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| Commander United States Coast GuardSector Jacksonville | 10426 Alta DrJacksonville , FL 32226Phone: (904) 714-7577 |

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 DD MMM YYYY

**MEMORANDUM**

From: Members Name, Rank

 CG Sector Jacksonville

To: CGDSEVEN (dxr)

Thru: Department Head Name, Rank

 CG Sector Jacksonville (rfrs)

Subj: CANCELLATION OF RESERVE BERTHING

Ref: FY 18 Seventh Coast Guard District (dxr) Reserve Management

1. In accordance with reference (a), I am unable to attend my IDT orders due to the following reason(s):

1. ( ) Illness or injury of the reservist;
2. ( ) Serious or unusual hardship due to an unforeseen emergency;
3. ( ) Accident or illness of a family member requiring the presence or other action by the reservist;
4. ( ) Death or imminent death of a member of the immediate family; or
5. ( ) At command discretion.

2. Date of current Berthing: DD MMM YYYY

3. I request a new set of orders for the following dates: DD MMM YYYY or N/A

4. I am aware that cancellations must be received via email within 48 hours of execution. Also I

understand that failure to follow these procedures could result in loss of my berthing privileges.

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