox"/> No	15. How long have you been in your current position? _____	
16. This change is: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	17. Do you have a remaining Service Agreement? (<i>i.e., Post 9/11 GI Bill, Tuition Assistance, etc.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Reason for Change: <input type="checkbox"/> Member Request (<i>Explain in Block 19</i>) <input type="checkbox"/> Command Request (<i>Explain in Block 19</i>) <input type="checkbox"/> Community/Personal Hardship (<i>Explain in Block 19</i>) <input type="checkbox"/> Declination of Orders <input type="checkbox"/> Key Federal Employee <input type="checkbox"/> Relocation Overseas <i>Duration (in months):</i> _____ <input type="checkbox"/> Weight <input type="checkbox"/> Other (<i>Explain in Block 19</i>)		
19. Comments		
20a. I understand that eligibility for some benefits such as Tricare Reserve Select (TRS), Servicemembers' Group Life Insurance (SGLI), and transferring benefits to dependents under Post 9/11 GI Bill (if eligible) terminates, and Montgomery GI Bill-Selected Reserve (MGIB-SR) is suspended upon transfer from a SELRES status. Initials _____		
20b. I agree to keep PSC-RPM informed of any change to my address, physical condition, or other factor(s) that would affect my immediate availability for active military service. If I am unavailable to mobilize while in the Ready Reserve, I understand I will be placed in the Standby Reserve, Inactive Status List (ISL). I will promptly answer all official correspondence and maintain medical readiness and weight standards. Additionally, I understand that retirement eligible enlisted members and all officers in the Ready Reserve or Active Status List (ASL), must accrue a minimum of 50 retirement points during each anniversary year to remain in an active status. If the minimum requirement of 50 retirement points is not met, I understand that I will be involuntarily placed in an inactive status or retired (RET-2), if eligible. Initials _____		
21a. Member's Signature	21b. Date	

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SECTION II - COMMAND ENDORSEMENT

(Commands shall ensure all required documents are complete and routed thru District (dxr) (DOL-1/PAC-13) to PSC-RPM-1.)

22. Is the member's participation and performance satisfactory IAW COMDTINST M1001.28 (series)?
If No, member is **NOT** eligible for RCC. Initiate discharge package and provide supporting documentation to PSC-RPM-1. Yes No
23. Is the member pending disciplinary action?
If Yes, member is **NOT** eligible for RCC. Resolve disciplinary action prior to submitting to RCC. Yes No
24. Does the member have a bonus to be recouped? Yes No
If Yes, has the Command contacted the Pay and Personnel Center? Yes No
- 25a. Does Command recommend member for reenlistment? (Enlisted Only) Yes No *(If No, explain why in Block 29.)*
- 25b. Does member meet reenlistment criteria outlined in COMDTINST M1000.2? (Enlisted Only) Yes No *(If No, explain why in Block 29.)*
26. Is this member slated for ADOS, Involuntary T10 or T14 in the next 90 days? Yes No *(If Yes, indicate order type and duration in Block 29.)*
27. Does member have remaining Service Agreement? Yes No Date Complete: _____ Type: _____
28. Command Recommendation: Approve Disapprove *(If Disapproved, explain why in Block 29.)*

29. Comments

By signing below, the Command understands that if this request is approved, billet gaps may occur based upon timing of the assignment season.

30a. Command Signature	30b. Name and Rate/Rank	30c. Date
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SECTION III - DXR (DOL-1/PAC-13) RECOMMENDATION

Email completed form with required documentation to HQS-SMB-CGPSC-RPM-1-Status@uscg.mil.
Form must be received by RPM **at least 60 days** prior to date in Block 10.

31. Recommendation: Approve Disapprove *(If Disapproved, explain why in Block 32.)*

32. Comments

33a. Signature	33b. Name and Rate/Rank	33c. Date
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SECTION IV - RPM USE ONLY

34. RPM Determination: Approved Disapproved *(If Disapproved, explain why in Block 35.)*

35. Comments

36a. RPM Signature	36b. Name and Rate/Rank	36c. Date
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FORM INSTRUCTIONS

SECTION I - MEMBER

- 1 - 6.** Self Explanatory.
- 7.** Select member's current Reserve Component Category (RCC).
- 8.** Select the RCC to which the member requests transfer. PSC-RPM may change the RCC if the member does not meet the criteria for the desired category IAW COMDTINST M1001.28 (series).
- NOTE 1:** ASL requests must meet ALL of the following criteria and be documented on a CG-3307 (AT-10C):
- Request must be for no more than two (2) years,
 - Request must have a definitive end date,
 - Member must intend to return to the SELRES.
- NOTE 2:** Enlisted members in the IRR, ASL, and ISL are not eligible to reenlist unless approved to perform duty (IRR & ASL only).
- 9.** Enter date of member's last Periodic Health Assessment (PHA) or other physical exam by a USCG medical officer.
- 10.** Enter the desired date on which the change in RCC will take effect. Requested date must be a minimum of 90 days from the signature date in Block 21.
- NOTE:** Members are required to continue drilling until the RCC is approved and orders are issued by RPM.
- 11.** Check "Yes", if the member has a medical condition(s) that will result in a duty status other than "Available for Full Duty" (AFLD). If uncertain, consult the member's servicing clinic. DO NOT LIST MEDICAL CONDITIONS ON THIS FORM.
- 12.** Self Explanatory.
- 13.** The 8-year Military Service Obligation (MSO) completion date is available in Direct Access.
- 14.** A qualifying year of satisfactory service for non-regular (i.e., Reserve) retirement is a full anniversary year during which a reservist is credited with a minimum of 50 retirement points IAW Title 10 U.S.C. Chapter 1223.
- 15.** Enter the years and months the member has been assigned to their current position.
- 16.** Self Explanatory.
- 17.** Service Agreements can be verified by contacting the member's servicing SPO/Admin. Common service agreements include: transfer of Post 9/11 GI Bill Education benefits, tuition assistance, bonuses, special pay, or other benefits received by the member.
- 18.** Self Explanatory.
- 19.** Explain the reason selected in Block 18 and include any amplifying information.
- 20-21.** Self Explanatory.

SECTION II - COMMAND ENDORSEMENT

- 22.** Members must meet the performance and participation standards to qualify for an RCC change. Members that do NOT meet the performance and participation standards IAW COMDTINST M1001.28 (series) should be processed for discharge.
- 23.** RCC requests for members with pending disciplinary action will not normally be processed until the disciplinary action is resolved.
- 24.** The member's servicing SPO can verify the status of bonus payment(s) and possible recoupment action due to the RCC.
- 25.** If 25a or 25b is "No", provide the reason in Block 29 and/or attach the applicable documentation (e.g. CG-3307).
- 26.** Self Explanatory.
- 27.** Service Agreements can be verified by contacting the member's servicing SPO/Admin. Common service agreements include: transfer of Post 9/11 GI Bill Education benefits, tuition assistance, bonuses, special pay, or other benefits received by the member.
- 28.** Self Explanatory.
- 29.** Provide supporting comments, as needed, for responses in Blocks 25-28. Comments are required if Block 28 recommends disapproval.
- 30.** Self Explanatory.
- SECTION III - DXR (DOL-1/PAC-13) RECOMMENDATION**
- 31.** Self Explanatory.
- 32.** Provide comments to support the recommendation in Block 31. Comments required if Block 31 recommends disapproval.
- 33.** Self Explanatory.

REQUIRED DOCUMENTATION

Commands shall submit this form with the documents below and any additional documentation needed to support this RCC request:

- (1) CG-3307-AT-10 (A-D) for the requested category
- (2) Current DD Form 4
- (3) Reserve Points Statement
- (4) Member Info Report